CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

DEATHS

BEGINNING 1910

CITY HALL
BALTIMORE 2 MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FORM RM-1 (11-58) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer,
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. [ ] Establish retention period for records which are accumulating daily

B. [ ] Dispose of present accumulation, no additional accumulation anticipated

C. [ ] Microfilm and destroy originals

D. [X] Microfilm and retain originals for length of time indicated below

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed	11. In your opinion does this record have any historical significance?
12 yrs.	Micro. Perm.	12 yrs and Micro. Perm.		YES [ ] NO [X]

12. DESCRIPTION OF RECORD (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval — Robert E. Farber, M.D. — Title: Commissioner of Health — Date: 3/28/63

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method A. To be sold as scrap or waste paper	B. To be Burned or shredded	C. Historical, (to be transferred to Dept. of Legislative Reference.)
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent	[ ]	[X]	[ ]

REMARKS: 2 negative Rolls

C. P. Force — Records Management Officer — Date: 3/28/63

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

Lillian Cohen

F 59361

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59361

CERTIFICATE OF DEATH

x/36

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 1-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Lillian Cohen

(a) Residence: No. New Orleans, La. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced (or) WIFE of: Late Harry

6. DATE OF BIRTH (month, day, year): 1888

7. AGE — Years: 51 — Months — Days — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year): 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Moses Lyskes

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Esther ?

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Edith Cohen

(Address) 3820 Louisiana ave Park Way

18. BURIAL, CREMATION, OR REMOVAL: New Orleans La Date July 2 1939

19. UNDERTAKER: Sol Levenson Bros.

(Address) 1124-26 W North ave

20. FILED JUL 2 - 1939 Registrar: Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7/1/ 1939

22. I HEREBY CERTIFY, That I attended deceased from 6/29/ 1937 to 7/1/ 1939

I last saw her alive on 7/1/ 1939 Death is said to have occurred on the date stated above, at 10:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Staphylococcus septicemia	6/27/39?
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) D Gerlip M. D.

(Address) Sinai Hospital

36 1508 59362

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106-B

F 59362 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County
(c) City or town Bressler (If outside city or town limits, write RURAL and give town)
(d) Street No. 727 - Main St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Louis Lescanec
(b) If veteran, name war
3 (c) Social Security Account No.
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
(b) Name of husband or wife: Josephine
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 9-29-90
8. AGE: Years 48 Months 9 Days 3 If less than one day hr. min.
9. Birthplace Austeria (Town, county, and state)
10. Usual Occupation Crane man
11. Industry or business
12. Name Matthew Lescanec
13. Birthplace Austeria
14. Maiden Name Mary Lestak
15. Birthplace Austria
16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) (Burial, cremation, or removal) (b) Date thereof 7-2-39 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cem.
Location Near Harrisburg, Pa
18 (a) Funeral director J. A. Wieblemann
(b) Address Steelton, Pa.
19 (a) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1939 at 8 05 A M
21. I certify that death occurred on the date above stated; that I attended deceased from June 21 1939 to July 1 1939. and that I last saw him alive on July 1 1939.

	Duration
Immediate cause of death: Bronchial fistula Empyema	6 days
Due to: R Lower Pulmonary Tuberculosis	6 dys
Due to: Bronchiectasis	2-0 yrs
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings: Of operations: Bronchiectasis
Of autopsy: Bronchial fistula Empyema

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Emma S. Stoffers, M.D.
Address Johns Hopkins Hosp. Date signed 7/4/39

VS 1

F 59363 HEALTH DEPARTMENT—CITY OF BALTIMORE F 59363

CERTIFICATE OF DEATH

47-13

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home + Inf St. 27-16 Ward)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth 32 yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME ABRAHAM POLLEKOFF

(a) Residence: No. 3010 OAKFORD AVE St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	HEBREW	MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: SONIA POLLEKOFF

6. DATE OF BIRTH (month, day, year) 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. TAILOR 0080

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) RUSSIA

MOTHER FATHER

13. NAME FRANK POLLEKOFF

14. BIRTHPLACE (city or town) (State or country) RUSSIA

15. MAIDEN NAME SARAH

16. BIRTHPLACE (city or town) (State or country) RUSSIA

17. INFORMANT SONIA POLLEKOFF

(Address) 3010 Oakford Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Lebanon Date 7-2-39 19

19. UNDERTAKER Jack Lewis Inc

(Address) 1739 E. Baltimore St

20. FILED JUL 2 - 1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUNE 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from JUNE 8, 1939, to JUNE 30, 1939

I last saw HIM alive on JUNE 30, 1939 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CARCINOMA OF LUNG	9/1/38

Other contributory causes of importance:

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation NONE

What test confirmed diagnosis? ..... Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) I. Dyson Whitworth M. D.

(Address) Church Home Hosp.

59364

HEALTH DEPARTMENT—CITY OF BALTIMORE

59364

CERTIFICATE OF DEATH

95-3

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ethel Levy

(a) Residence: No. 2702 Clarendon Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Isadore

6. DATE OF BIRTH (month, day, year) 1905

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1937

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME Samuel Bruce

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Fannie

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Hosp. Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Windsor Mem'l Date 7-2-39 19

19. UNDERTAKER Jos. Levy Inc
(Address) 1439 E. Balto St.

20. FILED ..... 19..... Registrar.

JUL 2 - 1939 County of Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/30/ 1939

22. I HEREBY CERTIFY, That I attended deceased from 6/24/ 1939 to 6/30/ 1939

I last saw her alive on 6/30/ 1939 Death is said to have occurred on the date stated above, at 5 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia, bilateral	6/21/39
Rheumatic heart disease, chronic	1920
& congestive failure	6/24/39

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Sidney Schultz M. D.

(Address) Sinai Hospital

59365

13129-FS

F 59365

BALTIMORE CITY HEALTH DEPARTMENT

95-B Registered No.

CERTIFICATE OF DEATH

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 yrs.

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1413 Cooksie St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Francis Marion Wheeler

(b) If veteran, name war

3 (c) Social Security Account No.

Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

(b) Name of husband or wife: Unknown

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) May 9 1847

AGE: Years	Months	Days	If less than one day
92	/	2 /	hr. min.

Birthplace Balto. (Town, county, and state)

10. Usual Occupation laborer

11. Industry or business 2040

12. Name J.C. Wheeler

13. Birthplace England

14. Maiden Name C.V. Welson

15. Birthplace England

16 (a) Informant B.C.H.

(b) Address

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 7/3/39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Location Balto Balto Md

18 (a) Funeral director William Cook

(b) Address 1217 St. Paul St.

19 (a) (Local registrar) Hunter S. Williams M.D.

JUL 2 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-30- 1939 at 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-4- 1931 to 6-30 1939 and that I last saw h[illegible] alive on 6-30-1939.

Immediate cause of death: Arteriosclerotic Heart disease

Due to: Bronchopneumonia

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: Arteriosclerosis Bronchopneumonia

Duration
— ?
1 day

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. M. Goldstein M. D.

Address Balto. City Hosp. Date signed 7-1-39

M. D. R. 1268-9

F 59366

59366 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 59366

✓ 46-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 2139 E Chase St. 8-4 (Ward)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Edward Browning

(a) Residence: No. 2139 E Chase St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rose Lee Browning

6. DATE OF BIRTH (month, day, year) Aug 16 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	54	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Water Dept

10. Date deceased last worked at this occupation (month and year) 8 years

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto City Md

MOTHER FATHER

13. NAME William Browning

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Rose L. Browning Wife

(Address) 2139 E. Chase St

18. BURIAL, CREMATION, OR REMOVAL Date 7/5 1939

Place Balto

19. UNDERTAKER William Cook

(Address) [redacted]

19. 8 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1 1939

22. I HEREBY CERTIFY, That I attended deceased from June 27 1939 to July 1 1939

I last saw him alive on July 1 1939. Death is said to have occurred on the date stated above, at 10:30 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	
Other contributory causes of importance: Toxemia	6 mos

Name of operation Exploratory Laparotomy Date of May 29/39

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm Gardner M. D.

(Address) Casperburg Md

59367

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 59367
Registered No. 349-23

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 407 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5403 Paton Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Floyd Holmes (33457)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: Colored
6 (a) Single, (married), widowed, or divorced: Separated
6 (b) Name of husband or wife: Estelle
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 3, 1902
8. AGE: Years 36 | Months 10 | Days 26 | If less than one day: hr. min.

9. Birthplace S. Car. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Race Track

FATHER
12. Name Benjamin (D)
13. Birthplace S. Car.

MOTHER
14. Maiden Name Etta Ray (D)
15. Birthplace S. Car.

16 (a) Informant Hospital Records
(b) Address

17 (a) (Burial, cremation, or removal)
(b) Date thereof July 2 1939 (Month) (day) (year)
(c) Cemetery or crematory Dundalk Manor
Location Catonsville
18 (a) Funeral director Adolphus Halstead
(b) Address 9152 Druid Hill ave, Baltimore, Md.
19 (a) (Date rec'd by registrar) July 3 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29, 1939 at 7:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 18, 1938 to June 29 1939. and that I last saw him alive on June 29, 1939.

Immediate cause of death: Pulmonary tuberculosis
Duration: June 1937
Due to
Due to
Other Conditions: Wasserman reaction of blood- positive
(Include pregnancy within 3 months of death)
Major findings:
Of operations: Thoracoplasty August 1938
Of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. J. ALESSI M. D.
Address Balto. City Hospitals Date signed 6-29-39

F 59368

59368 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1027 Union Ave St. 13-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S Veteran specify WAR

2. FULL NAME John M Hammond

(a) Residence: No. 1027 Union Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah S. Hammond

6. DATE OF BIRTH (month, day, year) Oct 20, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 9/15.

11. Total time (years) spent in this occupation 38

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

FATHER

13. NAME John M. Hammond

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Sophia E. Stockman

16. BIRTHPLACE (city or town) (State or country) Baltimore Co. Maryland.

17. INFORMANT Wife (Address) 1027 Union Ave.

18. BURIAL, CREMATION, OR REMOVAL Druid Ridge Date July 3 39

19. UNDERTAKER A. J. Waughtal (Address) 3539 Falls Rd

20. FILED 7-2-1939 Hunting[illegible] Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 11. 1938. to June 30 1939.

I last saw h[illegible] alive on June 30 1939. Death is said to have occurred on the date stated above, at 1:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Arterial Hypertension	?
Myocardial Failure	April
Other contributory causes of importance:	none

Was an operation performed? no Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? clinical cause Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) Francis W Gluck M. D.

(Address) 715 Park Ave.

59369

F 59369

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 210-M

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Upland Road
(c) Hospital or institution: University of Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2½ yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County, Baltimore
(c) City or town Pikesville
(If outside city or town limits, write RURAL and give town)
(d) Street No. Upland Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Sara E. Grubb

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Dr. Thos. C. Grubb

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 28, 1914

8. AGE: Years 25 | Months 4 | Days 2 | If less than one day hr. min.

9. Birthplace Illinois (Town, county, and state)

10. Usual Occupation home duties

11. Industry or business

12. Name George R. Stouth

13. Birthplace Illinois

14. Maiden Name Clara Hagner

15. Birthplace Illinois

16 (a) Informant Dr. Thomas C. Grubb

(b) Address Upland Road, Pikesville

17 (a) (Burial, cremation, or removal)

(b) Date thereof 7-3-39 (month) (day) (year)

(c) Cemetery or crematory Douglas Cemetery

Location Atlantic City, Pa.

18 (a) Funeral director John Mitchell Sons

(b) Address 1960 Eutaw Place

19 7-2-1939 (Date received by registrar) Hunting Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1939, at P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death: Pericarditis, acute traumatic — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: ~~Operations~~ 5½ month pregnant

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 6-30-39
(c) Where did injury occur? Waterloo Road (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify) While at work?
(e) Means of injury Pushing in automobile

23. Signature Conrad Arnold M.D.
Medical Examiner

Date signed 7-1-39

59370

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 59370 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3238 Kennedy Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3238 Kennedy Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lucinia Crabson
(b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Deceased Charles E Crabson
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Balto Co Md
8. AGE: Years 88 Months 8 Days 16
If less than one day: hr. min.
9. Birthplace: Balto Co Md (Town, county, and state)
10. Usual Occupation: none
11. Industry or business:
12. Name: Wm. Belt
13. Birthplace: Balto Co
14. Maiden Name: Mary Ann Moffatt
15. Birthplace: Balto Co
16 (a) Informant: Mrs Emma Ktzy
(b) Address: 3208 Fenwick Ave
17 (a) Burial, cremation, or removal: Mt Mary's Cem
(b) Date thereof: July 3-39 (month) (day) (year)
(c) Cemetery or crematory: Mt Mary's Cemetery
Location: Baltimore Md
18 (a) Funeral director: D. J. Marshall
(b) Address: 353 Falls Road
19 (a) Date received by Registrar: July 3 1939 (b)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1939, at 1101 AM
21. I certify that death occurred on the date above stated; that I attended deceased from June 27 1939 to June 30 1939, and that I last saw her alive on June 30 1939.

Immediate cause of death: Pulmonary edema — Duration 4 hours
Due to: Coronary thrombosis — 3 dy
Due to: Arteriosclerosis — 2 y
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —
23. Signature: W. W. Smith M. D.
Address 3429 Clinton St Date signed July 2-39

VS 3

F 59371

59371

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 163

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address So. Balt. Gen. Hosp.
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mos 20-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2271 N. Baltimore (If rural give location)
(e) If foreign born, how long in U. S. A.? years

X

3. (a) FULL NAME Henry Reips (READ)
(b) If veteran, name war World War.
(c) Social Security Account Nn. none.
4. Sex M
5. Color or race Wh
6. (a) Single, married, widowed, or divorced Married.
(b) Name of husband or wife Vera. REIP
(c) If alive, give age 39 years
7. Birth date of deceased (mn., day, yr.) FEB. 7 1894
8. AGE: Years 45 Months 4 Days 24 If less than one day hr. min.
9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Fireman
11. Industry or business Baltimore City

MOTHER FATHER
12. Name John Reips
13. Birthplace Balto Md.
14. Maiden Name Elizabeth Vogt
15. Birthplace Balto Md.

16. (a) Informant Vera Reips (Wife)
(b) Address 2271 N Balto Md.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 4 1939 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto Md.
18. (a) Funeral director Bernard C. Harlow
(b) Address 121 E West St.
19. (a) Filed by registrar Hunting (b) Date filed by registrar Williams M.D. 7-4-1939

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/1/39 19 . at 3.01 P M
21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Aut. (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Suicide - Suffocation and by unknown

Due to

Due to

Other Conditions

(Include Pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Liquid found in trachea

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 7/1/39 Bush & Carroll
(c) Where did injury occur? Int. Engine Co 55 (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Int. Engine room While at work? Yes (Specify type of place)
(e) Means of injury Asphyxiation by mouth
23. Signature [illegible] M.D. Medical Examiner
Date signed 7/1/39

F 59372

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942 B F 59372 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sidewalk in front 5533
(c) Hospital or institution: So Lucern Ave

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Govanstown (If outside city or town limits, write RURAL and give town)
(d) Street No. 5533 So Lucern Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Hawk

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 1, 1935

8. AGE: Years	Months	Days	If less than one day
3	6	28	hr. min

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Edward W. Hawk
13. Birthplace Washington D C

MOTHER
14. Maiden Name Evelyn Berger
15. Birthplace Baltimore

16 (a) Informant Edw. W. Hawk
(b) Address 5533 S Lucerne Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 3-1939 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem
Location Eastern Ave

18 (a) Funeral director John Ulrich
(b) Address 2008 Aliceanna St

L 2 (Local registrar) Hunter, ★ Baltimore Md

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-29-39 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Aut (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Cerebral Concussion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Edema of Brain

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 6-29-39
(c) Where did injury occur? 5533 So Lucern Ave Govanstown Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Street While at work? (Specify type of place)
(e) Means of injury Struck with board fell on sidewalk striking head

23. Signature [illegible] M.D. (Medical Examiner)

Date signed 6-30-39

F 59373

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-a F 59373 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: UNIVERSITY HOSPITAL.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 41-11-15

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3327 Bristol St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Wallace Kemp
(b) If veteran, name war none
(c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife ETHEL M. KEMP
6 (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) July 15 - 1897

8. AGE: Years 41 | Months 11 | Days 15+ | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Title Searcher?

11. Industry or business None

12. Name Oscar A Kemp
13. Birthplace Baltimore
14. Maiden Name Ida M Morris
15. Birthplace Baltimore

16. (a) Informant Mrs Ethel M Kemp
(b) Address 3327 Bristol St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 4-1939 (months) (day) (year)
(c) Cemetery or crematory Woodlawn Cem
Location Woodlawn

18. (a) Funeral director John Ullrich
(b) Address 2105 Allen

JUL 2 - 1939 (Date rec'd by registrar)

Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/30 1939, at 11:[illegible] M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/30 1939 to 6/30 1939, and that I last saw him alive on 6/30 1939.

Immediate cause of death Pulmonary edema & cardiac failure — Duration

Due to Mitral Stenosis

Due to

Other Conditions General Edema

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Conrad Aetna, M. D.
Address Asst. Med-Exr Date signed 7/1/39

F 59374

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 59374 Registered No. 210-M

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Bay. Bast. Conv. Hosp
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Annapolis Junction (If outside city or town limits, write RURAL and give town)
(d) Street No. 24-3 (If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Nathan Allen
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex M
5. Color or race C
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Unknown
8. AGE: Years 44 Months Days If less than one day hr min
9. Birthplace A A Co (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

MOTHER FATHER
12. Name Schoolie
13. Birthplace A A Co
14. Maiden Name Mansky Bauer
15. Birthplace A A Co

16 (a) Informant Mrs Ellen Allen
(b) Address Annapolis Junction Md
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-4-39 (month) (day) (year)
(c) Cemetery or crematory Haley Methodist
Location Jessup Md
18 (a) Funeral director The W C White Co Inc
(b) Address Laurel Md
19 (a) Filed by registrar (b) Hunting Williamsburg Va.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-1-39 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Fracture of neck with dislocation and spinal cord injury.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 6-27-39
(c) Where did injury occur? Annapolis Junction (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Street (Specify type of place) While at work? Yes
(e) Means of injury fell from truck on road

23. Signature ... M.D.
Medical Examiner.
Date signed 7-2-39

VS 6

59375

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 59375 Registered No. 210-M

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St Agnes Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State La (b) County
(c) City or town New Orleans (If outside city or town limits, write RURAL and give town)
(d) Street No. 133 Johnson St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Josephine D. Kuebler
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F 5. Color or race Wh 6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife William G.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 12, 1873

8. AGE: Years 65 Months 8 Days 19 If less than one day hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name Dennis Sullivan
13. Birthplace Ireland

MOTHER 14. Maiden Name Mary McCarthy
15. Birthplace Ireland

16 (a) Informant William G. Kuebler
(b) Address 133 Johnson St. New Orleans La

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2 1939 (month) (day) (year)
(c) Cemetery or crematory
Location New Orleans La.

18 (a) Funeral director Martin Fahey & Sons
(b) Address 1877 W. North Ave.

19 (a) (Date received by registrar) (b) Hunting, [illegible] M.D.

2-vs-1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/1/39 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) Aut find that said deceased came to his death on the day stated above.

Immediate cause of death Accidental death.
Due to Cerebral Concussion
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Edema & Bruise

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 6 22 39
(c) Where did injury occur? 3 To Block West Hampton Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Street While at work? Auto (Specify type of place)
(e) Means of injury Driven truck car

23. Signature [illegible] M.D. (Medical Examiner)
Date signed 7/1/39

59376

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48

F 59376

Registered No. .....

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 600 E 31st St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ..... (b) County .....

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. 600 E 31st St (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mary Reese

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, ~~married~~, ~~widowed~~, or ~~divorced~~ Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 17th 1858

8. AGE: Years 80 | Months 10 | Days 6 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

MOTHER FATHER

12. Name David Reese

13. Birthplace Did not know

14. Maiden Name Louisa Gabler

15. Birthplace Germany

16 (a) Informant Mr Clarence Dietrich

(b) Address 2926 Harford Rd

17 (a) Burial (Burial, cremation, or removal)

(b) Date thereof 7/3/39 (month) (day) (year)

(c) Cemetery or crematory St Johns Cem Waverly

Location

18 (a) Funeral director Geo Schilling & Sons

(b) Address 1124-1126 Cooperdumont St

19 (a) (Date received by registrar)

(b) Registered No.

JUL 2- 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 — 1939 at 6.30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 21- 1930 to July 1- 1939 and that I last saw her alive on June 30-1939.

Immediate cause of death: Carcinoma, Uterine about — Duration: 3 years

Due to Uterine fibroid and Ovarian cyst. — 46 years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Edward Bonner M. D.

Address 2125 Maryland Ave Date signed July 2 '39

JS 59377

Perrygo

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

F 59377 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 22

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County P. G.
(c) City or town Oxon Hill (If outside city or town limits, write RURAL and give town)
(d) Street No. Route 2 (If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Charles Perrygo
(b) If veteran, name war
3 (c) Social Security Account No.

4. Sex male | 5. Color or race white | 6 (a) Single, married, widowed, or divorced. Single
(b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-20-34

8. AGE: Years 4 1/2 | Months 5 | Days 11 | If less than one day hr. min.

9. Birthplace D. C. (Town, county, and state)
10. Usual Occupation child
11. Industry or business

12. Name Charles Perrygo
13. Birthplace Virginia
14. Maiden Name Mary Liebold
15. Birthplace Md -

16 (a) Informant Records -
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-2-39 (month) (day) (year)
(c) Cemetery or crematory Location Washington D C

18 (a) Funeral director Theo F Murray
(b) Address Washington D C.

19 (a) Hunting & Williamson (Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1939, at 4:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 8 1939 to July 1 1939. and that I last saw h[illegible] alive on. July 1 1939.

Immediate cause of death Lymphosarcoma — Duration: over
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry P. Bockus M. D.
Address Johns Hopkins Hosp Date signed 7-2-39

59378

F 59378

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3221 Frest Mans St. 16-7 Ward)

Length of residence in city or town where death occurred 39 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Laura A. Osborne

(a) Residence: No. 3221 Frest Mans St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 7th 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Aberdeen Maryland

FATHER

13. NAME Elmer Osborne

14. BIRTHPLACE (city or town) (State or country) Aberdeen Maryland

MOTHER

15. MAIDEN NAME Harriet M. Jackson

16. BIRTHPLACE (city or town) (State or country) Aberdeen Maryland

17. INFORMANT M. C. E. Cole (Sister)
(Address) 3221 Frest Mans St.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Date July 3rd 1939

19. UNDERTAKER D. Lawrence
(Address) 2003 E. Cold Spg.

20. FILED JUL 2-1939 19 ... Registrar

Hunting Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30th 1939

22. I HEREBY CERTIFY, That I attended deceased from June 30th 1939 to June 30th 1939

I last saw h... alive on June 30th 1939 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:
Hypertension and arteriosclerotic Cardio Vascular disease

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Lee Myerly M. D.

(Address) 2045 W. North Ave

Dr. Conrad Acton was present

59379

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 59379

181

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 124 N. Dukes Ave.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 124 N Dukes Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Baum
(b) If veteran, name war
3 (c) Social Security Account No. 213-05-3950

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married
(b) Name of husband or wife: Florence A.
6 (c) If alive, give age 40 years
7. Birth date of deceased (mo., day, yr.) Sept 6 1895
8. AGE: Years 43. Months 9 Days 24 If less than one day hr. min.
9. Birthplace: Baltimore Md. (Town, county, and state)
10. Usual Occupation: Stillman
11. Industry or business: Continental Oil Co.
12. Name of father: John H. Baum
13. Birthplace: Balt. Md.
14. Maiden Name of mother: Dont Know
15. Birthplace:
16 (a) Informant: Florence A Baum
(b) Address: 124 N. Dukes Ave.
17 (a) Burial (Burial, cremation, or removal)
(b) Date thereof: July 3-39 (month) (day) (year)
(c) Cemetery or crematory: Oak Lawn
Location: Eastern Ave.
18 (a) Funeral director: John A. Nolan
(b) Address: 3000 E. Balto. St.

7 2 - 1939 (Date received by registrar)
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1939, at 11 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1939, to June 30 1939, and that I last saw him alive on June 30 1939:

Immediate cause of death
Uremia — Duration: 1 week 1 day
Pulmonary Edema
Due to Acute Toxic nephritis — 2 weeks
Due to Extensive second degree burns
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence June 15, 1939
(c) Where did injury occur? Baltimore, Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial place (Specify type of place) While at work? Yes
(e) Means of injury Burns

23. Signature Joseph M. George, M. D.
Address University Hospital Date signed 6/30/39

OK. Conrad Acton Asst. Med-Exam

VS 3

F 59380

F 59380

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 183

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Gwynns Falls.
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 Yrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) City or County Baltimore,
(c) City or town (If outside city or town limits, write RURAL and give town)
Street No. 1911 Bentalou St (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Robert A Burbaum

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced Single.

6 (b) Name of husband or wife —

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug 17 27

8. AGE: Years 11 | Months 0 | Days 13 | If less than one day: hr. ..... min

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation School boy

11. Industry or business

FATHER
12. Name Leroy E Burbaum
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Margaret Hackman
15. Birthplace Balto Md.

16 (a) Informant Mrs. Leroy E Burbaum
(b) Address 1911 Bentalou St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/3/1939 (month) (day) (year)
(c) Cemetery or crematory Mt Pathdrake
Location 4300 Old Frederick Rd.

18 (a) Funeral director Chas E Cowan & Son
(b) Address 401 Baltimore St

19 (a) Filed 7-3-1939 (b) Registrar Hunting Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-30-39 19 ..., at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Autopsy or Inquiry) thereon and from the evidence obtained by said ..... (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death Drowning — Duration .....

Due to .....

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Conrad Aston M.D.
Medical Examiner
Date signed

VS 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

59381 59381

CERTIFICATE OF DEATH V 123

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Volunteers of America Hosp St., Ward)

Length of residence in city or town where death occurred 4 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Edward Lawver 9-4 If U. S. Veteran specify WAR .....

(a) Residence: No. 1306 E. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Lawver

6. DATE OF BIRTH (month, day, year) Nov. 3, 1869.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	7	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber 59
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lloyd E. Mitchell Co
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Conn

FATHER
13. NAME William Lawver
14. BIRTHPLACE (city or town) (State or country) Conn

MOTHER
15. MAIDEN NAME Bridget Burke
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Margaret Lawver
(Address) 1306 E Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date July 3rd 1939

19. UNDERTAKER John Carroll & Son
(Address) 901 Fulton St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) June 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1939 to June 30, 1939
I last saw h[illegible] alive on June 30, 1939. Death is said to have occurred on the date stated above, at 9.45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hodgkin's Disease	1937
Generalized Anemia & Edema	?
Other contributory causes of importance: Broncho-Pneumonia	6/25/39

Was an operation performed? Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public places
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Leonard M. Cummins M. D.
(Address) 4 W. Lexington St

Vol. of America Hosp

JUL 3 - 1939

59382 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 59382

CERTIFICATE OF DEATH

Registered No. 1076

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. W 3 M H St., Ward 16

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR ...

2. FULL NAME Miss Sarah Mc Cusker

(a) Residence: No. Hagerstown Md. St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 2, 1872

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
67	8	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Drug Store

10. Date deceased last worked at this occupation (month and year) Jan. 1937

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Hagerstown, Md.

MOTHER FATHER

13. NAME John Mc Cusker

14. BIRTHPLACE (city or town) (State or country) Hagerstown, Md

15. MAIDEN NAME Martha Raland

16. BIRTHPLACE (city or town) (State or country) Hagerstown, Md

17. INFORMANT Miss Margaret Dasher

(Address) Frederick Maryland

18. BURIAL, CREMATION, REMOVAL. Place Hagerstown Date July 5, 1937

19. UNDERTAKER Andrew K. Coffman

(Address) Hagerstown Md.

20. FILED ..., 19... Registrar

JUL 3 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1937 to July 2, 1937

I last saw her alive on July 2, 1937 Death is said to have occurred on the date stated above, at 8:55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia of 4 days duration	June 29

Other contributory causes of importance:

None

Was an operation performed? yes Date of June 22 & June 25

For what disease or injury? Cataracts

Name of operation Iridectomy

What test confirmed diagnosis? — Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

— If so, specify

(Signed) [illegible] M. D.

(Address) W Bsh

LaSchiava

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 59383

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Josephs Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days): 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 2401 Markley Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: Pietra Petrina LoSchiavo

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: Wh

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Michael

6 (c) If living, give age years

7. Birth date of deceased (mo., day, yr.): Dec 25, 1891

8. AGE: Years: 47 Months: 6 Days: 7 If less than one day: hr. min.

9. Birthplace: Italy (Town, county, and state)

10. Usual Occupation: at Home.

11. Industry or business

MOTHER

12. Name: Rosalia Magri

13. Birthplace: Italy

FATHER

14. Maiden Name: Michael Manicuso

15. Birthplace: Italy

16 (a) Informant: Mrs Mary LoSchiavo

(b) Address: St Joseph Hosp 2401 Markley

17 (a) Burial: Burial (Burial, cremation, or removal) (b) Date thereof: 7-5-39. (month) (day) (year)

(c) Cemetery or crematory: Holy Redeemer

Location: Belair Rd

18 (a) Funeral director: Engel & Newell

(b) Address: Baltimore Md

19 (a) Date received by registrar: [illegible] (b) Registered number: [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH: 7.2.39 19 . at 4:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6.15.1939 to 7.2.1939, and that I last saw her alive on 7.2.1939.

Immediate cause of death: Lobar Pneumonia (both lower lobes) — Duration: 5-23-39

Due to: Lung Abscess - rt lower — Duration: ?

Due to: Empyema - bilateral — Duration: ?

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: M. R. Tumpt, M.D.

Address: St. Josephs Hosp Date signed: 7/2/39 M. D.

VS 8

Hess

HEALTH DEPARTMENT—CITY OF BALTIMORE

9384 — F 59384

CERTIFICATE OF DEATH

1. PLACE OF DEATH Hospital for the Women of Maryland — Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 14 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs ... mos. 5 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Alinderra Hess — If U. S. Veteran specify WAR .....

(a) Residence: No. Spanows Point Rd St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Casper Hess

6. DATE OF BIRTH (month, day, year) 6/7/1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	34	0	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home
10. Date deceased last worked at this occupation (month and year) 1939
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Arkansas

FATHER

13. NAME Robert Moose
14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Amanda Isenhour
16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Casper Hess
(Address) York Point Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date July 5th 1939

19. UNDERTAKER Wm Cook
(Address) 1317 St. Paul St

20. FILED July 3 1939 — [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/11 1939

22. I HEREBY CERTIFY, That I attended deceased from 6-26 1939, to 7/11 1939

I last saw her alive on 7/11 1939. Death is said to have occurred on the date stated above, at 8:35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized peritonitis with paralytic ileus	6/28/39

Other contributory causes of importance:

Was an operation performed? yes Date of 6/26/39

For what disease or injury? Resection of sigmoid carcinoma

Name of operation Exploration repair of intestinal stoma

What test confirmed diagnosis? Autopsy Was there an autopsy? Final

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Richard W. Worthington Jr. M. D.

(Address) Hospital for the Women of Md.

59385 F 59385

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 48

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 936 Rosedale St., 16-6 Ward)
Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie M Triplett — If U. S. Veteran specify WAR ...

(a) Residence: No. 936 Rosedale St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac E Triplett

6. DATE OF BIRTH (month, day, year) Jan 13 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	4	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME George Garrish
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Catharine Long
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Ellen M Dallmeyer
(Address) 936 Rosedale St

18. BURIAL, CREMATION, OR REMOVAL Prospect Cem. Balto Date July 4 19 39

19. UNDERTAKER Watson & Bolt
(Address) 1214 E Monument

JUL 3 - 1939 19 ... Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2 19 39

22. I HEREBY CERTIFY, That I attended deceased from June 10 19 39 to July 2 19 39
I last saw her alive on July 1st 19 39 Death is said to have occurred on the date stated above, at 11:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	
& metastases	

Other contributory causes of importance:
Malnutrition

Was an operation performed? No Date of ...
For what disease or injury? ...
Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify:

(Signed) A A Gauntlett M. D.
(Address) 4209 Fredonia Ave.

F 59386

OUK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

34683 F 59386

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Maryland.
(c) Hospital or institution: Baltimore City Hospitals 6-5
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr.
(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 9 N. Bond St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Amanda Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: John

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-14-[illegible] 1912

8. AGE: Years 27 | Months 4 | Days 16 | If less than one day: hr. min.

9. Birthplace S.C. (Town, county, and state)

10. Usual Occupation Spring factory

11. Industry or business

FATHER
12. Name Arthur Reynolds
13. Birthplace S.C.

MOTHER
14. Maiden Name Lottie Murray
15. Birthplace S.C.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal)
(b) Date thereof 7-3-39 (month) (day) (year)
(c) Cemetery or crematory Loudon S.C.
Location

18 (a) Funeral director Mrs. R.A. Elliott or Daughter
(b) Address 1124 Carlton St

19 (a) Date received 7-3-1939 (b) Registrar [signature]

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-30 1939, at 4:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-28 1939. to 6-30 1939. and that I last saw her alive on 6-29 1937.

Immediate cause of death: Pulmonary tuberculosis
1
Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Duration: over 1 year

Major findings:
Of operations Pulmonary tuberculosis with empyema
Of autopsy

PHYSICIAN
(Underline the cause to which death should be charged statistically.)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address Balto city hosp Date signed 6-30-39

VS 3

M. D. B. 1268-9

F 59387 HEALTH DEPARTMENT—CITY OF BALTIMORE F 59387

CERTIFICATE OF DEATH 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1116 Stockton St., Ward) 16-1

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Thomas Young World War Veteran

(a) Residence: No. 1116 Stockton St., Ward ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Grace Young

6. DATE OF BIRTH (month, day, year) May 4, 1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Ellicott City Md.

FATHER

13. NAME Frank Young

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Susie Wilson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Grace Young

(Address) 1116 Stockton St

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem. Date 1-5-39 19

19. UNDERTAKER ...

(Address) 3[illegible] Eastman St

20. FILED 1939 [illegible] Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1937 to June 30, 1937

I last saw him alive on June 30, 1937 Death is said to have occurred on the date stated above, at 1.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Feb 1937

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Sputum Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) E. Wallace Frey M. D.

(Address) 1908 Penna Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE 59388

CERTIFICATE OF DEATH

131
15-1

59388

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1633 Baker St., Ward)

Length of residence in city or town where death occurred 14 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lizzie Montgomery

(a) Residence: No. 1633 Baker St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Calvin Montgomery

6. DATE OF BIRTH (month, day, year) April 19, 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work 0027

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Gaffney S.C.

FATHER

13. NAME Jack DeHayes

14. BIRTHPLACE (city or town) (State or country) Gaffney S.C.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Gaffney S.C.

17. INFORMANT Laura Chambers
(Address) 1633 Baker St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 7/3/39

19. UNDERTAKER Lee & L. S. Nelson
(Address) 1313 Pennsylvania Ave

20. FILED ... 19... Registrar

3-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-30- 1939

22. I HEREBY CERTIFY, That I attended deceased from 6-17- 1939 to 6-30- 1939

I last saw her alive on 6-30- 1939. Death is said to have occurred on the date stated above, at 10:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6-17-39
Other contributory causes of importance: Arteriosclerosis Nephritis	Unknown

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Frank Saunders M. D.

(Address) 1029 Stricker St

F 59389

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93c Registered No. F 59389

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 810 N. Rose St.
(c) Hospital or institution: -
(d) Length of stay in hospital or inst. (yrs., mos., or days) - 7-2
(e) Length of stay in Baltimore (yrs., mos., or days) 34 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 810 N. Rose St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 34 years

3 (a) FULL NAME Helen D. Nagler

3 (b) If veteran, name war -

3 (c) Social Security Account No. -

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Frederick W.

6 (c) If alive, give age 34 years

7. Birth date of deceased (mo., day, yr.) June 10, 1904

8. AGE: Years	Months	Days	If less than one day hr.	min.
35	--	19		

9. Birthplace Falkland Island So. America (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER
12. Name John H. Markland
13. Birthplace Baltimore County

MOTHER
14. Maiden Name Anna Duncan
15. Birthplace Falkland Island So. America

16 (a) Informant Frederick W. Nagler
(b) Address 810 N. Rose St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 3 1939 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location E. North Ave

18 (a) Funeral director George W. Gribler
(b) Address 1237 E. Eager St.

19 (a) [illegible] Hunting & Williams Mortician
(b) Date registered JUL 3 - 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29, 1939, at 5-40 P. M

21. I certify that death occurred on the date above stated: that I attended deceased from Feb. 17 1939, to June 29 1939, and that I last saw her alive on June 29 1939.

Immediate cause of death myocardial insufficiency
Anemia
Due to general condition

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: 3 days, 1 day.

over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide -
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. C. Sobilad, M. D.
Address 447 N. Kenwood Ave Date signed 6/30/39.

F 59390

COK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

45972 Registered No.

F 59390

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2428 Lochraven Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William wallace Chipman

3 (b) If veteran, name war: No

3 (c) Social Security Account No. No

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Annie

6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Oct. 7, 1873

8. AGE: Years 65 | Months 8 | Days 25 | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Labor

11. Industry or business

FATHER
12. Name William W. Chipman
13. Birthplace Md.

MOTHER
14. Maiden Name Emma Wren
15. Birthplace England

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 7. 3. 39 (month) (day) (year)
(c) Cemetery or MEADOWRIDGE Cem
Location Washington Blvd

18 (a) Funeral director Robert Brooks & Son
(b) Address Calhoun & Hollins Sts

19 (a) (Registrar) (b) Hunting & Hollowell, M.D.

JUL 3 1939

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1939, at 12-27 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-25 1939, to 7-2 1939, and that I last saw h alive on 7-2 1939.

Immediate cause of death Hypertensive Cardio vas ular disease — Duration unknown

Due to

Due to

Other Conditions Generalized Arteriosclerosis — unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Murray Leyton M. D.
Address Balto City Hosp Date signed 7-2-39

F 59391

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 59391 Registered No. 113

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr 15 da
(e) Length of stay in Baltimore: (yrs., mos., or days) 1 year

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1513 W. Baltimore St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Roger Wong

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Oriental	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 15 1938

8. AGE: Years	Months	Days	If less than one day
1	0	15	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Baisling Wong
13. Birthplace China

MOTHER
14. Maiden Name Jennie Moy
15. Birthplace Washington D.C.

16 (a) Informant Jennie Wong (Mother)
(b) Address 1513 W. Baltimore St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/3/39 (month) (day) (Year)
(c) Cemetery or crematory Lorraine Location Windsor Mill Road.

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

19 (a) Date received JUL 3 - 1939 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30th 1939, at 6:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 30 1939, to June 30 1939, and that I last saw him alive on June 30 1939.

Immediate cause of death Malnourished pneumonitis

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death.)

Major findings:
Of operations

Of autopsy

Duration 1 day

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Gilbert J. Wells, M.D. M. D.

Address University Hospital Date signed 6/30/39

Dr. Conrad Acton asst. Med. Exam

F 59392

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 59392 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3018 Wylie Ave.
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 1/2 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 21 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3018 Wylie Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jennie P. Stockdale
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced Widow
6 (b) Name of husband or wife Stephen B. Stockdale
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Mar. 14, 1862
8. AGE: Years 77 Months 3 Days 17 If less than one day hr. min.
9. Birthplace Carroll Co. Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business —

MOTHER / FATHER
12. Name Samuel Hansen Unknown
13. Birthplace Carroll Co Md.
14. Maiden Name Almira Murray
15. Birthplace Carroll Co Md.

16 (a) Informant Mrs. Leba S. Stump
(b) Address 3018 Wylie ave
17 (a) Burial (Burial, cremation, or removal)
(b) Date thereof July 3 '39 (month) (day) (year)
(c) Cemetery or crematory Hinkleburg Cem
Location Hinkleburg Md.
18 (a) Funeral director Wm. H. Gruber Sons
(b) Address North & Fa ves.
19 (a) (Date rec'd by registrar) JUL 3 - 1939 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1939 at 5.50 A M
21. I certify that death occurred on the date above stated; that I attended deceased from April 30th 1939 to July 1st 1939.
I last saw her alive on June 1st 1939.
Immediate cause of death Intracranial Hemorrhage
Arterio-Sclerotic Cardio-Vascular Disease
Due to Pernicious Malignancy
Due to Senility
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature [illegible]
Address 3045 Wyoming Ave Date signed July 1-39

over

F 59393

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 59393

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2110 Hurlbut St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Wirth
(b) If veteran, name war
(c) Social Security Account No. 218-03-2617

4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. Married
(b) Name of husband or wife Virginia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-24-94

8. AGE: Years 44 Months 10 Days 7 If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Waiter
11. Industry or business Carlin's Park.

12. Name William Wirth
13. Birthplace Md
14. Maiden Name Martha Williams
15. Birthplace JOHNS HOPKINS HOSPITAL

16 (a) Informant Records.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 4, 1939 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location East North Ave

18 (a) Funeral director Chenowith
(b) Address 3615 Edmondson Ave

19 (a) July 3 - 1939 (Date rec'd by registrar) (b) Hunting Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1939 at 9.50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 30 1939 to July 1 1939, and that I last saw him alive on July 1 1939.

Immediate cause of death Embolism to brain — Duration 18 hrs.

Due to Rheumatic heart disease with auricular fibrillation and mitral stenosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Roy Pollack M. D.
Address Johns Hopkins Date signed

VS 3

59394

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓F 59394 92a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4011 Derby Manor Drive
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 Sp
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4011 Derby Manor Drive (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Walter J. Hooper

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 215-03-7204

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife: Dorothy Hooper

6 (c) If alive, give age 23 years

7. Birth date of deceased (mo., day, yr.) Nov 26. 1912

8. AGE: Years 26 | Months 7 | Days 34 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Taxi Driver 0623

11. Industry or business Black & White

FATHER
12. Name Thomas N. Hooper
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Maude Neilson
15. Birthplace Baltimore Md.

16 (a) Informant Thomas N. Hooper
(b) Address 4011 Derby Manor Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 3. 1939 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore City

18 (a) Funeral director Jno. Wm. Nus. John W. Tufelson
(b) Address 801 W. Fayette St.

19 (a) (Date received by registrar) (b) Registrar

JUL 3 1939 VS

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1939. at 1.50 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 5. 1938. to July 1. 1939 and that I last saw him alive on June 30 1939.

Immediate cause of death: Chronic Congestive Heart disease Mitral stenosis — Duration: 6 Mo

Due to Chronic rheumatic endocarditis — yrs

Due to .

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James S. Ashcraft M. D.
Address 5012 Park Heights Ave Date signed 7-1-39

Hunter Williams M.D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

59395 463 F 59395

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 822 S. Ellwood Ave. St., Ward) 5

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles H. Knight

(a) Residence: No. 822 S. Ellwood Av. St., Ward .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret M. Knight

6. DATE OF BIRTH (month, day, year) June 9-1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60		22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penco. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 3 Yrs.

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John T. Knight

14. BIRTHPLACE (city or town) (State or country) Howard Co.

MOTHER

15. MAIDEN NAME Annie E. Dolan

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Margaret M. Knight

(Address) 822 S. Ellwood Av.

18. BURIAL, CREMATION, OR REMOVAL Place Nat. Cath. Date July 4-39

19. UNDERTAKER John A. McGan

(Address) 2000 E. Balto. St.

20. FILED ..... 19.....

JUL 3 - 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1938 to July 1, 1939

I last saw h.. alive on July 1, 1939. Death is said to have occurred on the date stated above, at 9.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	
Carcinoma of Liver	

Other contributory causes of importance:

Pneumonia

Was an operation performed? Yes Date of Jan 1939

For what disease or injury? Carcinoma of Stomach & Liver

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ed Schminck, M. D.

(Address) 2428 E. Eager Ave.

9396 **HEALTH DEPARTMENT—CITY OF BALTIMORE** RE59396

CERTIFICATE OF DEATH

95B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3724 Ellerslie ave 9th Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

If U. S. Veteran specify WAR _____

2. FULL NAME Martin J. Kane

(a) Residence: No. 3724 Ellerslie ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 1-1865

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
73	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Patrick Kane

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Coleman

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mary A. Barry
(Address) 3724 Ellerslie Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn. Date July 4- 39

19. UNDERTAKER John A. Hagan
(Address) 3000 E. Balto St.

20. FILED July 3 1939 Hartley Phillips M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-2, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1939 to July 1st, 1939.
I last saw h. alive on July 1st, 1939 Death is said to have occurred on the date stated above, at 5-6 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostasis of	
Left side Hemiplegia	
Chronic cardio	
nephritis.	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Barty J. Dineen M. D.
(Address) 3501 Gaunison Blvd.

F 59397

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93c Registered No. F 59397

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 916 N. Franklin St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Balto. Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 916 N. Franklin St. (If rural give location)
(e) If foreign-born, how long in U. S. A.? — years

3 (a) FULL NAME Martha Gawthrop.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Benjamin F. Gawthrop
6 (c) If alive, give age 84 years

7. Birth date of deceased (mo., day, yr.) August 30. 1855

8. AGE: Years	Months	Days	If less than one day: hr.	min.
84	10	1		

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Roy.
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Baltimore Md.

16 (a) Informant Benjamin F. Gawthrop.
(b) Address 916 W. Franklin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-4-39 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Leo H. Little
(b) Address 2700 Edmondson Ave.

19 (a) (Date rec'd by registrar) JUL 3 1939 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1939 at 11:38 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 16 1939. to July 1 1939.
and that I last saw him alive on July 1 1939.

Immediate cause of death
Chronic Myocardial Insufficiency
Due to Senile Debility
Due to Exhaustion

Duration
1 yr.
1 yr.
13 days

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State) —
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Leo. H. Lauenbacke M.D.
Address 225 N. Monastery Ave. Date signed July 1/39

F 59398

59398

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

463 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4310 Arizona Ave.
(c) Hospital or institution:

26-1

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4310 Arizona Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** HARRY E. PHOEBUS

3 (b) If veteran, name war No.....
3 (c) Social Security Account No. 215-09-3878

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Helen C. Phoebus
6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) 12-22-1890

8. AGE: Years	Months	Days	If less than one day
48	6	7	-- hr. -- min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Motorman
11. Industry or business Baltimore Transit Co.

FATHER
12. Name Fillmore V. Phoebus
13. Birthplace Maryland

MOTHER
14. Maiden Name Leaha North
15. Birthplace Maryland

16 (a) Informant Mrs. Helen C Phoebus
(b) Address 4310 Arizona Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/3/39 (month) (day) (year)
(c) Cemetery or crematory Moreland Memorial
Location Taylor Ave., Hamilton

18 (a) Funeral director L. D. Drabbeck Sons
(b) Address 1300 EUTAW PLACE...c.

19 (a) Date received 1939 (b) Registrar Hunter & Williams, Md.

L 3

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH ..June 29.. 1939 at 10:15 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1939 to June 29 1939.
and that I last saw h alive on June 29 1939.

Immediate cause of death Carcinoma of Stomach & Liver — Duration 6 mos

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of Stomach & Liver
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. C. Samuel M. D.
Address 4309 Liberty Heights Date signed July 1

Salogian

HEALTH DEPARTMENT—CITY OF BALTIMORE 59399

59399 CERTIFICATE OF DEATH X 46B

Registered No.

1. PLACE OF DEATH West Balto Gen Hosp St., 16-6 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Nicholas Salogian Social Sec. No. 213-07-2042

(a) Residence: No. 7107 Eastern St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Aug. 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steel Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bed Steel Co.

10. Date deceased last worked at this occupation (month and year) June, 1939

11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Mike Fluturescu (Address) 479 E. (Eastland Balto)

18. BURIAL, CREMATION, OR REMOVAL Place Sacred Heart Date July 3, 1939

19. UNDERTAKER Thos. G. Ondelly (Address) Essex Md.

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1939 to July 1, 1939. Death is said to have occurred on the date stated above, at 4:15 p.m.

Last saw him alive on July 1, 1939

The principal cause of death and related causes of importance were as follows:

Diffuse Carcinomatosis — Date of onset

Other contributory causes of importance:

Cachexia Pulmonary edema (Ac. Left Heart Failure)

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Abd. Paracentesis Was there an autopsy? YS

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Bland M. D.

(Address) Wash

E 59400

9400 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

50

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 30 H Brighton St., 19 Ward

Length of residence in city or town where death occurred 44 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mon. ... ds.

If U. S. Veteran specify WAR ~~~~

2. FULL NAME Lillie May Pyfer (Home for Aged)

(a) Residence: No. 1400 W. Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~ Married, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND~~ or (or) WIFE of Frank E. Pyfer

6. DATE OF BIRTH (month, day, year) July 31st 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inmate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home for Aged

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Hugh E. Fagen

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Emma Hansen

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Della Gambrill

(Address) 3017 Brighton St

18. BURIAL, CREMATION, OR REMOVAL Date 7/5 1939

Place Balto

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED JUL 3 - 1939 Hunting & Williams, Mgr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3rd 1939

22. I HEREBY CERTIFY, That I attended deceased from June 3rd 1939 to June 3rd 1939

I last saw h— alive on June 3rd 1939. Death is said to have occurred on the date stated above, at 1:40 a m.

The principal cause of death and related causes of importance were as follows:

Coronary Sclerosis — Date of onset

Generalized Arteriosclerosis

Other contributory causes of importance:

Carcinoma of Breast

& Metastasis

Was an operation performed? no Date of

For what disease or injury?

Name of operation none Date of no

What test confirmed diagnosis clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Jas Byrne M. D.

(Address) 30 E 25th St Balto Md

F 59401

45425 J5

F 59401

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
Balto. City Hospt.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 d
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city limits, write RURAL and give town)
(d) Street No. 1123 McDonough St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edna Montgomery

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	black	married

6 (b) Name of husband or wife [illegible]

6 (c) If married, give age years

7. Birth date of deceased (mo., day, yr.) 4-21-1899

8 AGE: Years	Months	Days	If less than one day
40	2	10	hr. min.

9. Birthplace Md. (Town, county, and state) c 037

10. Usual Occupation

11. Industry or business H. w.

FATHER
12. Name Samuel Distance
13. Birthplace Md.

MOTHER
14. Maiden Name Carrie Young
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/5/39 (month) (day) (year)
(c) Cemetery or crematory Asbury Evergreen Cem.
Location Balto. County

18 (a) Funeral director Joseph B. Locke Jr.
(b) Address 307 N. Central Ave.

19 (a) (Date received by registrar) (b) [illegible]

JL 3-1939 VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-1 1939, at 9.05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-7 1939, to 7-1 1939, and that I last saw h[illegible] alive on 7-1 1939.

Immediate cause of death Arteriolar nephrosclerosis & uremia — Duration 6 mos.

Due to

Due to

Other Conditions, Hypertensive Cardio-vascular disease — 6 mos.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Murray Hirschstein M. D.
Address Balto City Hosp Date signed

59402

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

121 ✓ F 59402 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2729 Fenwick ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

9-6

3 (a) FULL NAME David Holcomb Padgett

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Padgett
6 (c) If alive, give present age in years: Augusta Eisenberg

7. Birth date of deceased (mo., day, yr.) 6 Jan 17 1871

8. AGE: Years 67 | Months 7 | Days 15 | If less than one day: hr. min.

9. Birthplace: Virginia (Town, county, and state)

10. Usual Occupation: Supt.
11. Industry or business: Pavement Paving Brick

FATHER
12. Name: Charles Padgett
13. Birthplace: Va.

MOTHER
14. Maiden Name: Ida Coffee
15. Birthplace: Va.

16 (a) Informant: Mrs. Marie Spielmann
(b) Address: 2729 Fenwick Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 | 4 | 1939 (month) (day) (year)
(c) Cemetery or crematory: Baltimore Cemetery
Location: East North Ave

18 (a) Funeral director: Geo. Huber & Son
(b) Address: 2503 Edmondson Ave.

19 (a) [illegible] (Date received by registrar) [illegible] (Registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2, 1939, at 2 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 29, 1939, to July 2, 1939, and that I last saw him alive on July 2, 1939.

Immediate cause of death Acute appendicitis (ruptured) — Duration 6/25/39

Due to

Due to

Other Conditions arteriosclerosis - Cardio Vascular disease with decompensation
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. P. Tennyson, M.D. M. D.

Address St. Josephs Hosp. Date signed 7/2/39

F 59403

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82a

F 59403 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St
(c) Hospital or institution:
Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17d.
(e) Length of stay in Baltimore (yrs., mos., or days) 37 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 521 South Smallwood (If rural give location)
(e) If foreign born, how long in U. S. A.? 37 years

3 (a) FULL NAME Abraham Pressman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Sarah
6 (c) If alive, give age: 70 years
7. Birth date of deceased (mo., day, yr.)
8. AGE: Years 73 | Months | Days | If less than one day: hr. min.
9. Birthplace: Russia (Town, county, and state)
10. Usual Occupation: Dentist
11. Industry or business

FATHER
12. Name: Hyman Pressman
13. Birthplace: Russia

MOTHER
14. Maiden Name: Cresic
15. Birthplace: Russia

16 (a) Informant: Hyman Pressman
(b) Address: 1530 E. Fayette Ave.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 3 39 (month) (day) (year)
(c) Cemetery or crematory: Rosedale
Location: Philadelphia Rd.
18 (a) Funeral director: Jos. F. Lenz Inc.
(b) Address: 1439 E. Balto St.
19 (a) (Date rec'd by registrar) (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-3 1939, at 6 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-17 1939, to 7-3 1939, and that I last saw him alive on 7-3 1939.

Immediate cause of death: coronary? or cerebral accident?
Due to: arteriosclerosis
Due to:
Other Conditions: Cerebral Accident

(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

Duration (Immediate): over
6-17-39.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature: A Scholtis M. D.
Address: Sinai Hospital Date signed 7-3-39

VS 3

59404 F 59404

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Hebrew Home for the Aged ▾ Infirm 97 Registered No. 37-17
CITY OF BALTIMORE: (No. Belvedere ▾ Greenspring St. 27 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. 4 mos. ds.
2. FULL NAME Sara Wanaker If U. S. Veteran specify WAR
(a) Residence: No. Belvedere ▾ Greenspring St., 27 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rachel

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	61			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 1034
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery Store
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER
13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country) Russia

FATHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Russia.

17. INFORMANT Sigmund Feinblatt
(Address) Belvedere ▾ Greenspring

18. BURIAL, CREMATION, OR REMOVAL
Place Rosedale Date 7-3-39 19

19. UNDERTAKER Jos. Levy Inc.
(Address) 1439 E. Baltimore St.

20. FILED 7-3-39 Hunting & Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1939 to July 2, 1939
I last saw him alive on July 2, 1939. Death is said to have occurred on the date stated above, at 7:05 a.m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Hypertension — arteriosclerosis

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Edmund Levin M.D. M. D.
(Address) Levindale

VS 3

F 59405

COK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

953

Registered No. 59405

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore, Maryland

(c) Hospital or institution: Baltimore City Hospitals 28-2

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Mos.

(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2209 W. Lexington St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Matilda Melville

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-27-1867

8. AGE: Years 72 | Months 4 | Days 4 | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Unknown 03-1

11. Industry or business

FATHER 12. Name Michael Hartman

13. Birthplace Germany

MOTHER 14. Maiden Name Chrissie Booze

15. Birthplace Md.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 4-39 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet Cem

Location Baltimore Md

18 (a) Funeral director R. H. & B. M. Walter

(b) Address Frank Strickler Co

19 (a) Filed JUL 3 - 1939 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1939, at 2:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-9 1939, to 7-1 1939, and that I last saw her alive on 6-30 1939.

Immediate cause of death: Hypertensive Cardiovascular disease — Duration unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. M. Waghelstein M. D.

Address Balto City Hosp Date signed

F 59406 HEALTH DEPARTMENT—CITY OF BALTIMORE F 59406

CERTIFICATE OF DEATH

53E

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3623 Fairhaven Ave St., 25-5 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Henry C. Loos

(a) Residence: No. 3623 Fairhaven Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Florence L. Loos

6. DATE OF BIRTH (month, day, year) Dec 16-1906

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	32	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Patchman 2062

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chemical Co

10. Date deceased last worked at this occupation (month, year) May - 1939

11. Total time (years) spent in this occupation 3 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry Loos

14. BIRTHPLACE (city or town) (State or country) Hanover Pa

MOTHER

15. MAIDEN NAME Margaret

16. BIRTHPLACE (city or town) (State or country) Hanover Pa

17. INFORMANT Florence L. Loos
(Address) 3623 Fairhaven Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Matthews Date July 6 1939

19. UNDERTAKER Todd & B. M. Walters
(Address) Pratt & Fulton Sts

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1939 to July 3, 1939
I last saw him alive on July 3, 1939 Death is said to have occurred on the date stated above, at 7 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Melanotic Sarcoma	
Other contributory causes of importance:	
Cystitis	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel Levin M. D.

(Address) 203 Polapsco Ave

JL 3 - 1939 Hunter's Point, Md

F 59407

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93c

Registered No. F 59407

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 100 W. Tuscany Road
(c) Hospital or institution: 12-
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 100 W. Tuscany Road. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MAMIE B. BENESCH.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband ~~or wife~~ Wm. M. Benesch
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 26, 1868

8. AGE: Years	Months	Days	If less than one day: hr.	min.
70	7	6		

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Samuel H. Blum,
13. Birthplace Berlin, Ger.

MOTHER
14. Maiden Name Sarah Adler,
15. Birthplace Berlin, Ger.

16 (a) Informant Mr. Jerome Benesch,
(b) Address 100 W. Tuscany Road.

17 (a) Entombment (Burial, cremation, or removal) (b) Date thereof July 4, 1939 (month) (day) (year)
(c) Cemetery or crematory Baltimore Hebrew
Location Baltimore, Md.

18 (a) Funeral director Chas. Sonneborn & Son
(b) Address 1902 Eutaw Place.

19 (a) (b) (Signature of local registrar) Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2nd. 1939, at P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1930, to July 2 1939.
and that I last saw h er alive on July 2 1939.

Immediate cause of death	Duration
Coronary occlusion	1 day
Due to Coronary sclerosis	9 yrs
Due to Generalized arteriosclerosis	9 yrs
Other Conditions Leucocytosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Emil F. Krieger M.D.
Address Esplanade Apts. Date signed 7/2/39

F 59408

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1860

F 59408 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 78 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1430 N. Gay St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph John Beckman

3 (b) If veteran, name war
3 (c) Social Security Account No. Retired

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 16 1861

8. AGE: Years	Months	Days	If less than one day: hr.	min.
78	4	10		

9. Birthplace Baltimore, Md. (Town, county, and state) 0004
10. Usual Occupation Retired Engineer
11. Industry or business City Water Department
12. Name of FATHER Joseph J. Beckman Sr.
13. Birthplace Baltimore, Md
14. Maiden Name of MOTHER Catherine Dietze
15. Birthplace Baltimore, Md.
16 (a) Informant Mrs. Milton Watkins
(b) Address 1430 N. Gay St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 4. 1939 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road
18 (a) Funeral director Howard N. Bloyd Sr. Jr.
(b) Address 4914 Belair Road.
19 (a) [illegible] (Date received by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2, 1939, at 1 35 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 23, 1939. to July 2, 1939. and that I last saw him alive on July 2, 1939.

Immediate cause of death	Duration
Chronic nephritis & uremia	?
Due to arterio-sclerosis.	
Due to	
Other Conditions Fractured pelvis & spine (Include pregnancy within 3 months of death)	6/15/39

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 6/21/39
(c) Where did injury occur? 1430 N. Gay St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? House (Specify type of place) While at work? no
(e) Means of injury fell on steps

23. Signature W. R. Trumpf, M.D.
Address St. Joseph's Hosp. Date signed 7/2/39

VS 2

F 59409

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 Registered No. ✓ F 59409

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4807 Richard ave.
(c) Hospital or institution: 27-3
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 43 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4807 Richard ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Marion I. Chamberlain

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband ~~or wife~~: Benj. J. Chamberlain

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 17, 1895

8. AGE: Years 43 | Months 8 | Days 18 | If less than one day: hr. min.

9. Birthplace City (Town, county, and state)

10. Usual Occupation: At Home 0037

11. Industry or business

FATHER 12. Name Martin E. Nagurman

13. Birthplace City

MOTHER 14. Maiden Name Ida Maccubbin

15. Birthplace City

16 (a) Informant Benjamin J. Chamberlain

(b) Address 4807 Richard Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/3/39 (month) (day) (year)

(c) Cemetery or crematory Greenmount

Location City

18 (a) Funeral director E. J. Fanning & Son

(b) Address 1938 E. Lafayette ave.

19 (a) (Date rec'd by registrar) (b) Registrar

JUL 3 - 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30th 1939, at 8 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1939 to 6/30 1939, and that I last saw h alive on 6/30 1939.

Immediate cause of death Chronic Interstitial Nephritis — **Duration**

Due to —

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Hyman Foltz M. D.

Address 5703 Harford Date signed 7/1/39

F 59410

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 C F 59410 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3039 Abell Avenue
(c) Hospital or institution: ---------- 12-2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ---
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3039 Abell Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? --- years

3 (a) FULL NAME MICHAEL F. LANGAN

3 (b) If veteran, name war	3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Annie Langan 6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Mar. 18[illegible]

8. AGE: Years	Months	Days	If less than one day hr.	min.
73	4			

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER 12. Name John Langan
13. Birthplace Ireland

MOTHER 14. Maiden Name Catherine Gavin
15. Birthplace Ireland

16 (a) Informant Mrs. Annie Langan
(b) Address 3039 Abell Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 4/39 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location Frederick Road

18 (a) Funeral director Chas. F. Zaiser & Son Inc.
(b) Address 118 W. Mt. Royal Ave

19 (a) (b) Registrar

Dat. rec'd by Registrar JUL 3 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1939, at 2:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from January 1937, to July 1 1939, and that I last saw h-- alive on July 1 1939.

Immediate cause of death Coronary Thrombosis — Duration 1 hr

Due to Arteriosclerosis — Duration ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature H. Whitworth M. D.
Address 14 N. Eutaw Ave Date signed July 3, 1939

59411 HEALTH DEPARTMENT—CITY OF BALTIMORE E 59411

CERTIFICATE OF DEATH

82 c

Registered No. ____

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Jenkins Memorial Hospital Ward) 13-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

If U. S. Veteran specify WAR ____

2. FULL NAME Patrick F. Ryan

(a) Residence: No. 2627 Pennsylvania Ave St., ____ Ward. ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed or divorced
HUSBAND of (or WIFE) Margaret Virginia Ryan

6. DATE OF BIRTH (month, day, year) Feb 22 1863

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
76	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salvage Corps

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation 6032

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Timothy J. Ryan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Elizabeth Rice

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Hunter
(Address) 2604 Francis Street, Balto.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 7/5 1939

19. UNDERTAKER Chas. P. Graves & Son Inc.
(Address) 115 N. Entaw Baltimore

20. FILED ____ 19____ Registrar. ____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1939

I HEREBY CERTIFY, That I attended deceased from July 1 1939 to July 2 1939

I last saw him alive on July 2 1939 Death is said to have occurred on the date stated above, at 9:46 p.m.

The principal cause of death and related causes of importance were as follows:

Congestive heart failure — Date of onset ____

Other contributory causes of importance:

Cerebral softening — Date of onset ____

Generalized arteriosclerosis — Date of onset ____

Was an operation performed? No Date of ____

For what disease or injury? ____

Name of operation ____

What test confirmed diagnosis? ____ Was there an autopsy? No

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____ 19____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, when? ____

(Signed) Charles V. Sevigny M. D.

(Address) Jenkins Memorial Hospital

3 — U.S. Hunter Co. Hyattsville, Md.

Frederick Jerome Bevans

HEALTH DEPARTMENT—CITY OF BALTIMORE

59412 F 59412

59412

CERTIFICATE OF DEATH

943

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Foot of Anderson St (Bridge) St., 233 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Jerome Bevans
If U. S. Veteran specify WAR
Social Sec. No. 215-10-0969
(a) Residence: No. Foot of Anderson St (Bridge) St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edith F. Bevans

6. DATE OF BIRTH (month, day, year) Nov 29-1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	1	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ast Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ferry Co. 4086
10. Date deceased last worked at this occupation (month, day, year) June 23 1929
11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Bethel Conn.

FATHER
13. NAME Lewis Bevins.
14. BIRTHPLACE (city or town) (State or country) Conn.

MOTHER
15. MAIDEN NAME Amanda Peck
16. BIRTHPLACE (city or town) (State or country) Conn.

17. INFORMANT Eugene L. Bevans
(Address) Colton Penna

18. BURIAL, CREMATION, OR REMOVAL
Place Greenwood Cem Bethel, Conn. Date 7-4-29

19. UNDERTAKER Margaret G. Flynn
(Address) 142 E. East St.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1929

22. I HEREBY CERTIFY, That I attended deceased from June 24 1929 to July 2 1929
I last saw him alive on July 2, 1929 Death is said to have occurred on the date stated above, at 4:00 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Coronary Obstruction	11 days.
Other contributory causes of importance:	
2. Cirrhosis	

Was an operation performed? No Date of
For what disease or injury? No
Name of operation None
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No, surely
(Signed) Joseph L. Holmes M. D.
(Address) 6 N. Howard

59413

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59413

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3907 Forest Park Ave St. (Ward) 15-10

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Carrie Mayerly

(a) Residence: No. 3907 Forest Park Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Wilbert Mayerly

6. DATE OF BIRTH (month, day, year): May 3-1866

7. AGE: Years: 73; Months: 1; Days: 28; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: John Cahill

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER

15. MAIDEN NAME: Mary Gallagher

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: W. S. Cahill

(Address) 7804 Garrison Blvd.

18. BURIAL, CREMATION, OR REMOVAL

Place: Fairmount Date: July 4- 1939

19. UNDERTAKER: C. Richard Fleming

(Address) 1426 Eagle St.

20. FILED: 7-3-1939 Huntingtown Prince Georges Co. Md. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7-1-39. 19

22. I HEREBY CERTIFY, That I attended deceased from Jan ....., 1939, to June 25th ....., 1939

I last saw her alive on June 25th, 1939. Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

Hemorrhage — Date of onset

Carcinoma of Uterus primarily in breast

Other contributory causes of importance:

Metastases - to bone

Pathological fracture left femur

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. J. Byrne M. D.

(Address) 3753 W. North Ave

F 59414

59414

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

463

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3200 Roseburg Av St., 27-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Joseph Kimmitt

If U. S. Veteran specify WAR No

(a) Residence: No. 3200 Roseburg Av St., Ward. S.S. No. 213-05-3915

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Reginina Meushaw

6. DATE OF BIRTH (month, day, year) Jan. 28 1882

7. AGE Years	Months	Days	If LESS than 1 day
57	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Still Operator 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Continential Oil Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Rodgers Kimmitt

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Finnegan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Thomas J. Kimmitt (Son)

(Address) 428 E. Biddle Street

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date 7/5/39 19

19. UNDERTAKER George J. Ruth, Inc.

(Address) 1735 Harford Avenue

20. FILED JUL 3 - 1939 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2 1939

22. I HEREBY CERTIFY, That I attended deceased from May 4 1939 19 to July 2 1939

I last saw h[illegible] alive on July 2 1939. Death is said to have occurred on the date stated above, at 6:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	Aug. 1938
Other contributory causes of importance: Secondary Anemia	Feb. 1939

Was an operation performed? Yes Date of Feb. 2, 1939

For what disease or injury? Cardiac Carcinoma

Name of operation Partial Gastrectomy

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. J. Dawson, Jr. M. D.

(Address) 4316 Harford Road

F 59415

46050 JS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

F 59415 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Balto. City Hospt.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town 616 N. Caroline st. (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anita Neblett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	black	married

6 (b) Name of husband or wife Gus

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-20-1896

8. AGE: Years	Months	Days	If less than one day
42	9	11	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation none 3037

11. Industry or business

FATHER 12. Name Will Hamby

13. Birthplace ?

MOTHER 14. Maiden Name Hester Carroll

15. Birthplace Md.

16 (a) Informant B. C. H. Records

(b) Address

17 (a) Interment (Burial, cremation, or removal) (b) Date thereof July 4 1939 (month) (day) (year)

(c) Cemetery or crematory Mt Calvery.

Location Brookland.

18 (a) Funeral director C. O. Wilson

(b) Address 1900 Brantley Ave

19 (a) Date received by registrar JUL 5 1939

(b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1939, at 1 30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-27 1939, to 7-1 1939, and that I last saw her alive on 7-1 1939.

Immediate cause of death: Arteriosclerosis nephrosclerosis — Duration: 4 weeks

Due to

Due to

Other Conditions: Hypertensive Cardio-vascular disease — Duration: unknown.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible] M. D.

Address Balto City Hosp Date signed

59416 F 59416

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

953

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 102 E. Pleasant St., 4-1 Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ———

2. FULL NAME Catherine Bennett Lamb

(a) Residence: No. 102 E. Pleasant St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ (or) WIFE of Richard V. Lamb Sr.

6. DATE OF BIRTH (month, day, year) about 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Richard V. Lamb Sr.

(Address) 102 E. Pleasant St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 7/5 1939

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

JUL 4 - 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2nd 1939

22. I HEREBY CERTIFY, That I attended deceased from June 9 1939, to July 2 1939

I last saw her alive on July 2 1939 Death is said to have occurred on the date stated above, at 3¾ p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease	?
Other conditions of importance Cerebral Embolism.	7/1/39.

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E N Meyer Jr M. D.

(Address) 1500 E. 33rd.

OCCUPATION is very important.

Fletcher

F 59417

59417

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

824 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 911 Gilmore St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County 911 Gilmore St

(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)

(d) Street No. 911 (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Fletcher

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years	Months	Days	If less than one day
59			hr. min.

9. Birthplace Prince Georges Co. Md (Town, county, and state)

10. Usual Occupation Lobster 6040

11. Industry or business

MOTHER / FATHER

12. Name Robt Fletcher

13. Birthplace Prince Georges Co Md

14. Maiden Name Mary Edwards

15. Birthplace Prince Georges Co Md

16 (a) Informant Robt Fletcher

(b) Address 1640 E. Lombard

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof July 4, 1939 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location

18 (a) Funeral director Mrs Katie R. Williams

(b) Address 322 N Schroeder St

19 (a) July 1 1939 (b) Registrar Washington Hill Baltimore Md

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1st 1939 at 2:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 28th 1939. and that I last saw him alive on July 1st 39

Immediate cause of death: Laceration Abdomen Larynx and Throat — Duration: 2 days

Due to

Due to He had a cancer

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature R. Lee Allen M. D.

Address 527 N Mad Ave Date signed July 1 39

VS 3

59418 F 59418

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

123

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 27th Ward)

Length of residence in city or town where death occurred 47 yrs. 3 mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Joseph Dolan If U. S. Veteran specify WAR World War

(a) Residence: No. 2890 Kentucky Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Dolan

6. DATE OF BIRTH (month, day, year) March 16 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47	47	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Customs Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Customs Service

10. Date deceased last worked at this occupation (month and year) 2086

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Michael Dolan

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Mary Connolly

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Margaret Dolan.
(Address) 2890 Kentucky Ave

18. BURIAL, CREMATION, OR REMOVAL
Holy Redeemer Date 7/6 1939

19. UNDERTAKER Bernard B. Harlan
(Address) 121 E West St.

20. FILED Huntington Undertaking Co
7-4-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/3 1939

22. I HEREBY CERTIFY, That I attended deceased from June 30 1939 to July 3 1939

Last saw h... alive on July 3 1939 Death is said to have occurred on the date stated above, at 7:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia chronic nephritis	?
Myocarditis	?
Cystitis	6/30
Diverticulitis	6/30

Other contributory causes of importance:

Was an operation performed? yes Day of 6/30/39

For what disease or injury? Exploratory Laparotomy

Name of operation Exploratory Laparotomy for diverticulitis

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Thomas J. Kane M. D.

(Address) Mercy Hospital

F 59419

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

463

F 59419

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2222 E Eager St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2222 E Eager St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Caroline Ackermann

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Julius Ackermann

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Oct 28 86

8. AGE: Years 77 | Months 8 | Days 8 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation At home

11. Industry or business

MOTHER / FATHER

12. Name Christian L Ruler

13. Birthplace Germany

14. Maiden Name Dora Kuss

15. Birthplace Germany

16 (a) Informant Charles L Schuler

(b) Address 2222 E Eager St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jul 5 1939 (month) (day) (year)

(c) Cemetery or crematory Baltimore Cem

Location E Pratt Ave

18 (a) Funeral director John Ulrich

(b) Address 2008 Eden

(a) [illegible] (b) [illegible] Registrar

[illegible] Baltimore Md

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1939 at 10 20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/14 1939, to 7/2 1939, and that I last saw h[illegible] alive on 7/1 1939.

Immediate cause of death
Carcinoma of Stomach

Due to

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations X

Of autopsy none

Duration
4 m 17 d

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide X
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? X While at work? X (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 3901 Gouverneur Ave Date signed M[illegible]

F 59420

44492-PS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

458 Registered No. F 59420

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Balto. City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 days

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 7-2 518 N. Rose St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Cora Czaska

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Bernard

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): [illegible] 13 1892

8. AGE: Years 47 | Months 0 | Days 13 | If less than one day: hr. min.

9. Birthplace: Md. (Town, county, and state)

10. Usual Occupation: H.W.

11. Industry or business

FATHER 12. Name: Andrew Gerstle

13. Birthplace: Germany

MOTHER 14. Maiden Name: Barbara Fink

15. Birthplace: Germany

16 (a) Informant: B.C.H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 5 '39 (month) (day) (year)

(c) Cemetery or crematory Mount Carmel

Location Donnell Rd

18 (a) Funeral director John Ulrich

(b) Address 2008 Aliceanna

19 (a) Date received by registrar Martin [illegible] Registrar

JUL 4 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1939, at 9.25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-6 1939, to 7-2 1939, and that I last saw h alive on 7-2 1939.

Immediate cause of death: Bronchopneumonia

Due to: Hypertensive Cardiovascular disease

Duration: 2 days / unknown

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy as above -

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible] M. D.

Address Balto City Hosp Date signed 7-3-39

59421

HEALTH DEPARTMENT—CITY OF BALTIMORE 59421

CERTIFICATE OF DEATH

957

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1409 Ashland St. 21-2 Ward)

Length of residence in city or town where death occurred 66 yrs. 8 mos. 4 da. How long in U. S. If of foreign birth?.....yrs.....mos.....da.

2. FULL NAME Lorraine Carney

If U. S. Veteran specify WAR

(a) Residence: No. 1409 Ashland St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lillian Carney

6. DATE OF BIRTH (month, day, year) Oct 28 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tea worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired 6 mo

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James Carney

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mary Hussey

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Lillian Carney

(Address) 1409 Ashland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem Date 7-5-, 1939

19. UNDERTAKER John F Cowan & Co

(Address) 901 Baltimore St

20. FILED 7-5-, 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1939 to July 2, 1939

I last saw h.. alive on July 1939. Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ATHEROSCLEROTIC CARDIO-VASCULAR DISEASE	1938
Other contributory causes of importance: BRONCHIAL ASTHMA	1938

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? EXAM Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? NO Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward J Nolan, M. D.

(Address) 682 WASHINGTON BLVD

V S 8

59422 HEALTH DEPARTMENT—CITY OF BALTIMORE 59422

CERTIFICATE OF DEATH

953

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 917 Calvert Ave St., 9-f (Ward)

Length of residence in city or town where death occurred 73 yrs. 8 mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Agnes Mooney

(a) Residence: No. 917 Calvert Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Oct 15th 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nun Sister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Maryknoll

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME James Mooney

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Welsh

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Edward J Crane

(Address) 917 Calvert Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St Peters Cem Date 7/6/1939

19. UNDERTAKER John J Gaughan & Co

(Address) 901 Eastern Ave

20. FILED ..... 19..... Registrar .....

Huntington Undertaking Co

JUL 4 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2nd 1939

22. I HEREBY CERTIFY, That I attended deceased from February 20 1938 to July 2 1939

I last saw her alive on July 2 1939. Death is said to have occurred on the date stated above, at 6:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular Disease	2 yrs
Other contributory causes of importance: Cerebral Hemorrhage	3 days

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) Carlyle M. Flynn M. D.

(Address) 412 E. Monument St

59423 HEALTH DEPARTMENT—CITY OF BALTIMORE 59423

CERTIFICATE OF DEATH

48

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 805 Hollins St., 183 Ward)

Length of residence in city or town where death occurred 37 yrs. 2 mos. 24 ds. How long in U. S. If of foreign birth? ... yr. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret M. Kliszyes

(a) Residence: No. 805 Hollins St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Apr 8 1902

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37	2.	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Mathews Kliszyes

14. BIRTHPLACE (city or town) (State or country) Lithuanian

MOTHER

15. MAIDEN NAME Eva Judeshuis

16. BIRTHPLACE (city or town) (State or country) Lithuanian

17. INFORMANT Mrs. Antonine Levonivech
(Address) 805 Hollins St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 7-5- 1939

19. UNDERTAKER John J Cowan & Son
(Address) 201 Hollins St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-2- 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 1938 to July 2 1939.

I last saw H.E. alive on July 1 1939. Death is said to have occurred on the date stated above, at 1:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Uteris.	1 yr
Other contributory causes of importance:	
Exhaustion	3 mos

Was an operation performed? Yes. Date of 1936.

For what disease or injury? .....

Name of operation Ovarian Cyst.

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Herbert C Blake M. D.

(Address) 422 Med. Arts Bldg

VS 8 1939

59424

HEALTH DEPARTMENT—CITY OF BALTIMORE

59424

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital 46c

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Rosa Belle Owings

If U. S. Veteran specify WAR

(a) Residence: No. 674 Reisterstown Rd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William D. Owings

6. DATE OF BIRTH (month, day, year) Aug. 2, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 003

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Alfred Crapo

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mehitable Jessop

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT William D. Owings

(Address) 674 Reisterstown Rd. Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Pikesville Md. Date July 6" 1939

19. UNDERTAKER Ehrlander Bros

(Address) 1005 N Eutaw Street

20. FILED July 6 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-4, 1939

22. I HEREBY CERTIFY, That I attended deceased from 6-24, 1939, to 7-4, 1939

I last saw her alive on 7-4, 1939 Death is said to have occurred on the date stated above, at 2.25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Colon	
Chronic Appendicitis	
Other contributory causes of importance: Cardiac Failure	

Was an operation performed? yes Date of 6-24-39

For what disease or injury? Carcinoma of Colon

Name of operation Resection of Carcinoma, Descending Colon

What test confirmed diagnosis? Pathologist Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C. K. Eastman M. D.

(Address) Md. Gen. Hosp. Balto. Md.

OCCUPATION is very important. See instructions on back of certificate.

F 59425 HEALTH DEPARTMENT—CITY OF BALTIMORE F 59425

CERTIFICATE OF DEATH

943

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3610 Cedardale Rd St. 15th Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 7 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Walter Scott Purdom

(a) Residence: No. 3610 Cedardale Rd. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen Tarbox Purdom

6. DATE OF BIRTH (month, day, year) Nov 17 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tool & Die Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bal. R. 0073

10. Date deceased last worked at this occupation (month, day, and year) June 28 1939

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Xenia Ohio

MOTHER FATHER

13. NAME Elmer Purdom

14. BIRTHPLACE (city or town) (State or country) Ohio

15. MAIDEN NAME Frances

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Ellen Purdom
(Address) 3610 Cedardale Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Ohio Date July 4th 1939

19. UNDERTAKER O. F. Swearingen
(Address) 1003 N. Eutaw St.

20. July 4th 1939 Huntington Williams M.D. Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1939, to death, 19...
I last saw him alive on July 3, 1939. Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis	June 28, 1939

Other contributory causes of importance:

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Conrad Aeton, M.D.
(Address) 101 W. Read Street.

✓ F 59426

59426 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

92c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 933 West Fayette St., 15-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Dr. Conn Frederick Lang

If U. S. Veteran specify WAR .....

(a) Residence: No. 933 West Fayette St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie E. Lang

6. DATE OF BIRTH (month, day, year) May 5th 1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician 0054

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) May 1939

11. Total time (years) spent in this occupation 44 45

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME Conn Frederick Lang

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Lodtz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Conn Lang

(Address) 933 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Co. Date July 5, 1939

19. UNDERTAKER P. Kamerer

(Address) 1005 E. Baltimore St

20. FILED JUL 4-1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2nd, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1939 to July 2, 1939

I last saw him alive on July 1, 1939 Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
chronic Myocarditis	months
Other contributory causes of importance: generalized arteriosclerosis	months

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Nathan Rosenau, M. D.

(Address) 106 So. Eleven Street

OCCUPATION is very important. See instructions on back of certificate.

F 59427 ✓ F 59427

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93 C Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6308 Belair Rd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 - 5

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) ~~County Balto~~
(c) City or town Balto. City (If outside city or town limits, write RURAL and give town)
(d) Street No. 6308 Belair Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John G. Rappold

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Laura M. Rappold
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 2nd 1855

8. AGE: Years	Months	Days	If less than one day: hr.	min.
84	2			

9. Birthplace Balto. Md. (Town, county, and state) 6073
10. Usual Occupation Car Inspector
11. Industry or business Railroad

FATHER
12. Name John G. Rappold
13. Birthplace —

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Mrs. Koenig
(b) Address 6308 Belair Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 6th 39 (month) (day) (year)
(c) Cemetery or crematory Balto.
Location Balto

18 (a) Funeral director Fred. Lassahn & Son
(b) Address 7401 Belair Rd.

19 (a) 1939 Registered July 4 1939 Huntington Williams, M.D. registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2nd 1939, at 9:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1938 to July 2 1939, and that I last saw h alive on July 2 1939.

Immediate cause of death	Duration
Acute pulmonary oedema	2 days
Due to Chronic myocarditis	3 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A Lee Herbert
Address 4116 Northern Pkwy Date signed M. 7 D. 3/39

F 59428

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 59428 Registered No. 943

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3805 Seguoia Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos. or days) 2 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto.
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 2712-1286 E Fayette St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 33 years

3 (a) FULL NAME Bella Berezovitz

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Charles
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1857

8. AGE: Years 82 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Home Work

11. Industry or business

MOTHER / FATHER

12. Name Abraham Gerstein
13. Birthplace Russia
14. Maiden Name Celia Gerstein
15. Birthplace Russia

16 (a) Informant G. J. Perlstein
(b) Address 99 Maplewood Ave.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-4-39 (month) (day) (year)
(c) Cemetery or crematory Hartford, Conn.
Location

18 (a) Funeral director Jack Levy Inc.
(b) Address 1439 E. Baltimore St.

19 (a) Filed in 1939 registrar (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1939, at 10.30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1939, to July 3 1939, and that I last saw h alive on July 3 1939.

Immediate cause of death	Duration
Coronary Thrombosis	1 day
Due to Hypertension Arteriosclerosis	? ?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert J. Hume Clark M. D.
Address 5444 Belair Rd Date signed July 4, 1939

59429

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163

F 59429
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5318 Norwood Ave
(c) Hospital or institution: 28
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) Former town (If outside city or town limits, write RURAL and give town)
(d) Street No. 5318 Norwood Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Horner Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Elias H. Brown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10 - 24 - 56

8. AGE: Years 82 Months 9 Days 24 If less than one day hr min

9. Birthplace St Louis Missouri (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Addison L. Hardcastle
13. Birthplace Easton, Md

MOTHER
14. Maiden Name Octavia Alexander
15. Birthplace St Louis M

16 (a) Informant Lillian A Brown
(b) Address 5315 Norwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 - 5 - 39 (month) (day) (year)
(c) Cemetery or crematory Louden Park
Location Lot 147 south R - Sect. V

18 (a) Funeral director Marian A Dailey Inc
(b) Address 2914 Ellicott Drive

JUL 4 - 1939 (Registrar)

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-2-39 19 , at 8:45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death: Morphine Sulfate Poisoning — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 7-2-39
(c) Where did injury occur? 5318 Norwood Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? no
(e) Means of injury Rat Poison

23. Signature Conrad Delons MD M.D.
Medical Examiner

Date signed 6 7-2-39

F 59430

59430

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 139c

1. PLACE OF DEATH Hospital for Women of Maryland

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Berta Cole

(a) Residence: No. Rising Sun Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

3a. If married, widowed, or divorced: ~~HUSBAND of~~ (or) WIFE of Charles C. Cole

6. DATE OF BIRTH (month, day, year) Mar 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	—	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chilhowie Va

FATHER

13. NAME unknown James McTalley

14. BIRTHPLACE (city or town) (State or country) unknown Va

MOTHER

15. MAIDEN NAME Jennie M DeJarrett

16. BIRTHPLACE (city or town) (State or country) unknown Va

17. INFORMANT Mrs Charles Cole

(Address) Rising Sun Md

18. BURIAL, CREMATION, OR REMOVAL Rising Sun Md Date July 5 1939

19. UNDERTAKER J. C. Tyson

(Address) Rising Sun Md

20. FILED JUL 4 - 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/4 1939

22. I HEREBY CERTIFY, That I attended deceased from 6/30 1939 to 7/4 1939

I last saw her alive on 7/1 1939. Death is said to have occurred on the date stated above, at 6:15 a.m.

The principal cause of death and related causes of importance were as follows:

Acute dilatation of heart, post-operation.

Date of onset 7/3/39

Other contributory causes of importance:

Was an operation performed? yes Date of 7/3/39

For what disease or injury? Neuralgia, cause?

Name of operation D and C, hysterectomy abdominal

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J Arthur York M. D.

(Address) 1107 St Paul St.

OCCUPATION is very important. See instructions on back of certificate.

59431

HEALTH DEPARTMENT—CITY OF BALTIMORE

59431

CERTIFICATE OF DEATH

95-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. WBPH St., 16-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr Arthur J. McKenna

If U. S. Veteran specify WAR

(a) Residence: No. 760 Linnard St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6a. If married, widowed, or divorced — HUSBAND of Emma McKenna

6. DATE OF BIRTH (month, day, year) Oct 6th 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Retired Clerk / Library

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nat'l Biscuit Co

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 28

12. BIRTHPLACE (city or town) Balto (State or country) Md

MOTHER FATHER

13. NAME Terrance McKenna

14. BIRTHPLACE (city or town) England (State or country)

MOTHER

15. MAIDEN NAME Mary Ann O'Sullivan

16. BIRTHPLACE (city or town) Balto (State or country) Md.

17. INFORMANT Emma McKenna

(Address) 760 Linnard St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date July 7th 1939

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St.

20. FILED JUL 5 1939 Harry [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4 1939

22. I HEREBY CERTIFY, That I attended deceased from July 3 1939 to July 4 1939

I last saw him alive on July 4 1939 Death is said to have occurred on the date stated above, at 11:35a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac disease, chronic with auricular fibrillation and Pulmonary edema	1934

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. O'Shea M. D.

(Address) WBPH

OCCUPATION is very important. See instructions on back of certificate.

59432 HEALTH DEPARTMENT—CITY OF BALTIMORE 59432

CERTIFICATE OF DEATH

47-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Columbus Jacques

If U. S. Veteran specify WAR none

(a) Residence: No. 701 Old Harford Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE Mrs Mary Jacques

6. DATE OF BIRTH (month, day, year) February 5, 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shop

10. Date deceased last worked at this occupation (month and year) 1938

11. Total time (years) spent in this occupation 34

12. BIRTHPLACE (city or town) (State or country) Michigan

FATHER

13. NAME William Jacques

14. BIRTHPLACE (city or town) (State or country) Michigan

MOTHER

15. MAIDEN NAME Julia Bombay

16. BIRTHPLACE (city or town) (State or country) Michigan

17. INFORMANT Mrs Mary Jacques
(Address) 701 Old Harford road

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date July 7th 19 39

19. UNDERTAKER Williams Cook
(Address) 217 St. Paul St

20. FILED JUL 5 1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1939, to July 4, 1939

I last saw h[illegible] alive on July 4, 1939. Death is said to have occurred on the date stated above, at 6:00 A.m.

The principal cause of death and related causes of importance were as follows:

		Date of onset
1	Pulmonary Edema	7-2-39
2	Cerebral Hemorrhage	
3	Coloyes Tumidus	

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D.M. Fadda M. D.

(Address) Church Home & Infirmary

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

JUL 5 - 1939

59433 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 59433

CERTIFICATE OF DEATH

✓131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 4th Ward)

Length of residence in city or town where death occurred 44 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Robert Key Groff

(a) Residence: No. 717 E. 41st St., Ward B-3
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced [redacted] Robert Key Groff

6. DATE OF BIRTH (month, day, year) Apr. 9, 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Maryland

FATHER

13. NAME Charles W. Duvall

14. BIRTHPLACE (city or town) Balto. (State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret Sylvia

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Robert Key Groff
(Address) 717 E. 41st St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date July 6 1939

19. UNDERTAKER Wm Cook
(Address) 217 E. Pratt St

20. FILED ..... 19 .....
[redacted] for Williams Registrar

JUL 5 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1939 to July 3, 1939

I last saw her alive on July 3, 1939 Death is said to have occurred on the date stated above, at 11.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	1939
Renal Insufficiency -	1936
Pyelitis	1939
Hypertensive Cardiovascular Disease	
Other contributory causes of importance:	
Coronary Arteriosclerosis	1939

Was an operation performed? No Dat —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Blood WPN Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Fletcher Reed E. Chataud M. D.

(Address) Union Memorial Hosp.

OCCUPATION IS VERY important. See instructions on back of certificate.

F 59434 F 59434

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1016 W Belvedere Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6213 Blackburn Lane (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) **FULL NAME** John Cook Baldwin

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of ~~husband~~ wife Ada C. Baldwin

6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) March 21-1887

8. AGE: Years 52 | Months 3 | Days 12 | If less than one day — hr. — min.

9. Birthplace Newyork (Town, county, and state)

10. Usual Occupation Physician

11. Industry or business

MOTHER / FATHER

12. Name Frank Baldwin

13. Birthplace N. Y.

14. Maiden Name Anna Cook

15. Birthplace N. Y.

16 (a) Informant Mrs Ada C Baldwin

(b) Address 6213 Blackburn La.

17 (a) (Burial, cremation, or removal) (b) Date thereof 7-5-39. (month) (day) (year)

(c) Cemetery or crematory Druid Cem:

Location Harford Rd Baltimore Md

18 (a) Funeral director Chas E. Franck

(b) Address 802 Madison Ave

19 (a) (Date rec'd by registrar) Huntington, Williamsport, Mar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1939. at 10 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 2 1939. to July 3 1939. and that I last saw h— alive on July 2 1939.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Hypertension	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Karl M. Zinkeisen M. D.

Address 5200 Tillery Way Date signed 7-5-39

VS 8 1939

59435

F 59435

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 702 W. 34th St St. 13-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Anna Rebecca Rineman

(a) Residence: No. 702 W 34th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of John A. Rineman

6. DATE OF BIRTH (month, day, year) April 3, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) May 1939

11. Total time (years) spent in this occupation 50yrs.

12. BIRTHPLACE (city or town) (State or country) Mayberry, Md

FATHER

13. NAME Henry Eckard

14. BIRTHPLACE (city or town) (State or country) Mayberry, Md.

MOTHER

15. MAIDEN NAME Susan Mc Dee

16. BIRTHPLACE (city or town) (State or country) Mayberry Md

17. INFORMANT Mrs Ella Stone

(Address) 702 W. 34th St

18. BURIAL, CREMATION OR REMOVAL

Place Hampstead Md Date July 5 . 39

19. UNDERTAKER Carrie B. Davis

(Address) 3418 Chestnut Ave

20. FILED JUL 5 - 1939 Huntington Williams Md. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2 . 1939

22. I HEREBY CERTIFY, That I attended deceased from May 29 . 1939 to July 2 . 1939

I last saw her alive on July 2 . 1939 Death is said to have occurred on the date stated above, at 1.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of the Pancreas	July 1938
Other contributory causes of importance: Obstruction of Common Bile Duct & Jaundice	May 15, 39

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Allen Deckert M. D.

(Address) 1123 St Paul St

OCCUPATION is very important. See instructions on back of certificate.

V 5 3

59436

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 59436 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6200 Fair Oak Ave Home
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6200 Fair Oak Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Kineman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	Col	Married

6 (b) Name of ~~husband~~ or wife Grace Fanning (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 12th 1869

8. AGE: Years	Months	Days	If less than one day
69	4	21	hr. min

9. Birthplace City (Town, county, and state)

10. Usual Occupation Brush maker

11. Industry or business

FATHER 12. Name

13. Birthplace Not Known

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant Kenneth Kineman

(b) Address 6200 Fair Oaks ave

17 Baltimore Cem (Burial, cremation, or removal) Date thereof 7/5/39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Baltimore Cem

Location

18 (a) Funeral director E. J. Fanning & Son

(b) Address 1938 E. Lafayette ave

JUL 5 1939 (Date received by Registrar) Thinnington for Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION Lab P.M.

20. DATE OF DEATH 7/1/39 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — **Duration**

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. B. Vandegrift M.D. Medical Examiner

Date signed 7/3/39

59437

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 59437 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1923 Aisquith St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 57 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1923 Aisquith St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma E. Bailey

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	C	Married

6 (b) Name of husband or wife William Bailey

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-11-1872

8. AGE: Years	Months	Days	If less than one day: hr.	min.
66	10	21		

9. Birthplace Towson Balto Co. Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name John Ford
13. Birthplace Balto Co. Md.

MOTHER 14. Maiden Name Emma Cook
15. Birthplace Md

16 (a) Informant Frances Robinson
(b) Address 1923 Aisquith St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-5-39 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery Cem.
Location Brooklyn Q. A. Co. Md.

18 (a) Funeral director Byron Mamie M. Wright
(b) Address 1218 N. Caroline St

19 JUL 5 1939 (Date filed by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-2 1939 at 7:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-13 1939 to 7-2 1939 and that I last saw h er alive on 7-2 1939.

Immediate cause of death Cerebral hemorrhage — Duration 1 Day

Due to cardio-vascular-renal disease — Duration unknown

Due to

Other Conditions fibroma uteri
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 1500 E. Madison St Date signed 7/3/39

VS 3

59438

CCK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

34-B

40619 F 59438

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore, Maryland

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 Mos.

(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 819 N. Caroline St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ophelia Price

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widow

6 (b) Name of husband or wife Charles

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-20-1888

8. AGE: Years	Months	Days	If less than one day
50	7	12	hr. min.

9. Birthplace N.C. (Town, county, and state)

10. Usual Occupation N.P.

11. Industry or business

FATHER

12. Name Joseph Edwards

13. Birthplace N.C.

MOTHER

14. Maiden Name Hattie Gaynor

15. Birthplace N.C.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-6-1939 (month) (day) (year)

(c) Cemetery or crematory Cemetery

Location Washington N. C.

18 (a) Funeral director Edward Francis W. Wright

(b) Address 1218 N. Eden Alley St.

19 (a) [illegible] 1939 (Date received by registrar) (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-2 1939, at 3:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-5 1939, to 7-2 1939, and that I last saw h er alive on 7-2 1939.

Immediate cause of death Syphilitic Heart disease — Duration unknown.

Due to

Due to

Other Conditions Cerebro spinal Syphilis — unknown.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Congestive Heart failure

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible] M. D.

Address Balto City Hosp. Date signed 7-5-39

VS 8

59439 F 59439

363140

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Mo. & 11 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 903 N Gay St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Bailey

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-07-1124

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Laura

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-27-03

8. AGE: Years 35 | Months 8 | Days 7 | If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name James Bailey
13. Birthplace Va

MOTHER
14. Maiden Name Josephine ?
15. Birthplace Va

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-5-1939 (month) (day) (year)
(c) Cemetery or crematory Cemetery
Location Smithfield Va

18 (a) Funeral director By Order Mayme M. Wright
(b) Address 1218 McElderry St

19 (a) (Date rec'd by registrar) (b) Huntington W. Va.

VH 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1939 at 12.25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 23 1939 to July 4 1939 and that I last saw him alive on July 4 1939.

Immediate cause of death uremia — Duration 1 week

Due to Malignant Hypertension (Hypertensive Cardio-Vascular Disease) — Duration 3 mos

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations No -
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Roger B. Scott M. D.
Address Johns Hopkins Hosp Date signed 7-4-39

59440

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 59440
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Johns Hopkins Hosp
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2220 E. Lombard St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Schwartz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race Wh | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Lillian Schwartz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 11 - 1882

8. AGE: Years 56 | Months 7 | Days 20 | If less than one day hr. min.

9. Birthplace Balto. Md
(Town, county, and state)

10. Usual Occupation Asbestos worker

11. Industry or business Edw. Frick & Co.

FATHER 12. Name John Schwartz
13. Birthplace Balto. Md.

MOTHER 14. Maiden Name Catherine Water
15. Birthplace Balto. Md.

16 (a) Informant Lillian Schwartz
(b) Address 1162 S. Caton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 5/39 (month) (day) (year)

(c) Cemetery or crematory Baltimore
Location Balto. Md.

18 (a) Funeral director King, Herwig Sons
(b) Address 2016 Orleans St

19 Date received by Local Registrar JUL 5 - 1939 E. T. Stanton Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-2-39 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death Subdural Hematoma Laceration of brain	
Due to Lobar pneumonia	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Subdural hematoma

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 6/29/39
(c) Where did injury occur? 3132 Eastern Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work?
(e) Means of injury Fell and struck head

23. Signature H. H. Lee Russell M.D.
Medical Examiner
Date signed 7/2/39 Street Hudson Boston Mass

59441

HEALTH DEPARTMENT—CITY OF BALTIMORE

59441

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 910 S. Conkling St. 26-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Katie E. Konigkramer - Kane

If U. S. Veteran specify WAR .....

(a) Residence: No. 910 S. Conkling St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Late Fred. W. Konigkramer

6. DATE OF BIRTH (month, day, year) Aug. 14 - 1873

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
65	10	16 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do do

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Oliver Bowers

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Susana Nath

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Ottawa Konigkramer

(Address) 910 S. Conkling St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 7/5/39

19. UNDERTAKER Philip Herwig Sons

(Address) 2516 Orleans St.

20. FILED ..... 19 ..... Registrar.

Huntington Williams M.D.

JUL 5 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1939 to July 1, 1939

I last saw her alive on July 1, 1939. Death is said to have occurred on the date stated above, at 9.40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular Disease	
Coronary Disease	
Coronary Occlusion	7-1-39
Other contributory causes of importance:	
None	

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Earl Kunnemark, M. D.

(Address) 842 S. Eaton

OCCUPATION is very important. See instructions on back of certificate.

F 59442

HEALTH DEPARTMENT—CITY OF BALTIMORE

59442

CERTIFICATE OF DEATH

✓159

Registered No. 15

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto Gen Hosp St. (Ward) 6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. 10 ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Girl Kaplan

(a) Residence: No. 1905 Bloomingdale St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Infant

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): June 24, 1939

7. AGE: Years | Months | Days: 10 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Harry Kaplan

14. BIRTHPLACE (city or town) (State or country): Brooklyn N. Y.

MOTHER

15. MAIDEN NAME: Rhea Levick

16. BIRTHPLACE (city or town) (State or country): Auburn Pa

17. INFORMANT: Father Harry Kaplan

(Address) 1905 Bloomingdale St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Levan Park Date: July 5, 1939

19. UNDERTAKER: Thos. J. Rickard & Sons

(Address) 1201 E. Pratt St.

20. FILED: JUL 5 1939, 19___ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1939 to July 4, 1939

I last saw her alive on July 4, 1939. Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

Prematurity — Date of onset

Other contributory causes of importance:

Was an operation performed? ___ Date of ___

For what disease or injury? ___

Name of operation ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? ___

If so, specify ___

(Signed) Jas E Shear, M. D.

(Address) Walbrook

Huntington Williams M.D.

OCCUPATION is very important. See instructions on back of certificate.

F 59443

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-c F 59443 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3107 Presbury St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3107 Presbury St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eda Dorsey Mewshaw

3 (b) If veteran, name war None | 3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Dora White Mewshaw

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 31, 1862

8. AGE: Years 77 | Months 3 | Days 21 | If less than one day hr. min.

9. Birthplace A A. Co. Md. (town, county, and state)

10. Usual Occupation Retired

11. Industry or business Coal - Retail

MOTHER / FATHER

12. Name Wm Mewshaw

13. Birthplace England

14. Maiden Name Eva Snyder

15. Birthplace Md.

16 (a) Informant Mrs. A. Z. Aldridge

(b) Address 3040 W. North Ave.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof July 5 39 (month) (day) (year)

(c) Cemetery or crematory London Park.

Location Baltimore Md.

18 (a) Funeral director Wm Purnell Sons & Noble

(b) Address Huntington Ave & Graves Baltimore, Md.

19 (a) 1939 (DO NOT write by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1939 at 2.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1939 to July 2 1939.

and that I last saw h alive on July 2 1939.

Immediate cause of death Myocarditis

Duration 4 mos 2 wks

Due to

Due to

Other Conditions Arterio-sclerosis

Senile gangrene of right foot ? 1 wk

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Walter S. Niblett M. D.

Address 2220 Harlem Ave Date signed July 3/39

Exact age is especially important. Physicians: please write the causes of death clearly and legibly.

F 59444

OCK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

4588 F 59444 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore, Maryland

(c) Hospital or institution:

Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days

(e) Length of stay in Baltimore (yrs., mos., or days) 39 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 948 Linden Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Hope

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife Corenthia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-5-71

8. AGE: Years	Months	Days	If less than one day
68	0	27	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Old Age Pension

11. Industry or business

FATHER 12. Name Charles Northern

13. Birthplace Va.

MOTHER 14. Maiden Name Rosie Hope

15. Birthplace Va.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 5 1939 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn, Location Westport, or Mt Winans

18 (a) Funeral director C. O. Wilson

(b) Address 1000 Brantley

19 (a) (Date rec'd by registrar) (b) Registrar

JUL 5 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-2- 1939, at 12:20 S.O. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-22-1939 to 7-2-1939 and that I last saw h alive on 7-2-1939.

Immediate cause of death Epidural Hemorrhage

Due to Fractured skull

Due to

Other Conditions Hypertensive C.V.D. Cardiac Failure

(Include pregnancy within 3 months of death)

Major findings of operations

Of autopsy Fract. skull, Epidural Hemorrhage

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Accident

(b) Date of occurrence 6-21-39

(c) Where did injury occur? B. C. H. (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Balto City Hosp (While at work?) (Specify type of place)

(e) Means of injury Fell out of bed

23. Signature [illegible] M. D.

Address Balto City Hosp Date signed

O.K. William Graft

59445

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-[illegible] Registered No. 59445

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
Street No. 307, S. Bethel St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mortielle Hughes Redding

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: C. | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: William Redding

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 13 1882

8. AGE: Years 57 | Months 7 | Days 17 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name George H. Hughes
13. Birthplace Baltimore City

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant William Redding
(b) Address 307 S. Bethel St

17 (a) (Burial, cremation, or removal)
(b) Date thereof 7-5-39 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Baltimore, Md.

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1421 Jefferson St

19 (c) (Date rec'd by registrar) Huntington Williams M.D.

JUL 5 - 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30, 1939, at 8:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 29, 1939, to on visit 19, and that I last saw her alive on June 29, 1939.

Immediate cause of death: Cerebral Hemorrhage — Duration: 2 days
Due to Hypertension — Duration: Uncertain
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harvey Adams M. D.
Address 3126 23rd St Date signed 7-3-39
Att. Conrad Reed

Correct age is especially important. Physicians, please write plainly.

59146

HEALTH DEPARTMENT—CITY OF BALTIMORE

59146

CERTIFICATE OF DEATH

✓ 186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. Gen. Hosp. St. A-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Henry Kawalski

If U. S. Veteran specify WAR

(a) Residence: No. 1474 Stevenson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Kawalska

6. DATE OF BIRTH (month, day, year) Sept 24, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84(2)	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 8000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Kawalski

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dast Ewer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Anna Smith

(Address) 5802 Kipling Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date July 7, 1939

19. UNDERTAKER R. Russell Evans

(Address) 1405-07 Edmondson Ave

20. FILED JUL 5 - 1939 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1939, to July 4, 1939

I last saw him alive on July 4, 1939. Death is said to have occurred on the date stated above, at 11:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of right femur	7-2-39
Generalized arteriosclerosis, senility	

Other contributory causes of importance:

Was an operation performed? yes Date of July 3, 1939

For what disease or injury? Fracture of femur

Name of operation Application of hip spica

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury July 2, 1939

Where did injury occur? South Balto. Gen. Hosp.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Track

Manner of injury Fell out of bed

Nature of injury Fracture of femur

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R K Williams M. D.

(Address) South Balto. Gen. Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

59447 Baby Looby

HEALTH DEPARTMENT—CITY OF BALTIMORE 59447

CERTIFICATE OF DEATH

✓ 160-B

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 3214 Brightwood Ave St. 28 - Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Looby — If U. S. Veteran specify WAR

(a) Residence: No. 3214 Brightwood Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 1 1939

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Richard Emmet Looby

14. BIRTHPLACE (city or town) (State or country) Wallingford Conn

MOTHER

15. MAIDEN NAME Mary Frances Fleeson

16. BIRTHPLACE (city or town) (State or country) Meriden Conn

17. INFORMANT Richard Emmet Looby
(Address) 3214 Brightwood ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Cathedral Cem Date July 5 1939

19. UNDERTAKER Sam T Arena & Son
(Address) 1200 Eastern Ave

20. FILED JUL 5 - 1939 Huntington Williams M.D. C

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1939, to July 4, 1939

I last saw him alive on July 4, 1939. Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
PREMATURITY 36 WEEKS	
CEREBRAL HEMORRHAGE	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? CL Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Dan Dixon M. D.
(Address) University Hospital

F 59448

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

175

F 59448
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Johns Hopkins Hosp.
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6½ hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 83 Ashland Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Jefferson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan-1-1902

8. AGE: Years 37 | Months 6 | Days 1 | If less than one day hr. : min

9. Birthplace Richmond - Va (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Thomas Jefferson
13. Birthplace Richmond Va

MOTHER
14. Maiden Name Mary Williams
15. Birthplace Richmond Va

16 (a) Informant J. Everett Price
(b) Address 1 Richmond - Va

17 (a) Removal (b) Date thereof 7-5-39
(month) (day) (year)

(c) Cemetery or crematory
Location Richmond Va

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) Hunter to Williams M.D.
Registrar

JUL 5 - 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/2/39 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Aut. Insp. (Autopsy or Inquest) thereon and from the evidence obtained by said Aut (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fractured skull
Laceration of brain
Due to Subarachnoid hemorrhage
Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide Homicide.
(b) Date of occurrence 7/2/39 LEWIS
(c) Where did injury occur? Jefferson Infirmary
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Street While at work?
(Specify type of place)
(e) Means of injury Fighting - fell on head

23. Signature [illegible] M.D.
Medical Examiner

Date signed 7/2/39

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Please correct age is especially important.

F 59449

Case No. 45036 LK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 59449 Registered No.

35-C

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore, Maryland

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 9

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

Street No. 1801 Division St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ethel McQuire

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: Black

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife John McQuire

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/31/02

8. AGE: Years 36 | Months 8 | Days 2 | If less than one day hrs. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Day's Work

11. Industry or business

FATHER

12. Name Spencer Jones

13. Birthplace Virginia

MOTHER

14. Maiden Name Dora Harrison

15. Birthplace Virginia

16 (a) Informant B. C. H. Records

(b) Address

17 (a) (Burial, cremation, or removal)

(b) Date thereof 7-6-39 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn Cem

Location Baltimore Md

18 (a) Funeral director Roger T. G. Tilton

(b) Address 1735 Druid Hill Ave

19 (a) (Date rec'd by registrar)

(b) Registrar

JUL 5 - 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-3 1939, at 1.40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-24 1939, to 7-3 1939, and that I last saw her alive on 7-3 1939.

Immediate cause of death: Bronchopneumonia — Duration: four days

Due to Lymphogranuloma rectum with stricture — Duration: ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operation Lymphogranuloma rectum

Of autopsy Yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature L. K. Woodward Jr. M. D.

Address Balto City Hosp. Date signed 7-3-39

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 59450

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 — Registered No. F 59450

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2403 Ashland Ave.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 65 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2403 Ashland Avenue. (If rural give location)
(e) If foreign born, how long in U. S. A.? 65 years

3 (a) FULL NAME Caroline Hersl

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife James A. Hersl
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 19, 1869

8. AGE: Years	Months	Days	If less than one day hr.	min.
69	8	14		

9. Birthplace Bohemia (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Charles Kulhanck
13. Birthplace Bohemia

MOTHER
14. Maiden Name Not Known
15. Birthplace Not Known

16 (a) Informant Carrie R. Hersl
(b) Address 2403 Ashland Avenue.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 6 1939 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Holy Redeemer
Location Belair Road

18 (a) Funeral director George W. Gubler
(b) Address 1737 E. Eager St.

19 JUL 5 1939 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 5 1939, to July 2 1939.
and that I last saw h alive on July 1939.

Immediate cause of death Cerebral Hemorrhage — Duration June 30 39

Due to Arterio Sclerosis — 1936

Due to Chr. Myocarditis — 1936

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J. Hyland M.D.
Address 801 N. Fremont Ave. Date signed 7/5/39

correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

VS 3

59451

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 59451

Registered No. 82-a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1551 Argyle Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 61 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1551 Argyle Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Henry Dodd
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Male
5. Color or race Colored
6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~ married
6 (b) Name of husband or wife Sarah C. Dodd
6 (c) If alive, give age 78 years
7. Birth date of deceased (mo., day, yr.) Dec 1863
8. AGE: Years 75 Months 6 Days 7 If less than one day hr. min.
9. Birthplace Church Hill, Md. (Town, county, and state)
10. Usual Occupation Merchant
11. Industry or business

FATHER
12. Name Henry Walton Dodd
13. Birthplace St Marys Co Md

MOTHER
14. Maiden Name Margret Robinson
15. Birthplace Church Hill Md

16 (a) Informant Lavinia Stevenson
(b) Address 1539 S Stillman Phila Pa

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-5-39 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto City

18 (a) Funeral director Harry N. Chase & Son
(b) Address 638 N. Gilmor St

(c) Date received by registrar JUL 5 1939 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-3 1939 at 9:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-14 1939 to 7-3 1939 and that I last saw him alive on 7-3 1939

Immediate cause of death Cerebral Hemorrhage — Duration

Due to Arteriosclerosis — 1 yr

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. Atwell Joner M. D.
Address 5-5-4 Dolphin St Date signed 7-3-39

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

59452

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 59452 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) Natives Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 802 N. Broadway (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) **FULL NAME** Mrs. Abraham Rosenzweig (Rosenzweig)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Abe

6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years 72 Months Days If less than one day hr. min.

9. Birthplace: Poland (Town, county, and state)

10. Usual Occupation: None

11. Industry or business

FATHER 12. Name: Aaron
13. Birthplace: Poland

MOTHER 14. Maiden Name: Not known
15. Birthplace: Poland

16 (a) Informant: Hosp. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 5 39 (month) (day) (year)
(c) Cemetery or crematory: Rosedale
Location: Pulaski Rd & Hamilton Ave

18 (a) Funeral director: Jack Levin Ave
(b) Address: 1439 E. Baltimore St.

19 (a) Date received by registrar (b) Registrar

JUL 5 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1939, at 11:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 28 1939, to July 4 1939, and that I last saw him alive on July 4 1939.

Immediate cause of death: Bronchopneumonia — Duration: 6 days

Due to:

Due to:

Other Conditions: Cerebral accident, hypostasis, arteriosclerosis — Duration: over a days

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: M. H. Saunders Coroner M.D.
Address: Sinai Hospital Date signed July 5 39

F 59453 :

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183

F 59453

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland Harbor H

(b) Street address Lincoln Park Spring Garden

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County —

(c) City or town Baltimore (If outside city or towp limits, write RURAL and give town)

1423 (d) Street No. 1830 Druid Hill Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Stephen Reid Shockley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/16/1919

8. AGE: Years	Months	Days	If less than one day
20	4	20	hr. min.

9. Birthplace Newark N. J.

10. Usual Occupation Porter

11. Industry or business

FATHER 12. Name Warren Shockley

13. Birthplace Phila. Pa.

MOTHER 14. Maiden Name Rose Shudda

15. Birthplace Newark N. J.

16 (a) Informant Rose Shockley

(b) Address 1830 Druid Hill Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 7/5/39 (month) (day) (year)

(c) Cemetery or crematory Arbutus Cem

Location Arbutus Md

18 (a) Funeral director Geo. E. Kelson

(b) Address 1303 Pleasant St

19 JUL 5 - 1939 (Date received by Registrar) Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/3/39 19 at 6 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Drowning

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Accidental

(b) Date of occurrence 6/30/39 Spring Garden

(c) Where did injury occur? Harbor Baltimore Md (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work?

(e) Means of injury Drowning

23. Signature H. W. Anderson M.D. Medical Examiner

Date signed 7/3/39

F 59454

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

M F 59454

Registered No. 164-a

1. PLACE OF DEATH: 922 W University Parkway
(a) Baltimore City, Maryland
(b) Street address 922 W University Parkway
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) ~~County~~
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 922 W University Parkway (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dr Llewellyn Williams Lord

3 (b) If veteran, name war: No

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) ~~Single~~, married, ~~widowed~~ or ~~divorced~~: Married

6 (b) Name of ~~husband~~ or wife: Margaret Ward

6 (c) If alive, give age 32 years

7. Birth date of deceased (mo., day, yr.) Sept 13-1900

8. AGE: Years 38 | Months 9 | Days 20 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Physician

11. Industry or business

MOTHER / FATHER

12. Name J. W. Lord

13. Birthplace Portland Maine

14. Maiden Name Evelyn Pope

15. Birthplace Baltimore

16 (a) Informant Mrs Evelyn Pope Lord

(b) Address 1011 N Charles St

17 (a) (Burial, ~~cremation~~, or removal)

(b) Date thereof July 5 1939 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Druid Ridge Cem

Location Reisterstown Road Pikesville

18 (a) Funeral director Henry W Jenkins & Son

(b) Address Oakland & Pre-Gallop Sts

19 (a) (Date received by registrar) July 5 1939

(b) Registrar's signature

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 — 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from June, 19, to 19.
and that I last saw h alive on June, 19.

Immediate cause of death
(a) Asphyxiation,
Due to Illuminating Gas
Due to Carbon-monoxide
Other Conditions Mental Depression
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration: very brief.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 7-4-39
(c) Where did injury occur? City (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madden M. D.
Address Date signed

Correct age is especially important. Physicians, please write the causes of death clearly and legibly.

F 59455

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B

F 59455 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2252 Washington Blvd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2252 Washington Blvd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary E Finch ~~Mary E Finch~~ Mayers

3 (b) If veteran, name war

3 (c) Social Security Account No. Unknown

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE Years 56 Months Days If less than one day hr min

9. Birthplace Texas (town, county, and state)

10. Usual Occupation Housewife

11. Industry or business: none

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Mrs Clarke
(b) Address 2250 Wash Blvd

17 (a) (burial, cremation, or removal)
(b) Date thereof 7-6-39 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Annapolis, Md

18 (a) Funeral director Edward Lowery
(b) Address 2359 Wash Blvd
Huntington Williams, M.D.

19 (a) (Signature of registrar)
(b) Date received JUL 5 - 1939

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-4-39 19 , at 2:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary Sclerosis — Duration: 2 yrs ?

Due to

Due to

Other Conditions (Include pregnancy within 3 months of death)

Major findings of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Conrad Acton M.D. Medical Examiner
Date signed 7-4-39

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 59456

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 Registered No. F 59456

Physicians: please write the causes of death clearly and legibly. Information as to correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens + Caton aves
(c) Hospital or institution: St. Agnes' Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Howard
(c) City or town Ellicott City. Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frances Jasinski
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day hr.	min.
82				

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Domestic Work
11. Industry or business Franciscan Novitiate

FATHER
12. Name Michal Jasinski
13. Birthplace Poland

MOTHER
14. Maiden Name Josephine Stankiewicz
15. Birthplace Poland

16 (a) Informant Rev. Anacleto Kaczmarek
(b) Address Ellicott City Md.

17. (a) (Burial, cremation, or removal) (b) Date thereof July 6th 1939 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cemetery
Location Baltimore

18 (a) Funeral director George A. Weber
(b) Address 700 S. Ann st

19 (a) JUL 5 - 1939 (Date rec'd by Registrar) (b) Huntington Nilliams Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1939 at 2 25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 3 1939 to July 4 1939. and that I last saw h er alive on July 3 1939.

Duration

Immediate cause of death Respiratory failure

Due to Arteriosclerosis, chr. Nephritis, chr.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles V. Lewis M. D.
Address St Agnes Hosp. Date signed 7-4-39
Coroners action no O. - for H. J. N.

59457

HEALTH DEPARTMENT—CITY OF BALTIMORE

59457

CERTIFICATE OF DEATH

53-E

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 316 E 25th St., 9-5 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hattie Elizabeth Frey

(a) Residence: No. 716 Gorsuch Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John W Frey

6. DATE OF BIRTH (month, day, year) Sept. 30, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) Feb. 1939

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Smith

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT (Address) John W. Frey 716 Gorsuch Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cemetery Date July 6/39 19

19. UNDERTAKER STEWART & MOWEN COMPANY (Address) (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

Registrar

JUL 5 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from March, 1939, to July 3, 1939

I last saw her alive on July 1, 1939 Death is said to have occurred on the date stated above, at 10:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Melanoma - rt. foot & metastasis	1935

Other contributory causes of importance:

Was an operation performed? yes Date of March 1939

For what disease or injury? removal of metastatic glands in right groin

What test confirmed diagnosis? path. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. Owen Moores M. D.

(Address) 3105 Belair Rd

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 59458

46069-FS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B F 59458 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street and No. 841 Franklin St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carrie Alsup or Carrie Winston

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Richard Winston

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-14-96

8. AGE: Years 43 | Months 1 | Days 18 | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER 12. Name William Alsup

13. Birthplace Md.

MOTHER 14. Maiden Name Martha Dyson

15. Birthplace Md.

16 (a) Informant B.C.H. Records

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof July 6, 1939 (month) (day) (year)

(c) Cemetery or crematory Not known

Location

18 (a) Funeral director Mrs. Katie R. Williams

(b) Address 322 N. Schroeder St. Huntingdon, Pa.

19 (a) Filed by registrar (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1939, at 5 49 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 28 1939, to July 2 1939, and that I last saw h[illegible] alive on July 2 1939.

Immediate cause of death: Hypertensive Cardiovascular disease

Duration: [redacted] 8 hours

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible] M. D.

Address Balto City Hosp Date signed 7-3-39

F 59459

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

43-F 59459 Registered No.

F 59459

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 914 Price St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 1

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 914 Price St (If rural give location)
(e) If foreign born, how long in U. S. A? years

3 (a) FULL NAME Mary R. Jones.
3 (b) If veteran, name war 1 | 3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Fem	Col	Widow

6 (b) Name of husband or wife Edward Jones 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/13/89

8. AGE: Years	Months	Days	If less than one day
50	4	19.	hr. min.

9. Birthplace Madison Md-Dorchester Co (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business Home

FATHER 12. Name Rev Jno. W. M. Ophen.
13. Birthplace Madison Md.

MOTHER 14. Maiden Name Nancy E Ophen.
15. Birthplace Madison Md.

16 (a) Informant Amelia A. Washington
(b) Address 1354 N. Gilmor St

17 (a) Burial, cremation, or removal (b) Date thereof 7/5/1939 (month) (day) (year)
(c) Cemetery or crematory Mt Zion Cemetery
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 328 N. Schroeder St.

19 (a) (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1939 at 7:12 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 19 39 to July 2 19 39
and that I last saw alive on 19

Immediate cause of death
Myocarditis

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration 6 weeks

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 453 Park Ave Date signed

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 59460

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C

Registered No. F 59460

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 724 Pierce St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 724 Pierce St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George H Summers
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	Colored	widow

6 (b) Name of husband or wife Emma Summers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day hr.	min.
56				

9. Birthplace (Town, county, and state)
10. Usual Occupation laborer
11. Industry or business

FATHER 12. Name unknown
13. Birthplace

MOTHER 14. Maiden Name Mary Summers
15. Birthplace

16 (a) Informant Mrs G Summers
(b) Address 724 Pierce St

17 (a) (Burial, cremation, or removal)
(b) Date thereof July 5, 1939 (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St

19 Date received by Registrar JUL 5 1939 Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1939 at 6 9 M

21. I certify that death occurred on the date above stated, that I attended deceased from July 2 1939 to July 2 1939.
and that I last saw h alive on 19

Immediate cause of death [illegible]

Due to

Due to

Other Conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
one year

3 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J H Cooley M. D.
Address Date signed

approved Medical Examiner Balto City

F 59461

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 Registered No. F 59461

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Give usual occupation and kind of business or industry in which deceased was engaged, even if retired. Do not use terms "laborer," "housewife," or "retired." Be sure that age is entered in every case. Underline the cause to which death should be charged statistically.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1504 N. Caroline St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1504 N Caroline St (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Amie Fonwood

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Wm Fonwood
6 (c) If alive, give age: 65 years

7. Birth date of deceased (mo., day, yr.) Nov 27 1868

8. AGE: Years 70 | Months 8 | Days 6 | If less than one day: hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation None (W)
11. Industry or business

FATHER
12. Name John Casey
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret Mckally
15. Birthplace Ireland

16 (a) Informant Ella Fonwood
(b) Address 1504 N. Caroline St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 5 39 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location Frederick Road

18 (a) Funeral director Chas F. Kraus Fun Dir.
(b) Address 118 W. Mt. Royal ave

19 (a) JUL 5 – 1939 (Date rec'd by registrar) (b) Interment, Removal, Cremation or Burial

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from March 31 1939 to July 3, 1939, and that I last saw h[er] alive on July 3 1939.

Immediate cause of death	Duration
Chronic Myocarditis	2 yrs.
Due to Hypertrophic Cardiomyopathy Renal Disease	3 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel A Wolk M. D.
Address 1331 E. North Ave Date signed July 4, 39

V8 3

F 59462

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59462

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 27-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Michael J. Casey

If U. S. Veteran specify WAR

(a) Residence: No. 3105 Evergreen Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

SC 212-01-9715

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

5a. If married, widowed, or divorced (or) WIFE of Catherine Casey

6. DATE OF BIRTH (month, day, year) 6-27-1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 6/1939

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) New York New York

FATHER

13. NAME Michael Casey

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Marie Casey

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Administratrix Card

(Address) Patterson

18. BURIAL, CREMATION, OR REMOVAL Oakwood Date 7-7 19

19. UNDERTAKER Leonard J. Roach

(Address) 53[illegible]

20. FILED [illegible] Registrar.

JUL 5 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4 1939

22. I HEREBY CERTIFY, That I attended deceased from 7/1 1939 to 7-4 1939

I last saw him alive on 7/4 1939 Death is said to have occurred on the date stated above, at 3:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute circulatory failure	4 hrs.
Other contributory causes of importance: CA of sigmoid	1937

Was an operation performed? yes Date of 7/3/39

For what disease or injury? CA Sigmoid

Name of operation abdomino-perineal resection

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M.D.

(Address) Mercy Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 59463

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46018 F 59463

Registered No. 160-B

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Give correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balto. City Hospt.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 1811 Brevard St. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Yarbough

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	black	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-26-39

8. AGE: Years	Months	Days	If less than one day
		2	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name George Yarbough

FATHER 13. Birthplace Md.

MOTHER 14. Maiden Name Beatrice Davis

MOTHER 15. Birthplace Va.

16 (a) Informant Balto. City Hospt. records

(b) Address

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 7-2-39 (month) (day) (year)

(c) Cemetery or crematory B C H

Location

18 (a) Funeral director

(b) Address

19 (a) (Date rec'd by registrar) JUL 5 1939 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1939, at 9.25 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 26 1939, to June 28 1939, and that I last saw him alive on June 28 1939.

Immediate cause of death Intracranial hemorrhage — Duration

Due to Birth injury

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. W. Dorman Jr. M. D.

Address Baltimore City Hospitals Date signed 6/29

F 59461

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-53

Registered No. F 59464

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2301 Belair Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2301 Belair Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William H. Dumbell.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Lurena R. W. Dumbell.
6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) December 14. 1856

8. AGE: Years	Months	Days	If less than one day
82	6	20	hr. min.

9. Birthplace Philadelphia Penna. (Town, county, and state)
10. Usual Occupation Retired Insurance Agent
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs Lurena R. W. Dumbell.
(b) Address 2301 Belair Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-6-39 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore City

18 (a) Funeral director Geo W Sittle
(b) Address 2700 Edmondson Ave.

19 (a) Date received by registrar July 5 1939 Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1939, at 4 25 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-18 1939, to 7-3- 1939, and that I last saw him alive on 7-3- 1939.

Immediate cause of death Carcinoma of the stomach — Duration 6-18-39
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Milton L. Lang M. D.
Address 2117 Belair Rd Date signed 7-5-39.

PLEASE WRITE PLAINLY with ink or indelible pencil. Physicians: please write the causes of death clearly and legibly. Be sure to correct age is especially important.

F59465

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

23 ✓ F 59465 Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2018 Eastern Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ✓
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2018 Eastern Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Theresa A. Zielinski ✓

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 17 1920

8. AGE: Years 19 | Months 2 | Days 17 | If less than one day hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation housework

11. Industry or business

FATHER 12. Name Michael Zielinski
13. Birthplace Balto Md.

MOTHER 14. Maiden Name Agnes Rosielinski
15. Birthplace Balto Md.

16 (a) Informant Mother Mrs Agnes Zielinski
(b) Address 2018 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7 "39 (month) (day) (year)

(c) Cemetery or crematory W. Stanislaus Cem
Location Dundalk Ave

18 (a) Funeral director [illegible]
(b) Address [illegible]

19 (a) [illegible] (b) [illegible] (Registrar)

Date rec'd by Registrar JUL 5 1939

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7th 1939, at 11:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 5 1939 to July 7 1939.
and that I last saw her alive on June 5 1939.

Immediate cause of death Pulmonary tuberculosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chester Nowakowski
Address 2034 Eastern Ave Date signed 7/8/39 M. D.

F 59466

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186 a

Registered No. F-59466

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1411 McCullough
(c) Hospital or institution,
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1411 McCulloh St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Norman Moore
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex M
5. Color or race C
6 (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 10, 1937
8. AGE: Years 2 Months Days 24 If less than one day hr. min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

MOTHER FATHER
12. Name Harry Pilgrman
13. Birthplace S. C
14. Maiden Name Naomi C Moore
15. Birthplace Va.

16 (a) Informant Naomi C. Moore
(b) Address 1411 McCulloh St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-6-39 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto. Md

18 (a) Funeral director Mrs T. A. Hensley
(b) Address 518 N. Biddle St.

JUL 5 - 1939
(Date rec'd by registrar) (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/4/39 19 , at 11 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death — Duration
Fractured skull — 1 hour
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 7-4-39
(c) Where did injury occur? 1411 McCullough (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work?
(e) Means of injury Fell from 2nd floor window

23. Signature Conrad Acton M.D.
Medical Examiner.
Date signed 7-4-39

PLEASE WRITE PLAINLY, WITH INK. Physicians: please write the causes of death clearly and legibly. Information required is especially important.

VS 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59467

CERTIFICATE OF DEATH

53 F 59467

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Mary R. Herman

(a) Residence: No. 3035, St. Paul St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white, Am	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry J Herman

6. DATE OF BIRTH (month, day, year) Nov 20-1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	84	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norfork Virginia

FATHER

13. NAME Mr Theodore Mathews

14. BIRTHPLACE (city or town) (State or country) Catonsville Pennsylvania

MOTHER

15. MAIDEN NAME Mary Ann Davis

16. BIRTHPLACE (city or town) (State or country) Jarpan

17. INFORMANT Mrs Stoltenberg

(Address) 45 Linwood Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date July 7, 1939

19. UNDERTAKER Wreeian Cook

(Address) 1217 St Paul St

20. FILED JUL 5 1939 Baltimore, Md. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 19th, 1939 to July 5th, 1939

I last saw her alive on July 4th, 1939. Death is said to have occurred on the date stated above, at 5.40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis	
Other contributory causes of importance: Hypostatic pneumonia	6/28/39

Was an operation performed? no. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-Ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) Richard H Pembroke M. D.

(Address) Union Memorial Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VO 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

F 59468

REGISTERED F 59468

1-PLACE OF DEATH

City of BALTIMORE: (No.) 4310 Evans Chapel Rd. St. 27-14 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Jane Arbaugh

(a) RESIDENCE NO. 4310 Evans Chapel Rd. St. 26 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 Color or Race: White | 5 Single, Married, Widowed, or Divorced: Widow

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Amos Arbaugh

6 DATE OF BIRTH (month, day, and year): Feb. 2 1854

7 AGE: Years 85 | Months 5 | Days 3 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Carroll Co.

(State or country): Md.

PARENTS

10 NAME OF FATHER: Lycurgus Wampler

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Westminster Md.

12 MAIDEN NAME OF MOTHER: Elizabeth Zouck

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Carroll Co. Md.

14 Informant: Chas. M. Edmonston

(Address) 4310 Evans Chapel Rd.

Filed JUL 5 - 1939 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 5, 1939 19

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1939, to July 5, 1939,

that I last saw her alive on July 5, 1939,

and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(indefinite) I know

(duration) yrs. 6 mos. ds.,

CONTRIBUTORY (Secondary) Nephritis, Chronic

(duration) yrs. 6 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Bedside & Lab.

(Signed) Sherman R. Wantz, M. D.

JUL 5, 1939 (Address) 2601 Manhattan Av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bethel Church of God

Date of Burial: July 7 1939

20 UNDERTAKER: William Cook

ADDRESS: 1217 St. Paul

very important. See INSTRUCTIONS on back of

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59469 F 59469

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH Ireland Mercy Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1236 Wilcox St., 10th Ward)

Length of residence in city or town where death occurred 53 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Lawrence Sinnott — If U. S. Veteran specify WAR No

(a) Residence: No. 1236 Wilcox St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Sinnott

6. DATE OF BIRTH (month, day, year) Dec 26, 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper fitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City

10. Date deceased last worked at this occupation (month and year) 9 yrs

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME John Sinnott

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Olmen

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Annie Jenkins (daughter)
(Address) 1326 Wilcox Street

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date July 8, 1939

19. UNDERTAKER J. McCabe
(Address) 1217 E. Cold St.

20. FILED ..... 19..
JUL 5 - 1939 Registrar of Vital Statistics

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1939 to July 4, 1939

I last saw him alive on July 4, 1939. Death is said to have occurred on the date stated above, at 6:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-vascular disease.	March 22, 1939

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) J. Edwin Muller M. D.
(Address) Mercy Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 2

F 59470

Case No. 46077 LK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

49-a

Registered No. F 59470

PLEASE WRITE PLAINLY, with INK. Physicians: please write the causes of death clearly and legibly. Be sure that correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore, Maryland

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days

(e) Length of stay in Baltimore (yrs., mos., or days) 13 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 113 S. Robinson St. (If rural give location)

(e) If foreign born, how long in U. S. A.? 30 years years

3 (a) FULL NAME Providence Flabbi

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Dante

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/28/90

8. AGE: Years 48 | Months 7 | Days 5 | If less than one day hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name Jerome Duno

13. Birthplace Italy

MOTHER

14. Maiden Name Julia Desgro

15. Birthplace Italy

16 (a) Informant B. C. H. Records

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 7-6-39 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Road

18 (a) Funeral director Lilly & Zeiler Inc

(b) Address 403 S. W. Wolfe St

19 (a) JUL 5 - 1939 (Date rec'd by registrar) Heatwole Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-3 1939, at 8:20 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-26 1939 to 7-3 1939 and that I last saw her alive on 7-3 1939.

Immediate cause of death	Duration
Respiratory and circulatory failure	sudden
Due to uterine fibroadenoma with malignancy right ovary	2 years ?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations Fibroadenoma uterus malignancy rt. ovary

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature L. Kuder Howard M. D.

Address Balto City Hosp. Date signed 7-3-39

VS 3

365009
F 59471

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59

Registered No. F 59471

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 213 N. Port St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dennis Kelly
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Thomas S. Kelly
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-19-83

8. AGE: Years 56 | Months 9 | Days 14 | If less than one day: hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany Records

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 6-39 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem.
Location Eastern Ave.

18 (a) Funeral director John B. Miller
(b) Address 2 N. Jefferson St. Huntington, Indiana

19 (a) JUL 5 - 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1939, at 5-02 M

21. I certify that death occurred on the date above stated, that I attended deceased from July 2 1939, to July 3 1939, and that I last saw h[illegible] alive on July 3 1939.

Immediate cause of death (a) Diabetes Mellitus — Duration 10 yrs
Diabetic Acidosis
Congestive heart failure
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State) —
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury

23. Signature Roger B. Scott M. D.
Address Johns Hopkins Hosp. Date signed 7-3-39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be complete and correct as to every item. Physicians: please write the causes of death clearly and legibly. Information as to age is especially important.

VS 3

F 59472

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B

Registered No. F 59472

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Redwood & Greene Sts.

(c) Hospital or institution: Univ. Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 days

(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 121 11 York Court (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME J. Straughn Downing

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Sophia Hutson Downing

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 17, 1883

8. AGE: Years	Months	Days	If less than one day
56	2	17	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Builder

11. Industry or business

FATHER 12. Name Julian E. Downing

13. Birthplace Va.

MOTHER 14. Maiden Name Mary Straughan

15. Birthplace Va.

16 (a) Informant Mrs. Sophia H. Downing

(b) Address 11 York Court

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/7/39 (month) (day) (year)

(c) Cemetery or crematory Arlington National Location Arlington, Va.

18 (a) Funeral director E. Harry Tuttle

(b) Address 401 Edmondson Ave

19 (a) JUL 5 - 1939 (Date received by registrar) Huntington Williams M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1939, at 6 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 11 1939, to July 4 1939, and that I last saw him alive on July 4 1939.

	Duration
Immediate cause of death: Pulmonary edema	1a 12 hrs.
Due to: Coronary Thrombosis, Pulmonary infarct	26 days
Due to:	
Other Conditions: Sclerodermia	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. Harry Hagan M. D.

Address Univ. Hospital Date signed 7/4/39

VS 3

F 59473

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

207-9

Registered No. F 59473

PLEASE WRITE PLAINLY. WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address W.M.R.R. Tracks at Edmondson Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1529 Ramsay St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CORNELIUS J. IRWIN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Sigle

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Wm. Irwin

13. Birthplace Md

MOTHER 14. Maiden Name Unknown

15. Birthplace "

16. (a) Informant Mrs. Mary Tritle

(b) Address 1529 Ramsay St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/6/39 (month) (day) (year)

(c) Cemetery or crematory Western

Location Edmondson Ave & Longwood

18. (a) Funeral director Harry A. Tritle

(b) Address 4104 E. Lanvale St

19. (a) JUL 5 - 1939 (b) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-4-39 19 , at 5:15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon (Autopsy or Inquiry) and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Crushing wound of chest — Duration:

Due to

Due to

Other Conditions alcoholism chronic

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 7-4-39
(c) Where did injury occur? W.M.R.R. Tracks at Edmondson Ave (City or town) (County) (State)
Did injury occur about home, on farm, industrial place, in public place? R.R. tracks (Specify type of place) While at work? no
(d) Means of injury R.R. Engine

23. Signature Conrad Acton M.D.
Medical Examiner.

Date signed 7-5-39

VS 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 59474 | 127 | F 59474

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1802 Ramsay St St.) (19-4 Ward)

Length of residence in city or town where death occurred Fifty yrs. mos. .. da. How long in U. S. If of foreign birth? .. yrs. .. mos. .. da.

If U. S. Veteran specify WAR

2. FULL NAME Mary E. McClelland

(a) Residence: No. 1802 Ramsay St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm. D. McClelland

6. DATE OF BIRTH (month, day, year): Dec 24-1866

7. AGE: Years 72 | Months 6 | Days 9 | If LESS than 1 day, .. hrs. or .. min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Nathaniel Carney

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Mary E McCarthy

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mr Wm. McClelland

(Address) 1802 Ramsay St

18. BURIAL, CREMATION, OR REMOVAL

Place: London Pk Date: July 6 39

19. UNDERTAKER: Geo L Bayne Sr

(Address) 512 Fulton St

20. FILED: JUL 5 - 1939 19.. .. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 3rd 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1 1939 to July 3 1939

That I saw her alive on July 3 1939 Death is said to have occurred on the date stated above at 8.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	7/3/39
Other contributory causes of importance: Cholecystitis	7/1/39

Was an operation performed? No Date of ..

For what disease or injury? ..

Name of operation ..

What test confirmed diagnosis? .. Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? .. Date of injury .. 19..

Where did injury occur? .. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ..

Manner of injury ..

Nature of injury ..

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ..

(Signed) James L Kirkpatrick M.D.

(Address) 721 Park Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 8

40798 JS

F 59475

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 59475

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland — balto. city hospt.

(b) Street address

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State md. (b) County

(c) City or town 334 S. Bentalow St (If outside city or town limits, write RURAL and give town)

(d) Street No. 2805 (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Amelia rangmeyer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: walter

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-11-1877

8. AGE: Years 61 | Months 7 | Days 23 | If less than one day hr. min.

9. Birthplace: Md. (Town, county, and state)

10. Usual Occupation: None

11. Industry or business

FATHER 12. Name: John rangmeyer

13. Birthplace: Germany

MOTHER 14. Maiden Name: Theresa Bugglen

15. Birthplace: Germany

16 (a) Informant: B. C. H. records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7-37 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Balto Md

18 (a) Funeral director Geo L Berger

(b) Address 1512 Saulsbury St

19 JUL 5 - 1939 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-4 1937 at 3:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-10 1937, to 7-4 1937 and that I last saw her alive on 7-4 1937.

Immediate cause of death Carcinoma ovary — Duration 6 months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy No Post

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature L K Edwards Jr. M. D.

Address Balto. city Hosp. Date signed 7-4-37

VS 3

F 59476

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 - e

F 59476 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 411 Aldesten Ave.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 411 Aldesten Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 60 years

3 (a) FULL NAME Peter Connelly

3 (b) If veteran, name war No Military Service
3 (c) Social Security Account No. No Number

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband~~ or wife Sarah Connelly
6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) June 2, 1865

8. AGE: Years 74 | Months 5 | Days 2 | If less than one day: hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation Labor

11. Industry or business Sympathy Meat Packer

FATHER 12. Name James Connelly
FATHER 13. Birthplace Ireland

MOTHER 14. Maiden Name Rose Sullivan
MOTHER 15. Birthplace Ireland

16 (a) Informant Mrs. Sarah Connelly
(b) Address 411 Aldesten Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/6/39 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Edmonson Ave.

18 (a) Funeral director Mary M. Kupferfeld
(b) Address 501 E. 22nd

19 (a) Date received by registrar [illegible] M.D. Registrar

JUL 6 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/3/39 19 —, at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/14/39 to 7/3/39 and that I last saw h[im] alive on July 3 1939.

Immediate cause of death
Myocardial Insufficiency
Due to Myocarditis
Due to Arteriosclerosis
conditions

Duration: 1 week

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas F Clark M. D.
Address 592 E 22nd Date signed 7/5/39

F 59477

44491-FS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 - c F 59477 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1316 W. Lexington St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Nichlos Rice

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	married-separated

6 (b) Name of husband or wife Rose

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-2-75

8. AGE: Years	Months	Days	If less than one day
63	10	2	hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Nichlos Rice
13. Birthplace Md.

MOTHER
14. Maiden Name Barbara Weiner
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 7/8/39 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Cathedral
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (a) (Date received by registrar) Huntington Hillcrest Mortuary

JUL 6 - 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 7 - 4 1939, at 10 50 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5 - 6 1939, to 7 - 4 1939, and that I last saw h/im alive on 7 - 4 1939.

Immediate cause of death	Duration
Carcinoma prostate with metastasis and urinary extravasation	?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Urinary extravasation
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L K Woodward M. D.
Address Balto. City Hosp. Date signed 7-5-39

F 59478 F 59478

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 818 W Hoyte St. 18-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John E Letscomb

If U. S. Veteran specify WAR .....

(a) Residence: No. 818 W Hoyte St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thelma Letscomb

6. DATE OF BIRTH (month, day, year) Nov. 8. 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Proprietor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rooming House

10. Date deceased last worked at this occupation (month and year) Jan 1938

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Elm Mount Ga

FATHER

13. NAME John E Letscomb

14. BIRTHPLACE (city or town) (State or country) Ga

MOTHER

15. MAIDEN NAME Emma Barnett

16. BIRTHPLACE (city or town) (State or country) Ga

17. INFORMANT Thelma Letscomb

(Address) 818 W Hoyte St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date July 8 1939

19. UNDERTAKER Jno Cook & Son

(Address) 1210 E Fayette St

JUL 6 - 1939 Huntington Williams M.R.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5 1939

22. I HEREBY CERTIFY, That I attended deceased from April 1st 1939 to July 4 1939

I last saw h— alive on July 4 1939 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	2

Other contributory causes of importance:

Acute Cardiac Dilatation Pulmonary Edema

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did Injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Henry Glassman, M. D.

(Address) 753 W Fayette St

V 3 3

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

59479

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-B

F 59479 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) -

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 432 S. Pulaski St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 48 years

20 5

3 (a) FULL NAME Morris Rosenthal.

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married.
6 (b) Name of ~~husband~~ or wife: Esther
6 (c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): 1865
8. AGE: Years 74 | Months | Days | If less than one day: hr. min.
9. Birthplace: Russia (Town, county, and state)
10. Usual Occupation: Baker
11. Industry or business:

FATHER
12. Name: Abraham Rosenthal
13. Birthplace: Russia

MOTHER
14. Maiden Name: Gusare ?
15. Birthplace: Russia

16 (a) Informant: Mrs Rosenthal
(b) Address: 432 S Pulaski St

17 (a) (Burial, cremation, or removal) (b) Date thereof: July 6/39 (month) (day) (year)
(c) Cemetery or crematory: Hebrew Washington Blvd
Location: Washington Blvd.

18 (a) Funeral director: Sol Levinson & Bros
(b) Address: 1124-26 W. North Ave

(c) Date received by registrar: JUL 6 1939 Huntington Ave Baltimore MD (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-5 1939, at 8 05 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-5 1939, to 7-5 1939, and that I last saw him alive on 7-5 1939.

	Duration
Immediate cause of death: respiratory failure	
Due to pleural effusion	20d.
Due to Cancer of lung (metastatic)	3
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide -
(b) Date of occurrence -
(c) Where did injury occur? (City or town) (County) (State) -
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? -
(e) Means of injury -

23. Signature: Sidney Sclarlis M.D.
Address: Sinai Hospital Date signed 7/5/39.

F 59480

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 59480
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address City Hospitals
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1125 Cleveland St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John C. Dolch

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-05-2559

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Bessie Dolch

6 (c) If alive, give age: 48 years

7. Birth date of deceased (mo., day, yr.): Dec. 10. 1887

8. AGE: Years: 51 Months: 6 Days: 25 If less than one day: hr. min

9. Birthplace: Balto. Md (town, county, and state)

10. Usual Occupation: Train Conductor

11. Industry or business: B. & O. R. R.

MOTHER FATHER

12. Name: John C Dolch

13. Birthplace: Germany

14. Maiden Name: Margaret Lerick

15. Birthplace: Germany

16 (a) Informant: Mrs. Dolch Wife

(b) Address: 1125 Cleveland St

17 (a) (Burial, cremation, or removal)

(b) Date thereof: July 6/39 (year)

(c) Cemetery or crematory: London Park Cem.

Location: Balto. Md

18 (a) Funeral director: Margaret G. Flynn

(b) Address: 1422 Light St

(c) Registrar: Huntington Williams M.D.

JUL 6 - 1939

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/5/39, 19, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said aut (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Syphilis of Aorta Right ventricle of heart

Due to: Syphilis of brain

Due to: Ulcer of penis (Carcinoma City Hospitals)

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Diseased tissue removed from penis

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Wm Vandersluis M.D. Medical Examiner

Date signed 7/7/39

HEALTH DEPARTMENT—CITY OF BALTIMORE

59481 59481

CERTIFICATE OF DEATH

√152

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 23-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Lester Jones (Dukes)

If U. S. Veteran specify WAR

(a) Residence: No. 1024 Sharp St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6 12 39

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
		221	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Chas Stenson

14. BIRTHPLACE (city or town) (State or country) Ga

MOTHER

15. MAIDEN NAME Lissie Dukes

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Dina Dukes
(Address) 1024 Sharp St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 7/7/39

19. UNDERTAKER Superior Burial Association
(Address) 1st Mortgage Co

20. FILED 19 Huntington Williams Registrar.

JUL 6 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/4 1939

22. I HEREBY CERTIFY, That I attended deceased from 6-23 1939 to 7-4 1939

I last saw him alive on 7-4 1939 Death is said to have occurred on the date stated above, at 2 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1) Multiple abscesses of Face, chin, neck & left thigh	6 23-39
2) Spreading cellulitis	

Other contributory causes of importance:

Was an operation performed? yes Date of 6-28-39

For what disease or injury? abscess of face neck & thigh

Name of operation incision & drainage

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) E. Haines M. D.

(Address) Fremont Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS is very important. See instructions on back of certificate.

F 59482

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

Registered No. F 59482

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1711 Mc Culloh St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 17

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1711 Mc Culloh St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Josephine Nash

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	M

6 (b) Name of husband or wife John Nash (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
55			hr. min

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

MOTHER—FATHER

12. Name Not none

13. Birthplace " "

14. Maiden Name Not none

15. Birthplace " "

16 (a) Informant John Nash Husband

(b) Address 1711 Mc Culloh St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 6 1937 (month) (day) (year)

(c) Cemetery or crematory Mt Calvert

Location Brookland

18 (a) Funeral director Elroy O Wilson

(b) Address 1002 Pennsylvania Ave. Huntington Pittsburgh Pa.

19 (a) (Date rec'd by registrar) 7/6/37 Registrar

MEDICAL CERTIFICATION 1:30 P

20. DATE OF DEATH 7/3/37 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said Autopsy find that said deceased came (Autopsy or Inquiry) to her death on the day stated above.

Immediate cause of death Hypertension — Duration

Due to Hypertrophy Left Ventricle

Due to Pulmonary edema

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Pulmonary edema

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A A VanDeGrift M.D
Medical Examiner

Date signed 7/7/37

59483

HEALTH DEPARTMENT—CITY OF BALTIMORE

59483

CERTIFICATE OF DEATH

117-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St., 6-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Kennard Owens Balt. Co

If U. S. Veteran specify WAR

(a) Residence: No. Bowleys Quarters Road St., Ward. S.S. 218-03-0415

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Clara Owens

6. DATE OF BIRTH (month, day, year) July 12, 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Glen Martin Company

10. Date deceased last worked at this occupation (month and year) July 1939

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Charles Owens

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah McCreight

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Maryland Memorial Park Date July 8 1939

19. UNDERTAKER F. Loughran & Co.

(Address) 7401 Belair Road

20. FILED Huntington Hillman, Registrar.

JUL 8 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 2 1939 to July 5 1939

I last saw him alive on July 5 1939. Death is said to have occurred on the date stated above, at 12:35 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured peptic ulcer	July 2,
Generalized peritonitis	July 2
Other contributory causes of importance:	
Bronchopneumonia	July 4,

Was an operation performed? Yes Date of July 2, 1939

For what disease or injury? Ruptured peptic ulcer.

Name of operation Closure of peptic ulcer.

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Howard W. Jones M. D.

(Address) Church Home & Infirmary

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 59484

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 59484 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 219 N. MADEIRA ST.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 219 N. MADEIRA ST
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME FRANK C. ANDREWS

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-03-5722

4. Sex: MALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife CATHERINE

6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) JAN. 19, 1889

8. AGE: Years 50 | Months 5 | Days 15 | If less than one day ... hr. ... min.

9. Birthplace MARYLAND (Town, county, and state)

10. Usual Occupation LABORER

11. Industry or business ASBESTOS WORK

FATHER
12. Name JOHN ANDREWS
13. Birthplace Germany

MOTHER
14. Maiden Name FRANCES Peter
15. Birthplace Germany

16 (a) Informant WIFE & HOSP. RECORDS.
(b) Address —

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7 1939 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem
Location 4430 Belair Rd

18 (a) Funeral director Martin F. E. Oppel.
(b) Address 37 S Ann St

(Date received by registrar) (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1939, at 9:40 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1939 to July 4 1939 and that I last saw him alive on July 4 1939.

Immediate cause of death	Duration
NEPHRITIS, SUB ACUTE	6 MO
Due to? BACTERIAL ENDOCARDITIS OF AORTIC VALVE	6 MO
Due to	
Other Conditions ARTERIOSCLEROSIS	—

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Roy Pollock M. D.
Address Johns Hopkins Hospital Date signed 7-7-39

F 59485

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

173

Registration No. F 59485

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 610 W Lanvale St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Laurence Bernard Gross

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Married

6 (b) Name of husband or wife Helen Gross
6 (c) If alive, give age 30 years

7. Birth date of deceased (mo., day, yr.) July 14th 15

8. AGE: Years	Months	Days	If less than one day
24		1	hr. min.

9. Birthplace Cabarrus Co., N.C. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John T. Gross
13. Birthplace Cabarrus Co. N.C.

MOTHER
14. Maiden Name Laura Gross
15. Birthplace Cabarrus Co. N.C.

16 (a) Informant Laura L. Smith
(b) Address 610 W. Lanvale St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 7-6-39 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cemetery
Location; Baltimore

18 (a) Funeral director Archibald A. Gentile
(b) Address 2101 McCulloh St.

19 JUL 6 - 1939 (City, town, or county) Huntingtown Williamsport Md. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-3-39 19 , at 2:45 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Peritonitis	24 hrs.
Due to multiple gunshot wounds of abdomen	"
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence 7-2-39
(c) Where did injury occur? 123 E Penna Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Store (Specify type of place) While at work? no
(e) Means of injury Shotgun

23. Signature Conrad Octon M.D. (Medical Examiner)
Date signed 7-3-39

VS 6

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 59486 ✓ H6-B F 59486

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2507 Hamilton St., 22nd Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Freida Elizabeth Sophia Leiter

(a) Residence: No. 2507 Hamilton St., 22nd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Max Leiter

6. DATE OF BIRTH (month, day, year) 12-18-1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George Kirschenhofer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Rheinbolt

16. BIRTHPLACE (city or town) (State or country) New York State

17. INFORMANT (Address) Husband (Max Leiter)

18. BURIAL, CREMATION, OR REMOVAL

Place Carrollton Cem. Date July 8, 1939

19. UNDERTAKER (Address) John Ulrich 2005 Arlington Ave

JUL 6 1939 Filed 1939 Huntington Wilkinson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-5-1939

22. I HEREBY CERTIFY, That I attended deceased from May, 1938 to 7-5, 1939

I last saw her alive on 7-5, 1939 Death is said to have occurred on the date stated above, at 1:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1938

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? X ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) E. W. Peaks M. D.

(Address) 1508 Harford Rd.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 59487

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48

Registered No. F 59487

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days.
(e) Length of stay in Baltimore (yrs., mos., or days) Never lived

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1832 Arlington St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Mabel Federer

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 29-1868

8. AGE: Years	Months	Days	If less than one day hr.	min.
71	4	5		

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER 12. Name Harry Bachelor
13. Birthplace Baltimore

MOTHER 14. Maiden Name Don't Know
15. Birthplace Baltimore

16 (a) Informant Miss Clara Lambrecht
(b) Address 1832 Arlington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7-1939 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Hamilton

18 (a) Funeral director John Albright
(b) Address 2005 Arlington St

19 (a) (b) Huntington Williamsport Md.

JUL 6 – 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1939, at 2:30 PM

21. I certify that death occurred on the date above stated, that I attended deceased from June 28 1939, to July 4 1939 and that I last saw her alive on July 4 1939.

Immediate cause of death	Duration
Respiratory failure	
Due to pleural shock ?	
Due to	
Other Conditions Cardiac hypertrophy. Hypertension. (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy Metastasis in left kidney. Hemangioma of fundus of uterus

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State) —
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature Sidney Schulz M. D.
Address Sinai Hospital Date signed 7/6/39

F 59488

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

182a

Registered No. F 59488

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 27 S Decker Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Baltimore

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 27 S Decker Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Rose A Neary

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 12. 1865

8. AGE: Years	Months	Days	If less than one day
74	—	22	hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation

11. Industry or business At home

FATHER

12. Name Dont know

13. Birthplace Ireland

MOTHER

14. Maiden Name Dont know

15. Birthplace Ireland

16 (a) Informant Mrs Alberta Guerras

(b) Address 27 S Decker Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Baltimore Md

18 (a) Funeral director John Ulrich

(b) Address 22 E Preston

19 (a) JUL 6 - 1939 (Date filed by registrar) (b) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1939, at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 26, 1938, to July 4, 1939, and that I last saw her alive on July 4, 1939

Immediate cause of death	Duration
Myocardial Failure	1 day
Cerebral Hemorrhage	10 days
Due to Arteriosclerosis	Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Philip Iron Costigan M. D.

Address 2942 East Fayette St. Date signed 7/5/39

59489

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

146-B

Registered No. E 59489

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Redwood and Greene Sts

(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 1323 Pressman St (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME John Curtis

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	ed	married

6 (b) Name of husband or wife Emma

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 26 1866

8. AGE: Years	Months	Days	If less than one day: hr.	min.
54	1			

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business —

FATHER

12. Name James P. Curtis

13. Birthplace Md

MOTHER

14. Maiden Name Jones

15. Birthplace Md

16 (a) Informant Emma Curtis

(b) Address 1323 Pressman St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/7/39 (month) (day) (year)

(c) Cemetery or crematory St Peters

Location

18 (a) Funeral director Geo. H. Kelson

(b) Address 1303 Pressman St

19 (a) Date received by (Local Registrar) JUL 6 1939 (b) Huntington Ave

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1939, at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1939, to July 4 1939, and that I last saw him alive on July 4 1939.

Immediate cause of death	Duration
Cachexia	3 weeks
Due to Carcinomatosis - Generalized	2 months
Due to Carcinoma of Stomach (Pylorus) with metastases	6 months
Other Conditions Secondary Anemia (Include pregnancy within 3 months of death)	

Major findings:

Of operations

Of autopsy Cx. pending not to be done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Charles P. Thomley M. D.

Address University Hospital Date signed 7-5-39

M. D. B. 1268-9

59490 F

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 59490

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1336 Division St., 17-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Buck

(a) Residence: No. 1336 Division St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ? 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME James Buck

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Caleb J. Buck

(Address) 1336 Division St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 7/7 19 39

19. UNDERTAKER Geo. G. Kelson

(Address) 1303 Presstman St

20. FILED JUL 6 - 1939 19 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4 1939

22. I HEREBY CERTIFY, That I attended deceased from June 2 1939 to July 19 39

I last saw h alive on June 27 1939. Death is said to have occurred on the date stated above; at 4:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease.	6/2/35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. Williams Jr. M. D.

(Address) 1728 Penna Ave

F 59491 (Stallcamp)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164-a

F 59491 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 125 E. Cross St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 125 E. Cross St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Georg Stallcamp

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-03-7700

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	Wh	Widowed

6 (b) Name of husband or wife Sarah Schellenger

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 22 —

8. AGE: Years	Months	Days	If less than one day
Abt 56	3	12	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Steam Fitter

11. Industry or business Unemployed at Present Time

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden Name Unknown

15. Birthplace

16 (a) Informant Mr William E. Toulson

(b) Address 128 E. Cross St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/7/37 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet Cemetery

Location Frederick Rd - Balto. Md.

18 (a) Funeral director John J. Fahey & Son

(b) Address 318 Light St

19 JUL 6 1937 (b) Huntington Williams, Md.

V8 6

MEDICAL CERTIFICATION Chart 11 Dan

20. DATE OF DEATH 7/4/37 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Intoxication Illuminating gas.	
Due to Alcoholic intoxication	
Due to	
Other Conditions Chronic Nephritis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Cherry red discoloration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide?
(b) Date of occurrence Police Investigating
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. W. Wendenfelt M.D.
Medical Examiner.

Date signed 7-7-37

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 59492

F 59492

Registered No. 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1002 Brantly St. 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME William E. Coppish

If U. S. Veteran specify WAR

(a) Residence: No. 1002 Brantly St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary E. Coppish

6. DATE OF BIRTH (month, day, year): July 28, 1875

7. AGE: Years 64; Months 11; Days 3; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Porter

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country): Port Deposit Md.

FATHER

13. NAME: William Coppish

14. BIRTHPLACE (city or town) (State or country): Cockeysville Md

MOTHER

15. MAIDEN NAME: Mariah James

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mary E. Coppish

(Address): 1002 Brantly St

18. BURIAL, CREMATION, OR REMOVAL

Place: Arbutus Memorial Date: July 6, 1939

19. UNDERTAKER: Mrs Katie R. Gilmore

(Address): 322 St Edmonds Ave

20. FILED: JUL 6 1939 19

Huntington Nilmore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1939 to July 1, 1939

That I last saw him alive on July 1, 1939 Death is said to have occurred on the date stated above, at 3:05 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	3
Arteriosclerosis	3

Other **contributory causes** of importance:

Was an operation performed? None Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, when?

(Signed) Charles T. Norris M. D.

(Address) 861 Hartlove

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS CERTIFICATE MUST BE FILLED OUT IN DUPLICATE. PHYSICIANS should be careful to see that all information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH is plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 59493

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59493

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. ..... St. 2251 Ward)

Length of residence in city or town where death occurred ..... yrs. 22 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR ..... DIV .....

2. FULL NAME Julius Sneed

(a) Residence: No. 10 West York Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of
~~WIFE of~~

6. DATE OF BIRTH (month, day, year) March 8, 1897

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumbing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C

10. Date deceased last worked at this occupation (month and year) 1939

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Newport News
(State or country) Virginia

FATHER

13. NAME Walter Sneed

14. BIRTHPLACE (city or town) Gloucester County
(State or country) Virginia

MOTHER

15. MAIDEN NAME Julia (Unknown)

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Records-U. S. Marine Hospital
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL
Place National Date July 7, 1939

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 S Schroeder St

20. FILED ..... 19 .....
Huntington Undertaking Co
JUL 6 - 1939 City

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 6, 1939 to July 1, 1939

I last saw him alive on July 1, 1939. Death is said to have occurred on the date stated above, at 9:45a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chronic, far advanced	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clin.

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) T. M. N. Anderson, M. D.

(Address) U. S. Marine Hospital, Baltimore, Md.

N. B.—WRITE PLAINLY, WITH UNFADING INK. THIS IS A LEGAL DOCUMENT. PHYSICIANS should be stated EXACTLY. PHYSICIANS should be carefully supplied. AGE

F 59494

F 59494

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1700 Charlotte Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 55

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 1700 Charlotte Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frederick H. Heistenhagen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Sophia F. Rott

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 31st 1859

8. AGE: Years	Months	Days	If less than one day
79	11	3	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Brick layer

11. Industry or business Private Contractor

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant Louis Heistenhagen

(b) Address 17 Charlotte Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 8th 1939 (month) (day) (year)

(c) Cemetery or crematory St. Pauls

Location Balto

18 (a) Funeral director Tuck, Lassahn & Lee

(b) Address 7401 Belair Rd

JUL 6 - 1939 (Date rec'd by registrar)

(b) Huntington W. Jones M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4th 1939, at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 26 1939, to July 4 1939, and that I last saw him alive on May 25 1939.

Immediate cause of death: Carcinoma of Larynx — Duration: 2 mos 6 days

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide None.

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Ed Lassahn M. D.

Address 842 S. Carlton Date signed 7-6-39

VS 3

F 59495

HEALTH DEPARTMENT—CITY OF BALTIMORE

59495

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH 703 N. Monroe St.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 703 St.) (Ward 16-4)

Length of residence in city or town where death occurred 9 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Leslie Young Munday

If U. S. Veteran specify WAR

(a) Residence: No. 703 N. Monroe St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Margaret Nora Munday

6. DATE OF BIRTH (month, day, year) Sept 16, 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Colesville Va.
(State or country)

FATHER

13. NAME G. H. Munday

14. BIRTHPLACE (city or town) Virginia
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Virginia
(State or country)

17. INFORMANT Mrs. Margaret N Munday
(Address) 703 N. Monroe St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date July 3 1939

19. UNDERTAKER R. L. Ferklu
(Address) 612 N. Monroe St.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1 1939

22. I HEREBY CERTIFY, That I attended deceased from Febry 12 1939 to May 15 1939

I last saw him alive on May 15 1939 Death is said to have occurred on the date stated above, at ~~A.M.~~ ~~P.M.~~ as stated on back

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Other contributory causes of importance:	
Senility	

Was an operation performed? ~ Date of ~

For what disease or injury? ~

Name of operation ~

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ~ Date of injury ~ 19

Where did injury occur? ~
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury ~

Nature of injury ~

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) George C. Shannon M. D.

(Address) 700 Fulton Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 6 - 1939

BROWN

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59496

CERTIFICATE OF DEATH

463 F 59496

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 302 Rock. St., 18-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME ~~Eli~~ Elijah Brown

If U. S. Veteran specify WAR

(a) Residence: No. 302 Rock St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Brown

6. DATE OF BIRTH (month, day, year) Unknown.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co.

FATHER

13. NAME Benj. Brown

14. BIRTHPLACE (city or town) (State or country) Calvert Co.

MOTHER

15. MAIDEN NAME Oleatha Cullop.

16. BIRTHPLACE (city or town) (State or country) Calvert Co.

17. INFORMANT Kate Green (Address) 307 Arlington Ave E.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date 7/7 1939

19. UNDERTAKER Walter B. Lonzo (Address) 139 W. Lanvale St.

20. FILED JUL 6 – 1939 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/4/39. 19

22. I HEREBY CERTIFY, That I attended deceased from June 10 1939 to July 3 1939

I last saw h... alive on July 3 1939. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer Gastric	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) ... M. D.

(Address) 939 W Fayette St

V.S. 8

N. B.—WRITE PLAINLY with unfading ink. Every question must be answered. PHYSICIANS should furnish information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 59497

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59497

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 218 E. 23rd St. 12-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Raimond

If U. S. Veteran specify WAR

(a) Residence: No. 218 E 23rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	Col	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-1-39

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME James Raimond

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Adelaide Turner

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT L. Raimond
(Address) 218 E. 23rd St.

18. BURIAL, CREMATION, OR REMOVAL
Place [redacted] JUL 6 1939
Commissioner of Health

19. UNDERTAKER
(Address) Per H. A. Moore
Funeral Director Baltimore, Md.

20. FILED JUL 6 - 1939 Registrar.

4903

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-1-39. 19

22. I HEREBY CERTIFY, That I attended deceased from 7-1-39. 19 ... to 7-1-39. 19 ...

I last saw h... alive on 1:30 P.M. 19 39. Death is said to have occurred on the date stated above, at 2:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature.	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) Calvin Roe, Comptr. M. D.

(Address) 130 N Gaurden St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 59498

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 Registered No. F 59498

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore & Caton Aves.
(c) Hospital or institution: St Agnes' Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. 14 Wyndcrest Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Gertrude Le Gourd

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Henry B. Le Gourd

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 27-1877

8. AGE: Years 61 | Months 6 | Days 9 | If less than one day hr. min.

9. Birthplace Maryland (town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Henry Ingelhardt
13. Birthplace Maryland

MOTHER
14. Maiden Name Frances Heis
15. Birthplace Maryland

16 (a) Informant Harry B. Le Gourd
(b) Address 14 Wyndcrest Ave

17 (a) London (Burial, cremation, or removal) (b) Date thereof 7/10/39 (month) (day) (year)

(c) Cemetery or crematory
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1613 5th Ave Altoona Pa

19 (a) JUL 6 (Date rec'd by registrar) (b) Huntingdon Pennsylvania, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1939 at 11 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 2 1939 to July 6 1939. and that I last saw her alive on July 6 1939.

Immediate cause of death: (a) Coronary Atherosclerosis
(b) Thrombosis.
Due to: Hypertensive Cardio Vascular renal disease.
Due to:
Other Conditions: Probable kidney damage
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles V. Lewis M. D.
Address St Agnes Hosp. Date signed 7-6-39

VS 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59499 — CERTIFICATE OF DEATH — 159 F 59499

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. [illegible] Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Lawrence

If U. S. Veteran specify WAR

(a) Residence: No. 6414 Frederick Ave, Ward. Balto Co Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 5, 1939

7. AGE	Years	Months	Days	If LESS than 1 day, 11 hrs. 49 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME John H. Lawrence

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

MOTHER

15. MAIDEN NAME Frances E. Donnelley

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT Jack Lawrence

(Address) 6414 Frederick Ave

18. BURIAL, CREMATION OR REMOVAL

Place Pikesville Md Date 6/7 19 39

19. UNDERTAKER (Sgd) Lowe Lowe & Co

(Address) 2349 Clark Md

20. FILED JUL 8 — 1939 — Hugh H. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1939, to July 6, 1939

I last saw him alive on July 6, 1939 Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) W. G. Dodd M. D.

Address) Mercy Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59500

CERTIFICATE OF DEATH

× 93-4 F 59500

1. PLACE OF DEATH Jenkins Memorial Hospt.

CITY OF BALTIMORE: (No. 1000 Caton Ave. St. 25-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME James Garvey

(a) Residence: No. Cumberland, Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Budget Garvey

6. DATE OF BIRTH (month, day, year) Feb. 2-1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88 yrs.	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R. R.

10. Date deceased last worked at this occupation (month and year) 07

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME John Garvey

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bowler

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Jenkins Memorial Hospt (Address) 1000 Caton Avenue

18. BURIAL, CREMATION, OR REMOVAL. Place Westport, Md Date July 8th 1939

19. UNDERTAKER John A. Logan (Address) 3000 E. Balto St.

FILED JUL 6 - 1939 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6th 1939

22. I HEREBY CERTIFY, That I attended deceased from June 28th 1939 to July 6th 1939

I last saw him alive on July 5, 1939. Death is said to have occurred on the date stated above, at 2:00 A.m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis, with heart block

Arteriosclerosis

Date of onset

Other contributory causes of importance:

Senility

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles L. Lewis M. D.

(Address) Jenkins Memorial Hospt.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 59501

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59501

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Balto Gen. Hosp. ✓ 54

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 16-8 Ward)

Length of residence in city or town where death occurred 64 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Maud Conrad

(a) Residence: No. 606 N. Stelton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ HUSBAND of (or) WIFE of George W. Conrad

6. DATE OF BIRTH (month, day, year) May 7th 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME ? Thompson

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME ? Rothrock

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Wm H. Conrad

(Address) 606 N. Stelton St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date July 8th 1939

19. UNDERTAKER Wm Cook

(Address) 217 St. Paul St

20. FILED JUL 7 - 1939 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1939 to July 6, 1939

I last saw her alive on July 6, 1939 Death is said to have occurred on the date stated above at 9 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus - acidosis	
Purulent Cystitis	

Other contributory causes of importance:

Polyposis - uterus - ? stomach
Hydrops ? Gall bladder ✓

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. Spear, M. D.

(Address) W B 54

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT record. All information should be carefully supplied. AGE should be stated EXACTLY. If less than one day state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

59502

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 59502 Registered No. 175

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2724 Prospect St
(c) Hospital or institution
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2724 Prospect St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Artimas Smith

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex M | 5. Color or race W | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~ Married

6 (b) Name of husband ~~or wife~~ Fay Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 17 1898

8. AGE: Years 41 | Months 1 | Days 19 | If less than one day: hr. min.

9. Birthplace Rayburg Ga.
(Town, county, and state)

10. Usual Occupation Odd Jobs

11. Industry or business Chambers Real Estate Co

FATHER 12. Name Priestly L. Smith
13. Birthplace Ga.

MOTHER 14. Maiden Name Mary Carter
15. Birthplace Ga.

16 (a) Informant Mrs Fay Smith
(b) Address 2724 Prospect St

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof July 8 1939 (month) (day) (year)
(c) Cemetery ~~or crematory~~ National
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1249 Pennington Ave Pennington Ave Md.

JUL 7 - 1939
(a) (Registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-6-39 19 , at 7:10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death: Subdural hemorrhage — Duration: ± 8 hours

Due to: External Violence

Due to:

Other Conditions: Osteomyelitis L. tibia
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide ?
(b) Date of occurrence 7-6-39 or 7-5-39
(c) Where did injury occur? not known NW Police are investigating
(Town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? not known While at work?
(Specify type of place)
(e) Means of injury not known

23. Signature Conrad Acton M.D.
Medical Examiner
Date signed 7-6-39

HEALTH DEPARTMENT—CITY OF BALTIMORE

59503 CERTIFICATE OF DEATH X/93 F 59503

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Hospital 24 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Otto Gentgraf If U. S. Veteran specify WAR

(a) Residence: No. 11 Magie St Brooklyn, Md St., Ward Anne Arundel Co. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rica Gentgraf

6. DATE OF BIRTH (month, day, year) Feb 1 1860

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
79	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Patternmaker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Ignatius Gentgraf

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sobbia Roell

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Rica Gentgraf

(Address) 11 Magie st Brooklyn md

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date July 8 1939

19. UNDERTAKER William M. Marlech

(Address) 715 Light St

20. FILED JUL 7 - 1939 Huntington Williams Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5 1939

22. I HEREBY CERTIFY, That I attended deceased from June 1938 to 7-5- 39

I last saw h in alive on 7-5- 1939. Death is said to have occurred on the date stated above, at 6 15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7-5-39
Myocardial Degeneration	June 38
Other contributory causes of importance:	
Arteriosclerosis	1935

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lawrence A. Leon M. D.

(Address) 104 W. Madison St

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46234 **V 59504** Registered No.

V 59504

194-a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
8-7
Street No. 2016 E. Biddle St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Schultz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 14, 1914

8. AGE: Years	Months	Days	If less than one day
25	0	22	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William Tudor
13. Birthplace Balto.

MOTHER
14. Maiden Name Catherine Rixhana
15. Birthplace Balto.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof July 8/39 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Baltimore
Location Baltimore City

18 (a) Funeral director Geo M. Frick & Son
(b) Address 816 N. 40th St.

19 JUL 7 - 1939 Huntington Williamsport
(Date rec'd by registrar) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-6 1939, at 2:43 P M

21. I certify that death occurred on the date above stated, that I attended deceased from 7-5 1939, to 7-6 1939, and that I last saw h/ alive on 7-6 1939.

Immediate cause of death	Duration
Intestinal Obstruction	four days
Due to Swallowing Rubber Ball	four days
Due to	
Other Conditions Broncho Pneumonia Extreme mental Deficiency (Include pregnancy within 3 months of death)	four days

Major findings:
Of operations None
Of autopsy see above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide unknown
(b) Date of occurrence ?
(c) Where did injury occur? 2016 E Biddle St ? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ? Home While at work? ?
(Specify type of place)
(e) Means of injury ? Swallowing Rubber Ball

23. Signature L Kentzelman M. D.
Address Balto City Hosp. Date signed 7-6-39

B 59505

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 59505

CERTIFICATE OF DEATH

V 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 10-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. 7 mos. 29 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Harry E Sisselberger

If U. S. Veteran specify WAR No.

(a) Residence: No. 829 E. Eager St., 10 Ward. Social Security Account No 213-10-0839

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Margaret E Sisselberg

6. DATE OF BIRTH (month, day, year) Nov. 7th 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57 56	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motorman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore Transit Co.

10. Date deceased last worked at this occupation (month and year) July 5, 1939

11. Total time (years) spent in this occupation 27 yr

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME William Sisselberger

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Minnie Wachgt

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Margaret Sisselberger

(Address) 829 E. Eager St

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date July 8 1939

19. UNDERTAKER Elmer W. Conklin Sr.

(Address) 924 E Eager St.

20. FILED July 7 1939 [illegible] Registrar.

JUL 7 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5 1939

22. I HEREBY CERTIFY, That I attended deceased from July 5 1939 to July 5 1939

I last saw him alive on July 1 1939 Death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	July 5
Arteriosclerotic Cardio - Vascular heart disease	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thomas Sexton M. D.

(Address) Mercy Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 59506

HEALTH DEPARTMENT—CITY OF BALTIMORE

59506

CERTIFICATE OF DEATH

51a

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md. Registered No.

CITY OF BALTIMORE: (No. 45-8 St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Bayly Hutchinson If U. S. Veteran specify WAR WWI

(a) Residence: No. 3726 Windsor Mill Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes Hilmer

6. DATE OF BIRTH (month, day, year) Dec. 30, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cambridge (State or country) Maryland

FATHER

13. NAME William A. Hutchinson

14. BIRTHPLACE (city or town) Talbot County (State or country) Maryland

MOTHER

15. MAIDEN NAME Annie R. (Unknown)

16. BIRTHPLACE (city or town) Blackwater, (State or country) Maryland

17. INFORMANT Records-U. S. Marine Hospital (Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL Place Balto. National Date 7/7/39 19

19. UNDERTAKER Chas. F. B. Gilbert & Son (Address) 1300 Eutaw Place

20. FILED JUL 7 - 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4, 19 39

22. I HEREBY CERTIFY, That I attended deceased from June 14, 19 39 to July 4, 19 39

I last saw h.im alive on July 4, 19 39 Death is said to have occurred on the date stated above, at 4:00p m.

The principal cause of death and related causes of importance were as follows: over

	Date of onset
Hypernephroma	Unknown
Tuberculosis, chronic, far advanced	
	Unknown
Other contributory causes of importance:	
Bronchial pneumonia, terminal	Terminal

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X. R. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) T. M. N. Anderson M. D.

(Address) U. S. Marine Hospital, Baltimore, Maryland.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

F 59507

UGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

37 F 59507 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore Maryland

(c) Hospital or institution:

Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr.

(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 903 McDonough St.

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida Goddle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Heyward

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-15-1885

8. AGE: Years	Months	Days	If less than one day
54	3	21	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name Booker Jackson

13. Birthplace N.C.

MOTHER

14. Maiden Name Sally

15. Birthplace Va.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/10/39 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cem.

Location Balto County Md.

18 (a) Funeral director Joseph D. Locke, Jr.

(b) Address 2054 N. Central Ave.

19 (a) 1939 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

(b) JUL 7 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-6- 1939, at 2 58 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-23- 1938 to 7-6- 1939 and that I last saw h-- alive on 7-6- 1939.

Immediate cause of death

Duration

Coronary Thrombosis 18 mos

Cardiac Failure 2 yrs

Due to Hypertension & Chronic Nephritis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible]

Address Balto City Hosp Date signed 7-7-39 M. D.

F 59508

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

F 59508 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 176 Light Street Harbor
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 3
(e) Length of stay in Baltimore (yrs., mos., or days) 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Virginia (b) County
(c) City or town Norfolk (If outside city or town limits, write RURAL and give town)
(d) No. 715 Cleveland Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Primus Barrow

3 (b) If veteran, name war

3 (c) Social Security Account No. [redacted]

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 2-1-1909

8. AGE: Years	Months	Days	If less than one day
30	5	1	hr. min.

9. Birthplace Martin County N.C. (Town, county, and state)
10. Usual Occupation Cook
11. Industry or business Steam Boat
12. FATHER Name Jno K Barrow
13. Birthplace N.C.
14. MOTHER Maiden Name Rebecca Power
15. Birthplace Hertford Co N.C.
16 (a) Informant Jno K Barrow
(b) Address Hertford Co. N.C.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-7-39 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Mo
Location Westport
18 (a) Funeral director Wm A Jackson
(b) Address 916 Pennsylvania Ave Washington D.C.

JUL 7 - 1939 (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION 12:00 M

20. DATE OF DEATH 7/2/39 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said 11 (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Drowning	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 7/2/39
(c) Where did injury occur? Foot Light Street (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury Drowning

23. Signature [illegible] M.D. Medical Examiner
Date signed 7/3/39

VS 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 59509 93-C F 59509

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1301 Division St. 17-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha A. Brown

If U. S. Veteran specify WAR

(a) Residence: No. 1301 Division St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fmle
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Wash Brown

6. DATE OF BIRTH (month, day, year): March 14, 1878

7. AGE: Years 61 | Months 3 | Days 20 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: H. W.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Calvert Co. Md

FATHER
13. NAME: Perry Coley
14. BIRTHPLACE (city or town) (State or country): Calvert Co Md

MOTHER
15. MAIDEN NAME: Evelyn Wilson
16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT (Address): Mary A. Thomas 1301 Division St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Auburn Date: 7/7 19 39

19. UNDERTAKER (Address): Wm. Scott Holland 1631 Druid Hill Ave

20. FILED JUL 7 - 1939 By Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1939 to July 4, 1939

I last saw h 4 alive on July 4, 1939 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	?
Arteriosclerosis	?
Chronic Pneumonia	1-1-39

Other contributory causes of importance:

Was an operation performed? Not Date of

For what disease or injury? None

Name of operation None

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was illness or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles T. Woolford M. D.

(Address) 861 Hanover St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 59510

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 59510
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Printing shop
(b) Street address 3412 E. Lanvale ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-8
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3411 Liberty Heights Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Charles Schoenberger

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	Wh.	Married

6 (b) Name of ~~husband~~ wife Amalia Schoenberger
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 14-1886

8. AGE: Years	Months	Days	If less than one day
52	10	24	hr. min

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Printer
11. Industry or business

FATHER
12. Name Philip C. Schoenberger
13. Birthplace Bavaria, Md.

MOTHER
14. Maiden Name Margaret Haskell
15. Birthplace Baltimore, Md

16 (a) Informant Amalia Schoenberger
(b) Address 3411 Liberty Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 8-1939 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Taylor ave, Parkville

18 (a) Funeral director George W. Zirkler
(b) Address 1737 E. Eager St.

19 (a) JUL 7 — (Date received by registrar) (b) Hunting for Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/7/39 19 , at 11 a.m. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry), find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death	Duration
Rupture of right ventricle of heart	
Due to Pericardial hemorrhage	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Pericardial hemorrhage

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Vandeburgh M.D.
Medical Examiner
Date signed 7/6/39

F 59511

Medical Examiner

F 59511

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1223 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address ... Sinai Hospital

(c) Hospital or institution: Monument + Rutland ave

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3

(e) Length of stay in Baltimore (yrs., mos., or days) 3

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 906 E. Pratt St. (If rural give location)

(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Harvey Scherr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) Oct 23, 1938

8. AGE: Years — | Months 8 | Days 14 | If less than one day: hr. ... min.

9. Birthplace Balto., Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Morris Scherr

13. Birthplace Russia

MOTHER 14. Maiden Name Rose Seagel

15. Birthplace Balto., Md.

16 (a) Informant Morris Scherr

(b) Address 906 E. Pratt St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-1-39 (month) (day) (year)

(c) Cemetery or crematory Hebrew Rosedale

Location Phil. Rd. + Hamilton Ave

18 (a) Funeral director Jack Lewis Inc.

(b) Address 1434 E. Balto. St.,

19 (a) ... (b) ... (Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-6 1939, at 12:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-5 1939 to 7-6 1939 and that I last saw her alive on 7-6 1939.

Immediate cause of death Toxaemia — Duration 1 wk.

Due to Intussusception - Rectum?

Due to

Other Conditions H. bilateral atelectasis of lungs. (Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy Intussusception of ileo bowel — H. atelectasis

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature A. J. Minkin M. D.

Address Sinai Hosp. Date signed 7-6-39

certificate to be OK'd by Med. Examiner: W. H. Landsdorf

F 59512

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93c Registered No.

✓ F 59512

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baynor Ave

(c) Hospital or institution: West Balto. General Hospt.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days) 39 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimor (If outside city or town limits, write RURAL and give town)

(d) Street No. 2211 Whitlin Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? 39 years

3 (a) FULL NAME Ellis Heyman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Anna

6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day hr.	min.
48				

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

MOTHER / FATHER

12. Name Rubin

13. Birthplace Russia

14. Maiden Name Annie

15. Birthplace Russia

16 (a) Informant Anna Heyman

(b) Address 2211 Whitlin Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-7-39 (month) (day) (year)

(c) Cemetery or crematory Mt. Carmel

Location Belmont Ave.

18 (a) Funeral director Jas. Lewis Inc.

(b) Address 1439 E. Balto. St.

19 (a) (Date received by registrar) (b) by (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-6-39 19 , at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1938 to Dec 1938 and that I last saw him alive on Dec 28 1938.

Immediate cause of death

Coronary Thrombosis

Chr Myocarditis

Duration
1 day
1 year

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Milton L. Hoffman M.D.

Address 129 S. Bway Date signed 7/7/39

Howard J. Maldeis M. D.

V8 3

F 59513

Swigert

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 167

F 59513 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1219 Holbrook St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2104 Herbert st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Swigert

3 (b) If veteran, name war 3rd. | 3 (c) Social Security Account No. 217-07-3501

4. Sex M. | 5. Color or race Wh. | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~ Married

6 (b) Name of ~~husband or~~ wife Mary A. Swigert

6 (c) If alive, give age 31 years

7. Birth date of deceased (mo., day, yr.) Feb 2nd 1905

8. AGE: Years 37 | Months 4 | Days 14 | If less than one day: hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Pipe Fitters Helper

11. Industry or business Bethlehem Steel Co

FATHER 12. Name Chas. R. Swigert

13. Birthplace Unknown

MOTHER 14. Maiden Name Virginia Romoser

15. Birthplace Unknown

16 (a) Informant. Mary A. Swigert

(b) [illegible] 1219 Holbrook St

17 (a) Interment (Burial, cremation or removal) (b) Date thereof July 8-39 (month) (day) (year)

(c) Cemetery or crematory Location Balto Md

18 (a) Funeral director William Cook

(b) Address 1217 St Paul St

(a) Date received (Registrar) (b) Signature of Registrar Baltimore Md.

JUL 7 1939

VS 6

MEDICAL CERTIFICATION 2:10 P.M.

20. DATE OF DEATH 7/5/39 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death: Suicide: Pistol wound of head

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 7/5/39
(c) Where did injury occur? 1219 Holbrook St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work) No
(e) Means of injury: 32 Cal. Pistol

23. Signature H. B. Undercuffler M.D. Medical Examiner

Date signed 7/6/39

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59514

CERTIFICATE OF DEATH

30 F 59514

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp. St., 11-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Maude Goodman

If U. S. Veteran specify WAR .....

(a) Residence: No. 304 W. Monument St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Feb 25 1913

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) 5-39

11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME R. H. Goodman

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Dora Johnston

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Baptist Gen'l Hospital (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Baptist Gen Hosp Date July 11. 1939

19. UNDERTAKER E. C. Tyson (Address) Rising Sun Md.

20. FILED ..... 19..... Registrar.

JUL 7 - 1939. Huntingtown Prince Georges, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-7 1939

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1939. to July 7, 1939.

I last saw her alive on July 4 1939. Death is said to have occurred on the date stated above, at 8 19 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Left Retroperitoneal Abscess	May 25 '39
Cardiac failure	7-6-39

Other contributory causes of importance: over

Was an operation performed? Yes Date of 6-20-39

For what disease or injury? Retroperitoneal Abscess (Left)

Name of operation Incision & drainage of Abscess

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John M. Scott M. D.

(Address) Maryland General Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

McNAUGH

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 59515 — Registered No. F 59515

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 112 S Mount st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 112 S Mount st (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Daniel J Mernaugh

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Elizabeth Mernaugh

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 22 1862

8. AGE: Years 76 | Months 11 | Days 15 | If less than one day: hr. min.

9. Birthplace Ireland

10. Usual Occupation Car Builder Retired

11. Industry or business

FATHER — 12. Name James Mernaugh
13. Birthplace Ireland

MOTHER — 14. Maiden Name Mary Ford
15. Birthplace Ireland

16 (a) Informant Mrs Evelyn Docteler
(b) Address 112 S Mount st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/8/39 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem
Location Baltimore Md

18 (a) Funeral director Evergreen Sanitary
(b) Address 800 W Fayette st

(b) Huntington Williams M.D. Registrar

JUL 7 1939 (Date received)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6, 1939.. at 11:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1939 to July 6. 1939. and that I last saw him alive on July 6. 1939.

Immediate cause of death	Duration
Cerebral Hemorrhage.	5 Days.
Due to Hypertension & Arteriosclerosis.	
Due to —	
Other Conditions None.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos Scott Williams M.D.

Address 888 W Lanvale st Date signed 7/7/39.

F 59516

Duke

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 59516

Registered No. 75

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Duke Emerg. City Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 527 N. High St (If rural give location)
(e) If foreign born, how long in U. S. A.? . years

3 (a) FULL NAME Helen Bradley Reuss

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 13, 1905

8. AGE: Years 33 | Months 10 | Days 20 | If less than one day: hr. min.

9. Birthplace Richmond, Va. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Roy Bradley
13. Birthplace Indiana

MOTHER
14. Maiden Name Beulah Reams
15. Birthplace Richmond, Va.

16 (a) Informant: Mrs. Bennett Bradley
(b) Address 324 Augusta St., Richmond, Va.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof July 7, 1939 (month) (day) (year)
(c) Cemetery or crematory
Location Richmond, Va.

18 (a) Funeral director E. W. Cameron
(b) Address 1003 N. Baltimore St.

19 (a) (Date received by registrar) (b) [illegible]

JUL 7 - 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/3/39 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Acute Alcoholism — Duration:

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. W. Vandegrift M.D. Medical Examiner

Date signed 7/4/39

F 59517

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 59517 Registered No. 93c

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 350 Hamilton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County C.
(c) City or town Baltimore Maryland (If outside city or town limits, write RURAL and give town)
(d) Street No. 350 Hamilton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Sr Humphreys

3 (b) If veteran, name war: No
3 (c) Social Security Account No.:

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: Mary A
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 10 - 1860

8. AGE: Years 78 | Months 1 | Days 27 | If less than one day: hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Oiler
11. Industry or business Merchant Mine

MOTHER / FATHER
12. Name of father William Humphreys
13. Birthplace Unk
14. Maiden Name of mother Elizabeth
15. Birthplace Virginia

16 (a) Informant Charles F. Humphreys
(b) Address 350 Hamilton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-8-33 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Unknown

18 (a) Funeral director Weaver Bros
(b) Address 1111 St Paul Street

19 (a) [illegible] (b) [illegible]
(Date) (Address) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1933, at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1933 to July 6 1933, and that I last saw him alive on July 6 1933.

Immediate cause of death:
Chronic Myocarditis — Duration 3 mo
Due to Old age
Due to
Other Conditions General Wearing out.
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature Edward Zimmerman, M. D.
Address 9858 Harford Rd Date signed July 7th 33

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59518

CERTIFICATE OF DEATH

✓ 95-F 59518

1. PLACE OF DEATH 1410 Franklin

Registered No.

CITY OF BALTIMORE: (No. ..... St., 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rebecca Burnell

If U. S. Veteran specify WAR

(a) Residence: No. 1410 Franklin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or Divorced (write the word)
Female	Colored	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Burnell

6. DATE OF BIRTH (month, day, year) 1862

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Middlesex Co (State or country) Va

FATHER

13. NAME Robert Lewis Reed

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Eliza

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Emma Harris

(Address) 1410 W Franklin St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lebanon Date July 7, 1939

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 S Schroeder St

20. FILED JUL 7 1939, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1939 to July 4, 1939

I last saw her alive on June 19, 1939 Death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Vas. Disease	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Thos Dulany Thomas, M. D.

(Address) Medical Bldg

V8 8

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59519

CERTIFICATE OF DEATH

✓ 131

F 59519

1. PLACE OF DEATH 1403 Patapsco St

CITY OF BALTIMORE: (No. ..... St. 23-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Anna Braun

If U. S. Veteran specify WAR .....

(a) Residence: No. 1403 Patapsco St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martin Braun

6. DATE OF BIRTH (month, day, year) July 25, 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Klappenberger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Name) John Chas. Braun

(Address) 4323 Arizona Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross-RR Date July 10 39

19. UNDERTAKER Margaret F. Flynn

(Address) 1422 Light St.

20. FILED JUL 7 1939 H. Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from 6/29/39, 19..., to 7/7/39, 19...

I last saw her alive on 7/6/39, 19... Death is said to have occurred on the date stated above, at 9:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	7/4/39
Cardio-vascular-renal disease	
Arteriosclerosis	April, 39
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify MANIERI

(Signed) Frank J. Braun M. D.

(Address) 342 S. East Ave

I.C.D.—WRITE PLAINLY, WITH PENCIL OR INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

GK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

45257

Registered No. F 59520

F 59520

45-a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 34 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
3-1
Street No. 1631 S. Baltimore St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** John Harrison Bradin

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Mary Coen

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 23, 1891

8. AGE: Years 48 | Months 0 | Days 13 | If less than one day: hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation Tin Specilities

11. Industry or business

FATHER
12. Name Martin Bradin
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary McGowan
15. Birthplace Ireland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, ~~cremation~~, or removal)
(b) Date thereof 7/10/39 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Holy Redeemer
Location Belair Road

18 (a) Funeral director H. B. Meade & Son
(b) Address 805 N. Calvert St.

19 JUL 7 - 1939 (Date rec'd by registrar) (c) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-6 1939, at 11 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-1 1939 to 7-6 1939 and that I last saw him alive on 7-6 1939.

Immediate cause of death: Carcinoma Lip. — Duration: ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. K. Mobley M. D.
Address Balt City Hosp. Date signed 7-6-39

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 59521 — Registered No. F 59521

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 612 George Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 612 George St (If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Eugene Thomas

3 (b) If veteran, name war: World War

3 (c) Social Security Account No.:

4. Sex: M | 5. Color or race: C | 6 (a) Single, married, widowed, or divorced:

6 (b) Name of husband or wife: Single

6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) 7-8-1896

8. AGE: Years 42 | Months 11 | Days 26 | If less than one day: hr ... min ...

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Chauffeur

11. Industry or business

FATHER
12. Name Eugene Talton Thomas
13. Birthplace Va.

MOTHER
14. Maiden Name Emma Sims
15. Birthplace Balto Md

16 (a) Informan: Mrs Janie Gray
(b) Address 1152 Stricker St.

17 (a) Balto National (Burial, cremation, or removal) (b) Date thereof 7-8-39 (month) (day) (year)
(c) Cemetery or crematory Balto National
Location Balto Md

18 (a) Funeral director Chas H Carter
(b) Address 1 N. Calhoun St

19 (a) JUL 7 - 1939 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-4-39 19 ... at 2:20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary Sclerosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Conrad Acton M.D. Medical Examiner
Date signed 7-5-39

VS 6

F 59522

HEALTH DEPARTMENT—CITY OF BALTIMORE 59522

CERTIFICATE OF DEATH

146-F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Ward)

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Jessie Wilson

If U. S. Veteran specify WAR

(a) Residence: No. 2745 Maryland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of E. Lloyd Wilson

6. DATE OF BIRTH (month, day, year) 2/22/1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Richmond, Va.

FATHER

13. NAME James L. Waldrop

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Cunningham Tolsby

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT E. L. Wilson husband

(Address) 2745 Md Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 7/8/39 19

19. UNDERTAKER STEWART & MOWEN COMPANY

(Address) (W. F. WOODEN SUC.) 100 W. NORTH AVENUE

20. FILED JUL 7 - 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1939 to July 6, 1939

Last saw h.. alive on July 5, 1939. Death is said to have occurred on the date stated above, at 2:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of pancreas	?
Other contributory causes of importance: Myocardial insufficiency	1939

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify —

(Signed) A. A. Mayfield M. D.

(Address) 1800 Eden Street

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 59523

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 34-36 F 59523

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 36 days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 212 W. Biddle St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Helen Martin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	Married

6 (b) Name of husband or wife Sylvester Martin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 2 - 1904

8. AGE: Years	Months	Days	If less than one day hr.	min.
35	5	4		

9. Birthplace Indiana (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name
13. Birthplace Unknown

MOTHER
14. Maiden Name
15. Birthplace Unknown

16 (a) Informant St. Joseph's Hosp Records
(b) Address Caroline & Oliver Sts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/7/39 (month) May (year)
(c) Cemetery or crematory Sacred Heart Cem
Location Druid Hill Rd - Balto Co. Md.

18 (a) Funeral director William B. White
(b) Address 512 Forest St

19 JUL 7 - 1939 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/6/ 1939. at 9:45 AM

21. I certify that death occurred on the date above stated, that I attended deceased from May 31st 1939. to July 6th 1939. and that I last saw her alive on July 6th 1939.

Immediate cause of death Lung Abscess

Duration 2 mo.

General Sepsis
Due to Tooth Extraction
followed by Osteomyelitis
Due to of Jaw

Other Conditions Syphilis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Multiple Lung Abscesses.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Kelimenson M. D.
Address St. Joseph's Hosp. Date signed 6-7-39

VS 3

F 59524

32250 JS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107-a

Registered No. F 59524

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balto. City Hospt.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town (If outside city or town limits, write RURAL and give town) Balto.
(d) Street No. In As Much Mission (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Cross

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-29-1875

8. AGE: Years	Months	Days	If less than one day
64	3	29	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name William Cross

13. Birthplace Md.

MOTHER 14. Maiden Name Louise

15. Birthplace Md.

16 (c) Informant B. of H. Records

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Location UNIVERSITY MEMORIAL CEMETERY JUL 7 1939

Commissioner of Health

18 (a) Funeral director For M. A. Moore

(b) Address

19 JUL 7 - 1939 (Date rec'd by registrar) Huntington Williams Mortuary 4506

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1939, at 9:52 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 5 1938, to June 28 1939, and that I last saw him alive on June 28 1939.

Immediate cause of death	Duration
Bronchopneumonia	five weeks
Due to	
Due to	
Other Conditions Pulmonary asthma.	Unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. A. Dexter Tuttle M. D.

Address Baltimore City Hospitals Date signed 6-29-39

VR 3

F 59525

45934 JS 37-a

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

37-9-187

Registered No. F 59525

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balto. City Hospt.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 8 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
Street No. 736 N. Fayette st. (If rural give location)
(e) If foreign born, how long in U. S. A.? life years

4-2

3 (a) FULL NAME James Madison Sawyer

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-13-1883

8. AGE: Years	Months	Days	If less than one day hr.	min.
56	4	12		

9. Birthplace N. H. (Town, county, and state) poss
10. Usual Occupation Supt. of Construction &
11. Industry or business Draftsman

FATHER
12. Name Madison
13. Birthplace N. Y.

MOTHER
14. Maiden Name Henrietta Hopgood
15. Birthplace N. Y.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) (Burial, cremation, or removal) Interment Woodland Park
(b) Date thereof (month) 7/29 (day) 39 (year)
Name of cemetery or crematory
Undertaker JUL 7 1939
18 (a) Funeral director
(b) Address
19 (a) JUL 7 - 1939 (Date rec'd by registrar) Huntington Williams M.D. Registrar
43937

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1939, at 4½ A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 23 1939, to June 25 1939, and that I last saw him alive on June 25 1939.

Immediate cause of death Bronchopneumonia — Duration 3 days
Due to
Due to.
Other Conditions Cardiac heart disease Uremia

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. A. de Lambert, M.D.
Address Baltimore City Hospitals Date signed 6-26-39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

36446 41
F 39526

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53-E

Registered No. F 39526

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Fla (b) County
(c) City or town Highsprings
(If outside city or town limits, write RURAL and give town)
(d) Street No. Box 433
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lillian Henry

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Widow

6 (b) Name of husband ~~or wife~~ Henry Henry
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-7-90

8. AGE: Years	Months	Days	If less than one day
49 48	11	25	hr. min.

9. Birthplace South Carolina
(Town, county, and state)
10. Usual Occupation None Good
11. Industry or business

FATHER
12. Name Alec Hargrove
13. Birthplace S-Car

MOTHER
14. Maiden Name Penelope Johnson
15. Birthplace S-Car

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 8-39 (month) (day) (year)
(c) Cemetery or crematory Gainsville Cemetery
Location ~~Gainsville Fla~~

18 (a) Funeral director ~~Robert L. Williams~~
(b) Address 1515 McElderry St

19 JUL 7 - 1939 ~~Registrar~~
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1939, at 1:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jun. 24 1939, to July 2 1939, and that I last saw her alive on July 2 1939.

Immediate cause of death: Carcinoma of Uterus — Duration: 6 years

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of Uterus
Of autopsy Metastatic Ca. in Liver

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward S. Stafford
Address Johns Hopkins Hosp. Date signed 7/3/39

VS 8

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 59527 — 115 a — Registered No. F 59527

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balto E E + T Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 17

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 17 N. Court St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hugh M. Anders

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-9-1

8. AGE: Years 42 | Months | Days | If less than one day: hr. min.

9. Birthplace Middletown Md. (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business Internal Revenue

FATHER 12. Name Charles E. Anders

13. Birthplace Loudon Co. Va.

MOTHER 14. Maiden Name Orra Seibert

15. Birthplace Frederick Co. Md.

16 (a) Informant Madge Anders

(b) Address Middletown, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 9 39 (month) (day) (year)

(c) Cemetery or crematory Reformed Cem.

Location Middletown, Md.

18 (a) Funeral director Ray C. Gladhill

(b) Address Middletown, Md.

19 (Date received by Registrar) JUL 7 - 1939 Huntington Williams Md. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-7-39 19 , at 12:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquest) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Supralaryngeal abcess — Duration: 2 hrs

Due to: Tonsillitis acute — Duration: ?

Due to

Other Conditions: hypospadias (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Conrad Acton M.D. Medical Examiner

Date signed 7-7-39

F 59528

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-13 ✓ Registered No. F 59528

PLEASE WRITE PLAINLY. WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1133 Ridgely St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1133 Ridgely St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John R. High,

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Sophie K. High,

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 23, 1857

8. AGE: Years 82 | Months 1 | Days 14 | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Retired House Painter

11. Industry or business

FATHER
12. Name John R. High.
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Isabelle Disney,
15. Birthplace Baltimore Md.

16 (a) Informant Mrs Rose Weissenborn,
(b) Address 2805 Presstman St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-10-39 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore Md

18 (a) Funeral director Geo W Settle
(b) Address 2700 Edmondson Ave.

19 Filed 7-7-1939 (Date received by Registrar) (b) Huntington Williams M.D. (Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-7-39 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-2- 1939 to 7/7/39, and that I last saw him alive on 7/1/39.

Immediate cause of death	Duration
Cardiac Insufficiency	1 hr 7/7/39
Due to Arteriosclerosis	5 yrs 7/7/39
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Theodore D Iams M.D.
Address 7 W Mt Royal Blvd Date signed 7/7/39

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 F 59529

Registered No. 59529

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 301 E. 22nd St. 12-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 88 yrs. 9 mos. 6 da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth Grote

(a) Residence: No. 301 E. 22nd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frederick Grote

6. DATE OF BIRTH (month, day, year) Sept 30 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

FATHER

13. NAME Henry W. Kramer

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Wilhelmina Kamps

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Alan Grote
(Address) 301 E. 22nd St

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date 7/8/39

19. UNDERTAKER Leonard D. Covington
(Address) 21 W. 25th St.

20. FILED JUL 8 - 1939 Huntington W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1939 to July 6, 1939

I last saw h[illegible] alive on July 5, 1939 Death is said to have occurred on the date stated above, at 1:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Arteriosclerosis	
Other contributory causes of importance:	
Chr. Nephritis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. W. Thurey M. D.

(Address) 1812 N. Broadway

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 59530

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

95-B

Registered No. F 59530

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2612 Hampden Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 24

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2612 Hampden Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

12 1

3 (a) FULL NAME Ollie Ellen Parsons

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~.
Female	White	Widowed

6 (b) Name of ~~husband or~~ wife James A. Parsons
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 26 1877

8. AGE: Years	Months	Days	If less than one day
62	4	11	hr. min.

9. Birthplace Delaware (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business At Home

FATHER
12. Name ? Knowles
13. Birthplace Del

MOTHER
14. Maiden Name ? Morgan
15. Birthplace Del.

16 (a) Informant Agnes Garrett
(b) Address 2612 Hampden Ave
17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 7/10/39 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Salisbury Md
Location
18 (a) Funeral director Wm Cook
(b) Address 217 E. Main St Huntington Williams Mgr

JUL 8 1939 (Date received by Registrar)

Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7th 1939, at 10-12 A.M

21. I certify that death occurred on the date above stated, that I attended deceased from June 16 1939, to July 7, 1939, and that I last saw h[illegible] alive on J[illegible] 7 19[illegible].

Immediate cause of death Coronary Thrombosis — Duration 1 mo

Due to Arterio-sclerotic Cardio-vascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. Weiss M. D.

Address 1937 E. North Ave Date signed 7/7/39

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59531

CERTIFICATE OF DEATH

48 F 59531

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. South Balto Gen. Hosp. St. 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. Rida Bond

If U. S. Veteran specify WAR

(a) Residence: No. 507 W Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Irving

6. DATE OF BIRTH (month, day, year) June 12, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47		20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Charles Davis

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Rachel Everley

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Hosp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date July 10. 1939

19. UNDERTAKER Margaret E Flynn
(Address) 1453 Light St

20. JUL 8 - 1939 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7. 1939

22. I HEREBY CERTIFY, That I attended deceased from July 3. 1939. to July 7. 1939.

I last saw her alive on July 3. 1939. Death is said to have occurred on the date stated above, at 4:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
malignant neutropenia	
Other contributory causes of importance: Syphilis	?
Carcinoma of cervix	?

Was an operation performed? Yes Date of 3-28-39 Exploratory Laparotomy

For what disease or injury? Carcinoma of Cervix

Name of operation Repair

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R K Williams M. D.

(Address) South Balto Gen. Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V6 B

F 59532

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

Registered No. F 59532

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1408-E. Lafayette Ave

(c) Hospital or institution: --

(d) Length of stay in hospital or inst. (yrs., mos., or days) ----

(e) Length of stay in Baltimore (yrs., mos., or days) life---

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)

(d) Street No. 1408-E. Lafayette Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? ---- years

3 (a) **FULL NAME** Mary Williams

3 (b) If veteran, name war ----

3 (c) Social Security Account No. ----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Calup N. Williams

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) 11/6/1852

8. AGE: Years	Months	Days	If less than one day
86	8	--	hr. ------ min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER

12. Name Mark Hill

13. Birthplace England

MOTHER

14. Maiden Name Elizabeth Townsend

15. Birthplace England

16 (a) Informant Mrs. Mae Williams

(b) Address 1408-E. Lafayette Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/10/39 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore, Md.

18 (a) Funeral director George J. Ruth, Inc.

(b) Address 1735-Harford Ave.

19 (a) July 8, 1939 (Date received by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 16 1939, to July 6, 1939, and that I last saw her alive on July 6 1939:

Immediate cause of death Uremia. — Duration 1 wk.

Due to Chronic nephritis — Duration ?

Due to Chronic myocarditis — Duration ?

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. Willis Gaynor M.D.

Address 3983 Greenmount Ave. Date signed 7/7/39.

VS 3

F 59533

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-C Registered No. F 59533

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
Street No. 427 E Lanvale St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 30 years

3 (a) FULL NAME Edward Crossland

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Emma Crossland

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Aug 23-1867

8. AGE: Years 71 | Months 10 | Days 13 | If less than one day: hr. min.

9. Birthplace: England. (Town, county, and state)

10. Usual Occupation: Silver Chaser

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant: Emma Crossland
(b) Address 427 E Lanvale

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-8-1939 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Taylor Ave

18 (a) Funeral director: Leonard Mueller
(b) Address 1205 Hanford Road

19 (a) [illegible] 8-1939 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-6-39 19 at 8 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-20-1939 to 7-6 1939, and that I last saw him alive on 7-6-39 19

Duration
7-1-39
7
7

Immediate cause of death: Localized peritonitis about Sigmoidostomy

Due to: Carcinoma - Sigmoid colon

Due to: Arteriosclerotic Cardio-vascular disease Fibrillating

Other Conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: Adenocarcinoma - Sigmoid colon. Of autopsy: Localized peritonitis - about sigmoidostomy.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. R. Tennyt, M.D.
Address St. Josephs Hosp. Date signed 7/6/39 M. D.

VS 2

F 59534

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

210-M

Registered No. F 59534

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland St Joseph Hospital
(b) Street address ~~Loyola Blvd & Hoad~~
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
8-6
(d) Street No. 1129 Lafayette St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Ehrm

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-09-5840

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Wh	Married

6 (b) Name of husband or wife Irana M. Ehrm
6 (c) If alive, give age 36 years

7. Birth date of deceased (mo., day, yr.) 1900

8. AGE: Years	Months	Days	If less than one day
39	3	4	hr min

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Iron Worker
11. Industry or business Balto. Steel Co

MOTHER FATHER
12. Name Peter Ehrm
13. Birthplace Baltimore
MOTHER
14. Maiden Name Johanna Schmidt
15. Birthplace New York

16 (a) Informant Mrs Irana M. Ehrm
(b) Address 2122 Mura st

17 (a) (Burial, cremation, or removal) (b) Date thereof July 8-1939 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E. North ave

18 (a) Funeral director Henry Lutz
(b) Address 1203 N. Broadway
(b) Huntington Williams, Md.

JUL 8 - 1939
(Date received by Registrar)

Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/5/39 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Fracture of right parietal and temporal bones.
Due to laceration of brain temporal lobe
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy laceration brain

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence July 5-1939
(c) Where did injury occur? Baltimore Md
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work?
(Specify type of place)
(e) Means of injury Fell from Window of Car

23. Signature H. H. Vandeventer M.D
Medical Examiner
Date signed 7/5/39

F 59535

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1939 Registered No. F 59535

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N. Car. (b) County Cabbarras
(c) City or town Concord
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME William K. Black ~~Funeral Director Undertaker~~

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 15 - 1918

8. AGE: Years	Months	Days	If less than one day
~~about 20~~ 21	2	14	hr min

9. Birthplace Concord N. C.
(Town, county, and state)

10. Usual Occupation Nurse

11. Industry or business

FATHER 12. Name John Black
13. Birthplace Concord N. C.

MOTHER 14. Maiden Name Annie Harris
15. Birthplace Concord N. C.

16 (a) Informant Robert J. Harris
(b) Address Box 15 Concord N. C. RFD 3

17 (a) (Burial, cremation, or removal) (b) Date thereof 7 - 8 - 39 (month) (day) (year)

(c) Cemetery or crematory Concord N. C.
Location Laurel Hill Concord N. C.

18 (a) Funeral director Archibald A Beaulac
(b) Address 2101 Nc Avenue Huntington Williamsport Md.

19 JUL 8 1939
Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 6 - 29 - 39 19 , at 8:00 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or inquest) thereon and from the evidence obtained by said Autopsy (Autopsy or inquest) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Electric shock -	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 6 - 29 - 39
(c) Where did injury occur? 26th & Susan St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? B & O R.R. track While at work? no (Specify type of place)
(e) Means of injury 3rd Rail

23. Signature Conrad Aetons M.D
Medical Examiner
Date signed 6 - 30 - 39

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

F 59536 — 107-a — F-59536

1. PLACE OF DEATH:

County: BALTIMORE

City or town: 3014 Guilford Ave.
(If outside city or town limits, write RURAL, NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland — County:

City or town: Baltimore — Ward No.
(If outside city or town limits, write RURAL, NEAR and give town)

Street No.: 3014 Guilford Ave.
(If rural give LOCATION)

2(e) IF VETERAN, NAME WAR

12-2

3. (a) FULL NAME: MARY ESTELLE SLACK

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	W	Single

6. (b) Name of husband or wife

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): DEC. 14/ 1866

8. AGE: Years	Months	Days	If less than one day
72	6	22	____ hrs. ____ min.

9. Birthplace: Catonsville Md.
(Town, county, and state)

10. Usual occupation: Retired

11. Industry or business

FATHER — 12. Name: Jacob B. SLack

13. Birthplace: Phila. Penna.

MOTHER — 14. Maiden name: Lewellyn Gilliland

15. Birthplace: Florida

16. Informant: Maude M. Slack

Address: 3014 Guilford Ave.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 7/ 8/39 (month) (day) (year)

Cemetery or crematory: Loudon Park

Location: Fredrick Ave. Baltimore MD.

18. Funeral director: John C. Mitchell & Sons

Address: 1900 Eutaw Place

JUL 8 - 1939

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 6th 1939 at 9P.M.

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from July 6th 1939 and that I last saw deceased alive on July 6th 1939

Immediate cause of death: Bronchial Pneumonia — DURATION: 7 Days

Due to: Pernicious Anemia — 2 yrs

Due to:

Other conditions: —

(Include pregnancy within 3 months of death)

Major findings:

Of operations: —

Of autopsy: —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of: —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: — Injured at work?

23. SIGNATURE: L. Packard, M. D. or other

Address: St. Paul & 32nd Date signed

F 59537

46256 JS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48 Registered No. F 59537

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Balto. City Hospt.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs. mos., or days) 55 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1620 W. Lanvale St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

16-9

3 (a) FULL NAME Rosa Hunter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex female | 5. Color or race black | 6 (a) Single, married, widowed, or divorced. separated

6 (b) Name of husband or wife Morgan

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-1-1870 1882

8. AGE: Years 57 65 | Months 0 | Days 6 | If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business

MOTHER / FATHER

12. Name Montford Taylor

13. Birthplace Va.

14. Maiden Name Mary ?

15. Birthplace Va.

16 (a) Informant B. C. H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-11-37 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location Balto. Co. Md.

18 (a) Funeral director Mrs. R. C. Elliott-Dir

(b) Address 129 N. Carolina St.

19 JUL 8 - 1937 Huntington Williams (Date rec'd by reg.) (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-7 1937. at 10 20 AM

21. I certify that death occurred on the date above stated, that I attended deceased from 7-6 1937. to 7-7 1937. and that I last saw her alive on 19 .

Immediate cause of death: Carcinoma of cervix with metastasis — Duration: ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy None or done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. K. Woodward Jr. M. D.

Address Balto City Hosp Date signed 7-7-37

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59538

CERTIFICATE OF DEATH

131 F 59538

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2234 Wilkens Ave St. 26 Ward 9)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julia Krieger

If U. S. Veteran specify WAR

(a) Residence: No. 2234 Wilkens Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/22/1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Krieger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Michael Moderer

(Address) 2234 Wilkens Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 7/10/1939

19. UNDERTAKER Thos. Conway & Son

(Address) 901 Baltimore St.

FILED JUL 8 - 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/7/1939

22. I HEREBY CERTIFY, That I attended deceased from June 1 1939 to July 7 1939

I last saw h alive on June 7 1939 Death is said to have occurred on the date stated above, at 3 1 m.

The principal cause of death and related causes of importance were as follows:

Date at onset

Hypertension Arteriosclerosis

Chronic Interstitial Nephritis Results

Cerebral Hemorrhage

Other contributory causes of importance:

Pulmonary Edema

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert E. Hitzel, M. D.

(Address) 2251 Wilkens Ave

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F-59539 CORNISH 59539 F 59539

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: 916 Parrish St
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 916 Parrish St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Cornish

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
m	cd	married

6 (b) Name of husband or wife margaret
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1894

8. AGE: Years	Months	Days	If less than one day
45			hr. min.

9. Birthplace Pa (Town, county, and state)
10. Usual Occupation none 0000
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Margaret Cornish
(b) Address 916 Parrish St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/10/39 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Geo. H. Kelson
(b) Address 1303 Presstman

19 (a) [illegible] (b) [illegible] Registrar

JUL 8 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1939 at 11:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/5 1939 to 7/6 1939.
and that I last saw him alive on 7/6 1939.

Immediate cause of death
Cerebral Apoplexy
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
21 Days

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(d) Means of injury

23. Signature B. F. Fletcher
Address 1225 Hanover Date signed 7/7/39

F 59540

26512-FS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 59540

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1430 Division St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Samuel Coates

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	Colored	widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-20-1870

8. AGE: Years	Months	Days	If less than one day
69	0	11	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Isaac Coates
13. Birthplace Md.

MOTHER
14. Maiden Name Lizzie Blake
15. Birthplace Md.

16 (a) Informant Vital Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director JUL 8 1939 Commissioner of Health
(b) Address

19 (Date received by Registrar) JUL 8 1939 By E. A. Boore

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-1- 1939 at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-16- 1937 to 7-1- 1939 and that I last saw h[illegible] alive on 7-1- 1939.

Immediate cause of death Bronchopneumonia — Duration 2 days

Due to

Due to

Other Conditions Gen. arteriosclerosis
Diabetes mellitus
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 7-8-39

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59541

CERTIFICATE OF DEATH

95-B F 59541

1. PLACE OF DEATH Baltimore

CITY OF BALTIMORE: (No. 2414 Madison St. 13th Ward)

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Mildred Virginia Burley

If U. S. Veteran specify WAR ____

(a) Residence: No. 2414 Madison Ave St., ____ Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: col.

5. Single, Married, Widowed, or Divorced (write the word): widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Rev. Jas. Burley

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 76 | Months | Days | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation: 0037

12. BIRTHPLACE (city or town) (State or country): Ashland Va

FATHER

13. NAME: John Temple

14. BIRTHPLACE (city or town) (State or country): Ashland Va

MOTHER

15. MAIDEN NAME: Louisa Rising

16. BIRTHPLACE (city or town) (State or country): Ashland Va

17. INFORMANT: Carrie Burley Jackson

(Address) 2414 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Auburn Date: 7-8- 39

19. UNDERTAKER: Wm A Faskson

(Address) 916 Penna ave

JUL 8 - 1939 19 ____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 6 1939

22. I HEREBY CERTIFY, That I attended deceased from June 27 1939 to July 6, 1939

I last saw h[illegible] alive on June 27 1939. Death is said to have occurred on the date stated above, at 11:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease	1 month
Other contributory causes of importance: Generalized Arteriosclerosis	Yrs

Was an operation performed? ____ Date of ____

For what disease or injury? None

Name of operation ____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of Injury ____

24. Was disease or injury in any way related to occupation of deceased? No If [illegible]

(Signed) Bradham Higgins M. D.

(Address) 2245 Madison Ave

V-3

HEALTH DEPARTMENT—CITY OF BALTIMORE

59542

CERTIFICATE OF DEATH

46-D F 59542

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St., 14-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Matthew P. Dolan

(a) Residence: No. 336 S. Woodyear St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Augusta Dolan

6. DATE OF BIRTH (month, day, year): Sept 1 1869

7. AGE: Years 69 | Months 10 | Days 6 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year): 2 yrs ago
11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER
13. NAME: John Dolan
14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER
15. MAIDEN NAME: Mary Ryan
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: John C. Dolan
(Address): 336 S. Woodyear St

18. BURIAL, CREMATION, OR REMOVAL
Place: New Cathedral Date: July 10 1939

19. UNDERTAKER: Pott & Walter
(Address): Fraser & Fulton Sts

20. FILED: [illegible] for Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 7 1939

22. I HEREBY CERTIFY, That I attended deceased from June 13 1939 to July 7 1939
I last saw him alive on July 7 1939 Death is said to have occurred on the date stated above, at 2.33 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	2 yrs
Other contributory causes of importance: Broncho-Pneumonia	3 days

Was an operation performed? Yes Date of July 3 1939
For what disease or injury? Epithelioma of face
Name of operation Excision of epithelioma
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify

(Signed) S. Strawn Mullen M. D.
(Address) Mercy Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 8

F 59543

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1/94 B

F 59543 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 720 N. Bruce St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 da

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County
(c) City or town Phila (If outside city or town limits, write RURAL and give town)
(d) Street No. 1613 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Dreyer Bey

3 (b) If veteran, name war

3 (c) Social Security Account No. 161-16-7065

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1893

8. AGE: Years	Months	Days	If less than one day
45			hr. min

9. Birthplace Easton (Town, county, and state) Md

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace " " "

MOTHER 14. Maiden Name " " "

15. Birthplace " " "

16 (a) Informant Lawrence E. Bey

(b) Address 720 N. Bruce St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-8-39 (month) (day) (year)

(c) Cemetery or crematory Mount Location Phila. Pa.

18 (a) Funeral director Saml. W. Evans & Son

(b) Address 638 N. Gilmor St.

19 (a) Signature of registrar Huntington Williams, M.D.

(b) Date received JUL 9 - 1939

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-8-39 19 , at 7:30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary sclerosis — Duration 5 hrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Conrad Aelora M.D.
Medical Examiner

Date signed 7-8-39

F 59544

F 59544

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-D

Registered No. 45163

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore, City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

631 (d) Street No. 2812 E. Balto. Street. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Spencer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Married

6 (b) Name of husband or wife Mary A.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 9/12/1871

8. AGE: Years	Months	Days	If less than one day
67	9	24	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Shirt Waist Worker

11. Industry or business

FATHER

12. Name George W. Spencer

13. Birthplace Maryland

MOTHER

14. Maiden Name Margaret A. Lambdin

15. Birthplace Maryland

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) July 10-1939 (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Road

18 (a) Funeral director Frank V. Lefevre

(b) Address 2616 E. Balto St

19 (a) (b)

JUL 9 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-6 1939, at 6.25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-29 1939. to 7-6 1939. and that I last saw h[illegible] alive on 7-6 1939.

Immediate cause of death Adeno-Carcinoma rectum with metastasis — Duration: about 2 years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations Adeno carcinoma rectum

Of autopsy Yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible] M. D.

Address Balto City Hosp. Date signed 7-6-39

E 59545

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59545

Registered No. .....

1. PLACE OF DEATH Union Memorial Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 12 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth 72 yrs. ... mos. ... ds.

2. FULL NAME Mrs. John Owens (Wilhelmina)

If U. S. Veteran specify WAR None.

(a) Residence: No. 2 East 39th St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Richard Owens

6. DATE OF BIRTH (month, day, year) Jan 6, 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Henry Behrens

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Lillie Unkenholz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Elmer Connor

(Address) 2E 39th St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date July 10, 1939

19. UNDERTAKER J. M. Cole & Son

(Address) 1111 E. Baltimore St.

20. FILED July 10, 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1939 to July 7, 1939

I last saw her alive on July 7, 1939. Death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobular Pneumonia.	7/6/39
Peritonitis?	
Other contributory causes of importance: Arteriosclerotic Heart Disease. Renal Insufficiency.	

Was an operation performed? Yes Date of July 1937

For what disease or injury? Cholecystitis.

Name of operation Gallbladder

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Hammond J. Bryan M. D.

(Address) Union Memorial Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 5 1939

F 59546

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 53-F

F 59546

45631 SD Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1812 Federal Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Casper Blum

3 (b) If veteran, name war No

3 (c) Social Security Account No. 215-01-8649

4. Sex M

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Anna Blum

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 5, 1871

8. AGE: Years 67 | Months 7 | Days 2 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business Sloss Co.

FATHER
12. Name George Blum
13. Birthplace Germany

MOTHER
14. Maiden Name Jane Kraft
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Cremd (Burial, cremation, or removal) (b) Date thereof July 11 1939 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md

18 (a) Funeral director Wilborn (c)
(b) Address 1219 E Fort Ave

19 (a) Date received July 9 1939 (by registrar) Huntington Wilborn (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-7 1939, at 8 40 P. M

21. I certify that death occurred on the date above stated, that I attended deceased from 6-14 1939, to 7-7 1939, and that I last saw him alive on 7-7 1939.

Immediate cause of death: Squamous cell carcinoma of antrum side with metastasis ?

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L K Woodward M. D.
Address Balto City Hosp. Date signed 7-8-39

F 59547

F 59547 45503 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 51-C

Registered No. ...

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos.

(e) Length of stay in Baltimore (yrs., mos., or days) 48 yrs. If foreign born, how long in U. S. A.? ... years

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County 16-7

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3012 Baker Street (If rural give location)

3 (a) FULL NAME William J. Calvert

3 (b) If veteran, name war NW

3 (c) Social Security Account No. NONE

4. Sex M

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Edna

6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) 8/20/78

8. AGE: Years 60 Months 10 Days 17 If less than one day hr. ... min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Painter

11. Industry or business Decorator own Business

FATHER

12. Name Andrew Calvert

13. Birthplace ? Md

MOTHER

14. Maiden Name Clara Virginia Osbourn

15. Birthplace Md.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 10-1939 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Baltimore Md

18 (a) Funeral director Wilson Co.

(b) Address 1217 E. Fort Ave. Baltimore, Md.

19 7-8-1939 (Date received by registrar) ... Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-7 1939, at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-3 1939, to 7-7 1939, and that I last saw him alive on 7-7 1939.

	Duration
Immediate cause of death: Broncho pneumonia	few days
Due to Carcinoma prostate with metastases	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ...

(b) Date of occurrence ...

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury ...

23. Signature L. A. Labocewicz M. D.

Address Balto City Hosp. Date signed 7-8-39

F 59548

Dr. Hornstein

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a

F 59548

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2034 E. Fairmount Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2034 E. Fairmount (If rural give location)

(e) If foreign born, how long in U. S. A.? 25 years

3 (a) FULL NAME Mollie Greenspun

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Alexander

6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 63 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Home Work

11. Industry or business Home

MOTHER / FATHER

12. Name Nachman

13. Birthplace Russia

14. Maiden Name Pachad

15. Birthplace Russia

16 (a) Informant Alexander Greenspun

(b) Address 2034 E. Fairmount

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-9-39 (month) (day) (year)

(c) Cemetery or crematory Pierce Run

Location Pikesville Baltimore Co.

18 (a) Funeral director Jacob Levine

(b) Address 1737 E. Baltimore St

JUL 9 - 1939 (Date rec'd by registrar) Livingston Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-7- 1939, at 6 00 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/25 1939, to 7/7 1939, and that I last saw h[illegible] alive on 7/7 1939.

Immediate cause of death: Cerebral Hemorrhage — Duration

Due to Ch Hypertention

Due to Epilepsy

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature B. S. Hornstein M. D.

Address 733 Ashgrove St Date signed 7/8/39

VS 3

F 59549

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59549

CERTIFICATE OF DEATH

V 72-a

1. PLACE OF DEATH West Baltimore General Hospital Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Fayette & Eutaw St. 6 Ward)

Length of residence in city or town where death occurred ... yrs., ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lillian Tassel

If U. S. Veteran specify WAR .....

(a) Residence: No. 547 S. Fulton Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 22, 1918

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
21		16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Albert Passen

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Dora Brownstein

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Albert Passen
(Address) 547 S Fulton ave

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Friendship Cem. Date July 9, 1939

19. UNDERTAKER H. L. Levinson & Bros
(Address) 1124-26 E. Baltimore ave

20. FILED July 9 1939 Huntington Williams, Registrar.

UL 1/3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1939 to July 8, 1939

I last saw her alive on July 8, 1939. Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Leukemia - probably Lymphatic	
Other contributory causes of importance: Cerebral Hemorrhage	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Smear findings Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) W. Shear M. D.

(Address) W 3 Gd

Information should be carefully supplied. AGE should be given EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

59550

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59550

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 614 Gold St. 15-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Katie Tines

If U. S. Veteran specify WAR .....

(a) Residence: No. 614 Gold St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C.	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louis Tines

6. DATE OF BIRTH (month, day, year) ? ? 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A. A. County Md

FATHER

13. NAME Jessie Hagan

14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Elizabeth Fisher

16. BIRTHPLACE (city or town) (State or country) Penn Lough Co. Md

17. INFORMANT Louis Tines

(Address) 614 Gold

18. BURIAL, CREMATION OR REMOVAL

Place Magothy A. A. County Date 7-9 39

19. UNDERTAKER William A Jackson

(Address) 916 Pentwood

20. FILED JUL 9 - 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1 1938 to July 6, 1939

I last saw h alive on July 5 1939. Death is said to have occurred on the date stated above, at 7.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1938
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Sputum Exam Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Irene Rae M. D.

(Address) 1126 Druid Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 59551

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 ✓ F 59551 Registered No.

PLEASE WRITE PLAINLY. WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2001 Park Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2001 Park Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Anna E. Feelemyer

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) ~~Single, married~~ widowed, or ~~divorced~~.

6 (b) Name of husband ~~or wife~~ Joseph F. Feelemyer
6 (c) ~~If alive, give age~~ years

7. Birth date of deceased (mo., day, yr.) Feb. 5 - 1855

8. AGE: Years 84 | Months 5 | Days 2 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Cabel Norris
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary M. Penn
15. Birthplace Maryland

16 (a) Informant Bertha Janney
(b) Address 2001 Park Ave

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof July 10-1939 (month) (day) (year)
(c) ~~Cemetery~~ or crematory Fort Lincoln
Location Wash. Blvd.

18 (a) Funeral director Chas. E. Franck
(b) Address 802 Madison Ave

JUL 9 - 1939 (Date rec'd by registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1939, at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 9 1939 to July 7 1939 and that I last saw her alive on July 6 1939.

Immediate cause of death	Duration
Pulmonary Edema	7 days
Due to Myocardial Endocarditis	7
Due to Chronic Interstitial Nephritis & Hypertension arteriosclerosis Coronary	1907
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. **Signature** Anna B Lemmon M. D.
Address 718 N. Patterson Park Ave Date signed

F 59552

HEALTH DEPARTMENT—CITY OF BALTIMORE

59552

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 32 [illegible] St. 20-3 Ward)

Length of residence in city or town where death occurred, ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME [illegible]

(a) Residence: No. 32 [illegible] St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of [illegible]

6. DATE OF BIRTH (month, day, year) December 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince George Co. Md.

FATHER

13. NAME Taylor Shaw

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Caroline

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Emma R. Hammond
(Address) 133 Newburg Ave Catonsville Md

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date July 10 1939

19. UNDERTAKER George L. Johnson
(Address) 2021 Frederick Ave

20. FILED JUL 9 - 1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7th, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1939, to July 7, 1939

I last saw her alive on July 4, 1939. Death is said to have occurred on the date stated above, at 2:00 p. m.

The principal cause of death and related causes of importance were as follows:

	Duration
Coronary Thrombosis	7 ds
Other contributory causes of importance, Hypertension	?

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Give city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, when? ...

(Signed) James A. Hamburger M. D.

(Address) 1000 Eutaw Pl.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

59553

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

Registered No. E 59553

PLEASE WRITE PLAINLY. WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3723 Elm Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 91 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3723 Elm Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 91 years

13 7

3 (a) FULL NAME William R. Henderson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife Elizabeth Henderson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 19-1845

8. AGE: Years 94 | Months 5 | Days 18 | If less than one day: hr. min.

9. Birthplace Finland (Town, county, and state)

10. Usual Occupation Retired 40 years

11. Industry or business

MOTHER / FATHER

12. Name David Henderson

13. Birthplace Finland

14. Maiden Name Elisa Smythe

15. Birthplace Finland

16 (a) Informant Mrs Ella R Dedrick

(b) Address 3723 Elm Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 9-1939 (month) (day) (year)

(c) Cemetery or crematory Forest Lawn

Location Baltimore Co. Md.

18 (a) Funeral director Horace G. Burns

(b) Address 3631 Falls Road

19 (a) (Date received by registrar) (b) Hunting for Williams Md. (Registrar)

JUL 9 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1939, at 4:25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 22 1939, to July 7 1939, and that I last saw him alive on July 6 1939.

Immediate cause of death Arteria-Sclerosis and chronic nephritis — Duration 15 yrs.

Due to

Due to

Other Conditions Myocarditis

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury —

23. Signature Ella R Dedrick

Address 3723 Elm Ave Date signed 7/8/39

F 59554

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a

F 59554 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1317 N. Milton Ave.

(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1317 N. Milton Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Burkhead Jr. Bateman

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lillie N. Bateman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 23-1879

8. AGE: Years 59 | Months 10 | Days 14 | If less than one day hr. min.

9. Birthplace Harford Co. Md. (Town, County, and State)

10. Usual Occupation Meat Cutter

11. Industry or business Retired, 3 years

FATHER

12. Name Joshua Bateman

13. Birthplace Maryland

MOTHER

14. Maiden Name Martha Creamer

15. Birthplace Maryland

16 (a) Informant Mrs. Lillie N. Bateman

(b) Address 1317 N. Milton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 10-1939 (month) (day) (year)

(c) Cemetery or crematory Edmondson M. E.

Location Harford Co. Md.

18 (a) Funeral director Horace F. Burgee

(b) Address 3631 Falls Road

19 (a) JUL 8 1939 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1939, at 1:45 P. M.

21. I certify that death occurred on the date above stated, that I attended deceased from May 7. 1939. to July 7, 1939. and that I last saw him alive on July 6, 1939.

	Duration
Immediate cause of death: Coronary occlusion	2 mos.
Due to: Arteriosclerosis	3 yrs.
Cerebral Hemorrhage & right Hemiplegia	3 yrs
Due to: Arteriosclerosis	3 yrs
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Chas G Zinzwald M. D.

Address 1613 E. North Ave Date signed 7-7-39.

F 59555 43344-PS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137

F 59555 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mo. 28-1

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 4904 Eastern Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William F. Heinke

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Ella

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-12-1855

8. AGE: Years 83 Months 6 Days 25 If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation unknown

11. Industry or business

FATHER 12. Name Gephardt

FATHER 13. Birthplace Germany

MOTHER 14. Maiden Name Bernadine Bodecker

MOTHER 15. Birthplace Germany

16 (a) Informant B.C.H. Records

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 7-10-39 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer Location Baltimore, Md.

18 (a) Funeral director John C. Miller Inc.

(b) Address 2435 E. Oliver St.

19 (a) (Date rec'd by registrar) Registrar

JUL 8 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-7 1939, at 2:30 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-28 1939, to 7-7 1939, and that I last saw h/ in alive on 7-6 1939.

Immediate cause of death	Duration
Coronary occlusion	sudden
Due to Hypertensive arteriosclerotic cardio vascular disease	several years
Due to	
Other Conditions Benign prostatic hypertrophy with urinary retention (Include pregnancy within 3 months of death)	several months

Major findings:

Of operations Benign prostatic hypertrophy

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature L. K. Baldwin M. D.

Address Balto City Hosp. Date signed 7-7-39

59556 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 59556

CERTIFICATE OF DEATH

95-13

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Providence Hospital St. 13 Ward 3

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William F. Strickland — If U. S. Veteran specify WAR

(a) Residence: No. 2334 Madison Ave St. 13 Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col.	married

3a. If married, widowed, or divorced: HUSBAND of Eddye Strickland

6. DATE OF BIRTH (month, day, year) May 25, 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	1	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Postman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Letter Carrier
10. Date deceased last worked at this occupation (month and year) U.S.P.O. 10a. Total time (Specify years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) N. Carolina

FATHER
13. NAME Kemp Strickland
14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER
15. MAIDEN NAME Elizabeth Sullivan
16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Eddye F. Strickland Wife
(Address) 2334 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL Henderson, N.C. Date 7-10-39

18. UNDERTAKER Jim M. Johnson
(Address) 1700 Druid Hill Ave

20. FILED JUL 9 - 1939 19 Registrar. Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-7-39. 19

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1939 to July 7 1939
that I last saw h[illegible] alive on July 7, 1939 Death is said to have occurred on the date stated above, at 11:20 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio Renal Disease	5/15/39
Other contributory causes of importance: Arteriosclerosis	

Was an operation performed? No Date of —
For what disease or injury?
Name of operation
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Barthan Higgins M. D.
(Address) 2245 Madison Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

59557

59557

CERTIFICATE OF DEATH

36

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Church Home & Infirmary (St.) (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Leonard Geierhos

If U. S. Veteran specify WAR

(a) Residence: No. 6113 Everall Av St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Elizabeth Geierhos

6. DATE OF BIRTH (month, day, year) Nov. 8, 1879.

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
59	8 7	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown (State or country) Germany

FATHER

13. NAME John Geierhos

14. BIRTHPLACE (city or town) Unknown (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country) Unknown

17. INFORMANT Mrs Elizabeth Bain

(Address) 6113 Everall ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date July 10th 1939

19. UNDERTAKER Frederick Loeffler & Sons

(Address) 7401 Belair Road

20. FILED ... Registrar

JUL 8 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 6 1939, to July 8, 1939

I last saw him alive on July 8, 1939. Death is said to have occurred on the date stated above, at 2:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Staphlococcic Septicemia	?
Other contributory causes of importance	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) D. M. Fiddes, M. D.

(Address) Church Home & Infirmary

Information should be carefully supplied. All items should be filled EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59558 F 59558

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2814 Clifton St. East Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Elizabeth M Dow

If U. S. Veteran specify WAR

(a) Residence: No. 2814 Clifton St., Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Milton Dow

6. DATE OF BIRTH (month, day, year) 2-6-1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt. Md.

FATHER

13. NAME Joe J Rasa

14. BIRTHPLACE (city or town) (State or country) Canton

MOTHER

15. MAIDEN NAME Francis Russa

16. BIRTHPLACE (city or town) (State or country) Canton

17. INFORMANT Mamie Rasa

(Address) 2814 Clifton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 7-12-39

19. UNDERTAKER Leonard J Ruth

(Address) 6305 Harford Road.

20. FILED Huntington Williams, M.D. Registrar.

July 9 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-5-39, 19

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1939 to July 5, 1939, 19 Last saw her alive on July 5, 1939, 19 Death is said to have occurred on the date stated above, at 4:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis (Hyper.)	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hyland Foley M.D.

(Address) 6703 Harford Rd.

Instructions: Before filling in certificate, read carefully. AGE should be entered EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 59559

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53-C V Registered No. F 59559

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 4 W
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo 18 dys
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Baltimore County Baltimore
(b) City or town Dundalk (If outside city or town limits, write RURAL and give town)
(d) Street No. 104 Ventnor Street (If rural give location)
(e) If foreign born, how long in U. S. A.? Lifetime years

3 (a) FULL NAME John Donlin

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct

8. AGE: Years 65 | Months | Days | If less than one day hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Thomas
13. Birthplace Ireland

MOTHER 14. Maiden Name Mary Curley
15. Birthplace Ireland

16 (a) Informant Son
(b) Address Dundalk, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 12 - 39 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem
Location Baltimore Md

18 (a) Funeral director John Tillett
(b) Address 2005 Orleans Huntington Williamsport Md.

JUL 9 - 1939 (Date rec'd by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1939, at 9.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/26 1939 to July 6 1939. and that I last saw him alive on July 6 1939.

Immediate cause of death: Tumor (Glioma) Brain — Duration 5 months

Due to

Due to over

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations Tumor (Glioma) Rt frontal lobe

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leo Hemroff M. D.
Address Latrobe Apts. Date signed 7/7/39

F 59560

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 93-C

F 59560

The PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1905 E. La Fayette Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1905 E. La Fayette Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME John Evan Crumbacker

3 (b) If veteran, name war ____

3 (c) Social Security Account No. Had none

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Joseph Linn Crumbacker

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Sept 10 1867

8. AGE: Years 71 Months 9 Days 28 If less than one day hr. ____ min.

9. Birthplace Union Bridge Md (Town, county, and state)

10. Usual Occupation Butcher

11. Industry or business

FATHER

12. Name Jesse Crumbacker

13. Birthplace Union Bridge

MOTHER

14. Maiden Name Cecelia Otto

15. Birthplace Middleburg Md

16 (a) Informant Joseph Linn Crumbacker

(b) Address 1905 E. La Fayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 10 39 (month) (day) (year)

(c) Cemetery or crematory Pipe Creek Location Carroll Co Md

18 (a) Funeral director John Ulrich

(b) Address 2008 Allens

19 (a) Date received (month) (day) (year) (b) Registrar

JUL 9 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7th 1939, at 4:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/4 1939, to July 7th 1939, and that I last saw h alive on July 7th 1939

Immediate cause of death Heart failure — Duration ____

Due to Chronic Myocarditis — Duration 4 mths

Due to ____

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Amelia E. Link M. D.

Address 1717 N Carolina Date signed 7/9/39

F 59561

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 59561 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 2416
(b) Street address 2416 N Calvert
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 2416 N Calvert St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Boyd Tuttle

3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 24 1865

8. AGE: Years	Months	Days	If less than one day hr.	min.
74	1	14		

9. Birthplace New York (Town, county, and state)
10. Usual Occupation Insurance Agent
11. Industry or business Salesman

MOTHER / FATHER
12. Name George Tuttle
13. Birthplace Albany New York
14. Maiden Name Mary Boyd
15. Birthplace Baltimore

16 (a) Informant Boyd B Tuttle
(b) Address 2416 York Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jul 11 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director John Ulrich
(b) Address 2005 Eutaw

19 (a) Date received by registrar JUL 9 - 1939 (b) Registered number

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1939, at 4:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1939 to July 6 1939, and that I last saw him alive on July 6 1939.

Immediate cause of death	Duration
Myocardial Insufficiency	1 Day
Due to Arteriosclerosis	Indefinite
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas R Tuttle M.D.
Address 2423 St Paul St Date signed 7/9/39

F 59562

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1/31

✓ F 59562 Registered No.

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 512 Edmondson Ave
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Howard Co
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 5-1 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Dorsey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex male | 5. Color or race negro | 6 (a) Single, married, widowed, or divorced. single

6 (b) Name of husband or wife

8 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 56 | Months | Days | If less than one day hr. min

9. Birthplace Howard Co Md
(Town, county, and state)

10. Usual Occupation Laborer
11. Industry or business

FATHER 12. Name Reuben Cook
13. Birthplace Unknown

MOTHER 14. Maiden Name Susie Dorsey
15. Birthplace Unknown

16 (a) Informant Charles Dorsey
(b) Address Howard Co Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/12/39 (month) (day) (year)
(c) Cemetery or crematory Rushy Park
Location Cooksville Md

18 (a) Funeral director Harry Deer
(b) Address Sykesville Md

19 (a) (Date received by registrar) (b) Registrar

JUL 9 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1939. at 2:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-10 1939 to 7-9-1939 and that I last saw h alive on 7-9-1939.

Immediate cause of death Uremic Coma — Duration 2 days

Due to Chronic Nephritis, Cardiac

Due to Myocarditis

Other Conditions Bronchial Pneumonia with Edema of Lungs
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos Boylan M. D.
Address 512 Edmondson Ave Date signed 7/12/39

F 59563

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59563

CERTIFICATE OF DEATH

V 48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Woman's Hospital (Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Genevieve Brown

(a) Residence: No. 3031 Windsor Ave, Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed or Divorced (write the word) Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of X X X

6. DATE OF BIRTH (month, day, year) Feb 2nd 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst Dietician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Woman's Hospital

10. Date deceased last worked at this occupation (month and year) July 39 | 11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) (State or country) Chestertown Md

FATHER

13. NAME Cowling C. Brown

14. BIRTHPLACE (city or town) (State or country) Chestertown Md

MOTHER

15. MAIDEN NAME Sallie Ruth ?

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Sallie Ruth Brown

(Address) 3031 Windsor Ave

18. BURIAL, CREMATION, OR REMOVAL

Meth Epis Cem Chestertown Md Date July 10 1939

19. UNDERTAKER William Good & Sons

(Address) 417 St. Paul St.

20. FILED JUL 10 1939 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1938 to July 8, 1939

I last saw her alive on July 8, 1939 Death is said to have occurred on the date stated above, at 8:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis	?
Adenocarcinoma of Uterus.	?
Adenocarcinoma of [illegible]	?
Diabetes gonorrhoica type	10 yrs.
Hypothyroidism	

Was an operation performed? Yes Date of Nov 1, 1938

For what disease or injury? Biopsy and Curettage

Name of operation Pelvic Laparotomy

What test confirmed diagnosis? Clinical Was there an autopsy? Partial

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? X Date of injury X, 19 ...

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X

Manner of injury X

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Richard W. Worthington M. D.

(Address) Woman Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 59564

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

121

F 59564

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Bon Secours Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)

(d) Street No. 2801 W. Lafayette Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. William E. Albrecht

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: white

6 (a) ~~Single~~, married, ~~widowed, or divorced~~.

6 (b) Name of husband or wife Mrs. Ida Albrecht

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/9/1892

8. AGE: Years 47 | Months 4 | Days 0 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Coal Dealer.

11. Industry or business Self

FATHER

12. Name Henry C. Albrecht

13. Birthplace Germany

MOTHER

14. Maiden Name Susan Z.

15. Birthplace Md.

16 (a) Informant Ida E. Albrecht

(b) Address 2801 W. Lafayette ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/12/39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Western

Location Balto Md.

18 (a) Funeral director William Cook

(b) Address 1217 St. Paul st

19 (a) (Local registrar) (b) [illegible] Registrar

JUL 10 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1939, at 2:30 P M

21. I certify that death occurred on the date above stated, that I attended deceased from July 4th 1939, to July 9th 1939, and that I last saw him alive on July 9th 1939.

Immediate cause of death	Duration
(a) Cerebral Hemorrhage	5 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations Acute Appendicitis

Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible] M. D.

Address 1 [illegible] Date signed July 9 39

F 59565

59565 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 750 W. LEXINGTON St. 4-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth, 50 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME JOSEPH SHILAIKA

(a) Residence: No. 750 W. LEXINGTON St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced ~~WIFE of~~ HUSBAND of ELIZABETH SHILAIKA

6. DATE OF BIRTH (month, day, year) JAN 6 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. TAILOR

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. MEN'S CLOTHING

10. Date deceased last worked at this occupation (month and year) JULY 1939

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) LITHUANIA

FATHER

13. NAME UNKNOWN

14. BIRTHPLACE (city or town) (State or country) LITHUANIA

MOTHER

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) (State or country) LITHUANIA

17. INFORMANT ELIZABETH SHILAIKA

(Address) 750 W. LEXINGTON ST

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date July 10 1939

19. UNDERTAKER Joseph Kaminskas Inc

(Address) 602 Wash. Blvd

Huntington Indiana

(Signature of Registrar)

FILED JUL 10 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JULY 8 1939

22. I HEREBY CERTIFY, That I attended deceased from JUNE 2 1939 to JULY 8 1939

I last saw him alive on JULY 8 1939. Death is said to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTERIOSCLEROTIC CARDIO VASCULAR DISEASE	1939
CORONARY OCCLUSION	JULY 8 39
Other contributory causes of importance:	

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? FROM Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) Edward J Nolan M. D.

(Address) 682 WASHINGTON BLVD

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

L 10 1939

F 59566 HEALTH DEPARTMENT—CITY OF BALTIMORE F 59566

CERTIFICATE OF DEATH

V 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2254 Sidney St. 25-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Veronica Sackaloshy

If U. S. Veteran specify WAR .....

(a) Residence: No. 2254 Sidney Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed or divorced HUSBAND of (or) WIFE of John Sackaloshy

6. DATE OF BIRTH (month, day, year) Feb 15-1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
0	37

12. BIRTHPLACE (city or town) (State or country) Lith

FATHER

13. NAME Unknow

14. BIRTHPLACE (city or town) (State or country) Lith

MOTHER

15. MAIDEN NAME Unknow

16. BIRTHPLACE (city or town) (State or country) Lith

17. INFORMANT John Sackaloshy
(Address) 2254 Sidney St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date July 11 1939

19. UNDERTAKER Joseph Kaminskas Jr
(Address) 1013 N Wolfe Blvd

20. FILED JUL 10 1939 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7 1939

22. I HEREBY CERTIFY, That I attended deceased from June 2 1938 to July 7 1939

I last saw h[illegible] alive on July 7 1939 Death is said to have occurred on the date stated above, at 1 45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uterine Carcinoma	
Abdominal metastasis	
Other contributory causes of importance:	
Terminal Pneumonia	

Was an operation performed? Yes Date of Nov 1938

For what disease or injury? Carcinoma Uterus

Name of operation Fulguration

What test confirmed diagnosis? Path Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. Wallace Wacker M.D.

(Address) 417 Medical Arts Bldg

Information should be clearly supplied. Any unusual or improbable statement should be explained. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M.D.H. 1934 F 59567

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59567

CERTIFICATE OF DEATH

1162

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 210 N Fulton Ave St. 20-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert T Ford

(a) Residence: No. 210 N Fulton Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Jacobs Ford

6. DATE OF BIRTH (month, day, year) July 21 1848

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	91	0	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George Ford

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Claude J Brown

(Address) 210 N Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Chester Cem Date July 10 19 39

19. UNDERTAKER Edward Toulson

(Address) 2359 Wash Blvd

19 Registrar.

JUL 10 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/8/39 19

22. I HEREBY CERTIFY, That I attended deceased from 7/4/39 19 to 7/8/39 19

I last saw him alive on 7/4/39 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Failure	
Senility	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hugh B. McCaffrey M. D.

(Address) 3307 Lorchester Rd.

INSTRUCTIONS.—WRITE LEGIBLY WITH UNFADING INK. Information should be stated EXACTLY. PHYSICIANS should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH is very important. See instructions on back of certificate. OCCUPATION

F 59568

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

82-B F 59568

Reg. Dist. No.

1. PLACE OF DEATH:

County

City or town: Baltimore Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital or institution: 2205 Wicomico St

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 2205 Wicomico St

(If rural give LOCATION)

2(e) IF VETERAN, NAME WAR

3. (a) FULL NAME: Lena H Ochs

3. (b) Social Security Number: X

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

6. (b) Name of husband or wife: Adam A

6. (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 6-27- 1877

8. AGE: Years	Months	Days	If less than one day
61 62	0	10 11	hrs. min.

9. Birthplace: Maryland

(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

MOTHER FATHER

12. Name: William H Carll

13. Birthplace: Maryland

14. Maiden name: Caroline Albrecht

15. Birthplace: Germany

16. Informant: Mrs Jake Miller

Address: 2203 Wicomico St

17. (Burial, cremation, or removal. Which?) Date thereof: Loudon Pk 6-10 1939 (Year)

Cemetery or crematory: Frederick Rd

Location:

18. Funeral director: Edward Toulson

Address: 2359 Wash Blvd

L 10 1939 (Date rec'd by registrar) 19 Washington Wilmington Del (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 7 1939 at 12:10 P.M.

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from June 14 1939 to July 7 1939 and that I last saw h er alive on July 7 1939

	DURATION
Immediate cause of death: Broncho pneumonia	7/6/39
Due to: Cerebral Thrombosis	6/13/39
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: C P Roetling M. D.

Address: 2623 Washington Blvd Date signed: 7/9/39

F 59569

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B Registered No. F 59569

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 816 N Fremont ave (If rural give location) Fremont Ave
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Coen Brown

3 (b) If veteran, name war /
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Colored
6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~.

6 (b) Name of husband or ~~wife~~ Nathan Brown
6 (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) about 25, 1876

8. AGE: Years 63 | Months 8 | Days 12 | If less than one day: hr. ____ min. ____

9. Birthplace Carroll Co. md. (Town, county, and state)
10. Usual Occupation housework
11. Industry or business own home

FATHER
12. Name Thomas Franze
13. Birthplace Carroll Co md

MOTHER
14. Maiden Name Henrietta Hammond
15. Birthplace Carroll Co md

16 (a) Informant Viola Lloyd
(b) Address 1622 N. Calhoun st.

17 (a) ____ (Burial, cremation, or removal) (b) Date thereof 7-10-39 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cemetery
Location Baltimore Md.

18 (a) Funeral director Archibald & Hobbs
(b) Address 2101 W Baltimore st

19 (a) Huntington Williams, M.D. Registrar
(Date rec'd by registrar) JUL 10 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1939, at 10.20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 5 1939 to July 7 1939, and that I last saw her alive on July 7 1939.

	Duration
Immediate cause of death Respiratory failure	2 days
+ Pulmonary Congestion	"
+ Edemia	"
Due to Congestive Changes Lungs	3 days
+ Peritonitis	
Due to	
Other Conditions Hypertensive C V. Disease	2

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Generalized Peritonitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William B Young M. D.
Address University Hospital Date signed 7/7/39

F 59570

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

34E-82 Registered No. F 59570

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 718 Druid Hill Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Perkins

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-034098

4. Sex: M

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/15/02

8. AGE: Years 36 | Months 11 | Days 19 | If less than one day hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name William
13. Birthplace North Carolina

MOTHER
14. Maiden Name Irene Durrand
15. Birthplace North Carolina

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 7-10-39 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Brooklyn

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill ave.

19 (a) (Date received) (Registrar) Hunter for Williams M.D.

JUL 10 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1939, at 9.20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 4 1939, to July 4 1939, and that I last saw h alive on July 4 1939.

Immediate cause of death Subarachnoid Hemorrhage — Duration 24 hrs

Due to Bronchopneumonia — Duration 24 hrs

Due to Cerebrospinal Syphilis — Duration ?

Due to

Other Conditions Syphilitic C V Disease — Duration ?

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Address Balto City Hosp Date signed 7-7-39

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 59572

F 59571

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 723

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 712 Druid Hill Ave. (If rural give location)
(e) If foreign born, how long in U. S. A? years

3 (a) FULL NAME Edward H. Baker (45848)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 14, 1919

8. AGE: Years 20 | Months 4 | Days 22 | If less than one day: hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Odd Jobs
11. Industry or business

FATHER
12. Name Glenwood
13. Birthplace ??

MOTHER
14. Maiden Name Mary Booker
15. Birthplace Va.

16 (a) Informant Hospital Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 7-13-39 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Wishart Adolphus & Stead
18 (a) Funeral director 916 Druid Hill ave
(b) Address
(a) Registrar Huntington Williams M.D.
JUL 10 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6, 1939, at 11 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 21, 1939 to July 6, 1939. and that I last saw h im alive on July 6, 1939.

Immediate cause of death: Tuberculosis of lungs. — Duration: Feb 1939

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Balano M. D.
Address Balto. City Hospitals Date signed 7-6-39

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

59572

HEALTH DEPARTMENT—CITY OF BALTIMORE

59572

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. Gen. Hosp. St. 22-32 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Sallie Mullen Mallonee

If U. S. Veteran specify WAR .....

(a) Residence: No. 4711 Pennington Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of JOHN BRICE MALLONEE

6. DATE OF BIRTH (month, day, year) Feb 17 1870

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	69	4	1021	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Bayham Martin

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Catherine Jordon

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Louis B. Mallonee

(Address) 4711 Pennington Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date July 10 1939

19. UNDERTAKER H. Howard Armstrong

(Address) 715 Light St.

20. FILED JUL 10 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-7 1939

22. I HEREBY CERTIFY, That I attended deceased from 6-22-39 19... to July 7 1939.

I last saw her alive on July 7 1939. Death is said to have occurred on the date stated above, at 10:30 A.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
High blood pressure	
Other contributory causes of importance:	
Pneumonia	acute

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. K. Williams M. D.

(Address) 8. E. Cor Lex

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 59573

OGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B 46340 Registered No. F 59573

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore Maryland

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days):

(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1705 Monroe St. (If rural give location)

(e) If foreign born, how long in U. S. A.? 45 years

3 (a) FULL NAME Nathan Friedman

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 217-01-1128

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Minnie

6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) July 4, ~~1882~~ 1882

8. AGE: Years	Months	Days	If less than one day
56	0	5	hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER

12. Name Unknown

13. Birthplace Russia

MOTHER

14. Maiden Name Unknown

15. Birthplace Russia

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-10-39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Rosedale

Location Balto Md

18 (a) Funeral director Paul Louis Inc

(b) Address 1129 E. Balto St.

19 (a) 8 1939 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1939 at 1.25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-8 1939 to 7-9 1939, and that I last saw h alive on 7-9 1939.

Immediate cause of death: Hypertensive Cardio vascular disease

Pulmonary infarction

Duration: 8 years 12 hours

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Jerome Lubenau M. D.

Address Balto City Hosp Date signed 7-9-39

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

3650 59574

Makowiecki

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 23

F 59574
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 1 YR.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 516 S. Decker Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Makowiecki

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-14-38

8. AGE: Years 1 Months 11 Days 24 If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Harry Makowiecki
13. Birthplace Md

MOTHER 14. Maiden Name Stella Dobrzykowski
15. Birthplace Md.

16 (a) Informant Ricardo.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof July 10-1939 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Baltimore

18 (a) Funeral director George A. Weber
(b) Address 705 S. Ann street

19 (a) (Date) (Place of interment) Huntingtown, Md.

Delvs 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1939 at 3 12 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 4 1939 to July 8 1939, and that I last saw him alive on July 8 1939

Immediate cause of death: Tuberculous Meningitis

Duration: 10 days

Due to: Miliary tuberculosis

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy miliary tuberculosis Tuberculous meningitis

over

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ethel Walker M. D.
Address Baltimore Date signed 7/12/39

F 59575

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-P F 59575 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2532 Loyola Avenue.
(c) Hospital or institution: ---
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 77-4-27

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2532 Loyola Avenue
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert John Dietrich

3 (b) If veteran, name war ---

3 (c) Social Security Account No. ---

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Annie E. Dietrich

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) February 10-1862

8. AGE: Years 77 | Months 4 | Days 27 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Retired Sup't

11. Industry or business Butchers Abbatoir

MOTHER / FATHER

12. Name John T. Dietrich

13. Birthplace Germany

14. Maiden Name Flora Frier

15. Birthplace Germany

16 (a) Informant Mr. Jerome Dietrich

(b) Address Rosemont-Balto Co., Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 10th 1939 (month) (day) (year)

(c) Cemetery or crematory St Paul's

Location Druid Hill Park-Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons

(b) Address North & Penna Aves.

19 (a) [illegible] registrar [illegible] Williams, Md.

JUL 10 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7th 1939, at M

21. I certify that death occurred on the date above stated, that I attended deceased from July 1937 to July 7 1939, and that I last saw him alive on July 6 1939.

Immediate cause of death: Coronary Thrombosis

Duration: Sudden

Due to: Cardio vascular disease.

Duration: 2 yrs

Due to:

Other Conditions: Senility ameniae

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Mcdonald M. D.

Address 806 N Luth St Date signed July 8 1939

Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

F 59576

Case No. 45919 DK

F 59576

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 95-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1140 Etting St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nancy Wilson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	black	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-11-1868

8. AGE: Years	Months	Days	If less than one day hr.	min.
71	4	26		

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Charles Wilson
13. Birthplace Md.

MOTHER
14. Maiden Name Violet Diller
15. Birthplace Md.

16 (a) Informant
(b) Address B. C. H. Records

17 (a) (Burial, cremation, or removal) (b) Date thereof July 11, 1939 (month) (day) (year)
(c) Cemetery or crematory Mt. Lion
Location

18 (a) Funeral director Mrs Katie A. Williams
(b) Address 322 N. Schroeder St

19 (Date received by registrar) Huntington Williams, Registrar

JUL 10 1939

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1939, at 6 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 23 1939, to July 7 1939, and that I last saw him alive on July 7 1939.

Immediate cause of death Hypertensive Cardiovascular disease — Duration 3 years

Due to

Due to

Other Conditions Generalized Arteriosclerosis. — Unknown.

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Dilated heart, congestive failure

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Murray Lebherz M. D.
Address Baltimore, Md. Date signed 7-8-39

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

59577 1/4 K

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59577

CERTIFICATE OF DEATH

X 23

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md. Registered No.

CITY OF BALTIMORE: (No. St. 12-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. 10 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Khalie Everett

If U. S. Veteran specify WAR

(a) Residence: No. 1001 K Street, St., Ward. SPARROWS POINT, MD.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 25, 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mecklinberg County Virginia

FATHER

13. NAME Archie Everett

14. BIRTHPLACE (city or town) (State or country) (Unknown) Virginia

MOTHER

15. MAIDEN NAME Georgette Lee Wilson

16. BIRTHPLACE (city or town) (State or country) (Unknown) Virginia

17. INFORMANT Records-U. S. Marine Hospital.

(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL. Place Mt Kenney Va Date July 11. 1939

19. UNDERTAKER Robert F. Watkins

(Address) 1515 Mc Culloh St

20. FILED 19 Registrar.

JUL 10 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1939 to July 8, 1939

I last saw h im alive on July 8, 1939 Death is said to have occurred on the date stated above, at 7:35 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute milliary tuberculosis	Unknown
of the lung and kidneys	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. L. Stevens M. D.

(Address) U. S. Marine Hospital, Baltimore, Maryland.

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 59578

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-c

F 59578 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1509 Bank St.
(c) Hospital or institution: - - -
3-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) -
(e) Length of stay in Baltimore (yrs., mos., or days) 55 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County - - -
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1509 Bank St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 55 years years

3 (a) **FULL NAME** AUGUST F. RAWE

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife - - -

6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) Apr. 17, 1868

8. AGE: Years 71 | Months 2 | Days 20 | If less than one day: hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation: Laborer

11. Industry or business: Copper Works

FATHER
12. Name Peter Rawe
13. Birthplace Germany

MOTHER
14. Maiden Name Ernestine ?
15. Birthplace Germany

16 (a) Informant Mrs. J. F. Nacket
(b) Address 103 Kolb Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 10, 1939 (month) (day) (year)
(c) Cemetery or crematory St. Paul's 5th Ref. Church Cem.
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address Baltimore & Broadway.

19 (a) JUL 10 1939 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7, 1939 19 5.30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 4 1936 to July 7 1939. and that I last saw him alive on July 6 1939.

	Duration
Immediate cause of death: Aortic Dilatation & Leak	7 months
Due to Arteriosclerosis	3 yrs.
Due to Chronic Myocarditis	3 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry B. Kelly M. D.
Address 2304 E. Pratt Date signed 7/8/39.

F 59579

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59579

CERTIFICATE OF DEATH

X, 160-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Boy Powell

(a) Residence: No. 302 Murdock Rd. Rogers Fox St., ... Ward. 616
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-7-1939

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 30 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

FATHER

13. NAME Milton W Powell Jr

14. BIRTHPLACE (city or town) Spring Point Md.
(State or country)

MOTHER

15. MAIDEN NAME Helen E Mattson

16. BIRTHPLACE (city or town) Farmville Va
(State or country)

17. INFORMANT Father

(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Granite, Md Date 7/10 1939

19. UNDERTAKER Milton W. Powell Jr. Father
(Address) 302 Murdock Rd Baltimore Co, Md

20. FILED ..... 19 ..... Registrar.

JUL 10 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1939 to July 7, 1939

I last saw h.im alive on July 7, 1939. Death is said to have occurred on the date stated above, at 7.05 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial hemorrhage - birth injury	
Hemorrhage into adrenal cortex	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. W. Dorman Jr M. D.

(Address) University Hospital, Baltimore

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Last BIRTHDAY or OCCUPATION is very important. See instructions on back of certificate.

F 59580

59580

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 161-3

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Phoenix (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Shirley Marie Ford

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 7, 1939

8. AGE: Years	Months	Days	If less than one day
		3	hr. min.

9. Birthplace Phoenix, Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

MOTHER / FATHER
12. Name William Ford
13. Birthplace Maryland
14. Maiden Name Phoebe Alma Boyd
15. Birthplace Virginia (Floyd County)

16 (a) Informant William Ford
(b) Address Phoenix, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 10 1939 (month) (day) (year)
(c) Cemetery or crematory Poplar Cockeysville
Location
18 (a) Funeral director Landon M. Brooks
(b) Address Sparks, Md.
(c) (Person registering) (b) Registrar

JUL 10 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1939, at 2.35 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from July 9, 1939 to July 9 1939 and that I last saw her alive on July 9 1939.

Immediate cause of death: Icterus gravis neonatorum (?)
Duration: 24 hours at time of hospital admission

Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edwin R. Ruzicka M. D.
Address University Hospital Date signed July 9, 1939

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

59581

HEALTH DEPARTMENT—CITY OF BALTIMORE

59581

CERTIFICATE OF DEATH

✓ 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1002 Briscoe St. St., 21-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frederick E Brandt

If U. S. Veteran specify WAR .....

(a) Residence: No. 1002 Briscoe St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary M.

6. DATE OF BIRTH (month, day, year) Dec 15, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	6	23 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0088

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Jones

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Wilhelmina Peshauer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Mary M. Brandt

(Address) 1002 Briscoe St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date July 11, 1939

19. UNDERTAKER Cemetery, Dept.

(Address) 1217 W. Cross St.

Filed ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1939 to July 9, 1939

I last saw him alive on July 8, 1939 Death is said to have occurred on the date stated above, at 12 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	July 1939
Other contributory causes of importance	
Arteriosclerosis	

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Morley Hoag, M. D.

(Address) 729 Park Blvd

JUL 10 1939

Baltimore, Md.

VS 8

OCCUPATION is very important. See instructions on back of certificate.

F 59582

59582

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md. Registered No. 23

CITY OF BALTIMORE: (No. ..... St., 14 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds. Lifelong

2. FULL NAME William M. Ing If U. S. Veteran specify WAR Spanish Amer. War.

(a) Residence: No. 325 N. Fulton Avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (OR WIFE OF)

6. DATE OF BIRTH (month, day, year) March 15, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dental Lab. Tech.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Medical

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore, (State or country) Maryland

FATHER

13. NAME William Ing

14. BIRTHPLACE (city or town) Baltimore, (State or country) Maryland.

MOTHER

15. MAIDEN NAME Martha White

16. BIRTHPLACE (city or town) ..... (State or country) Bermuda

17. INFORMANT Records-U. S. Marine Hospital, (Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL Place National Cemy. Balto Date July 11, 1939

19. UNDERTAKER John O. Mitchell Funeral Inc. (Address) 1900 Eutaw Place

20. FILED JUL 10 1939 Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1939, to July 8, 1939

I last saw him alive on July 8, 1939. Death is said to have occurred on the date stated above, at 5:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia, unresolved	
with abscess formation	Unknown

Other contributory causes of importance:

Pulmpnary Tuberculosis	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? P. M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. R. Nelson, M. D.

(Address) U. S. Marine Hospital, Baltimore, Md.

OCCUPATION is very important. See instructions on back of certificate.

Amy Medical Ex. T. J. Wilson (over)
Cremated

59583

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59583 F 186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital WALTER Ward) 12-2

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James Walter Young

(a) Residence: No. Homewood Apts St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Tuttle

6. DATE OF BIRTH (month, day, year) 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dyeing

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Chas E. Cockey

(Address) 1423 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL

Place All Hallows Chapel A. A. Co. Md. Date July 12 1939

19. UNDERTAKER Henry W. Eutemie & Son Co

(Address)

20. FILED JUL 10 1939 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9 1939

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1939 to July 9 1939

I last saw him alive on July 9 1939 Death is said to have occurred on the date stated above, at 1 1/2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Haemorrhage	

Other contributory causes of importance: Fractured Skull.

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury July 8 1939

Where did injury occur? Charles & Preston Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home Nood Apts.

Manner of injury Fall - Stumbled & Fell

Nature of injury Struck head.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Douglas H. Stone M. D.

(Address) Union Memorial Hosp.

Howard J. Madeira, M.D.

V6 8

Exact statement of the cause of death in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

59584

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 ✓ F 59584

Registered No.

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1824 Bell Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Mary Schubring
3 (b) If veteran, name war
3 (c) Social Security/Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife Isidor Diedrick
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 16, 1866

8. AGE: Years	Months	Days	If less than one day
72	6	24	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER 12. Name Rudhael Stump
13. Birthplace Germany

MOTHER 14. Maiden Name Margaret Hilbach
15. Birthplace Germany

16 (a) Informant Barbara Orr (daughter)
(b) Address Shipley & A. City Md.

17 (a) (Burial, cremation, or removal)
(b) Date thereof July 11, 1939 (month) (day) (year)
(c) Cemetery or crematory Holy Cross RR
Location

18 (a) Funeral director Margaret L. Flynn
(b) Address 1423 Light St.

JUL 10 1939 (Local registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1939 at 7 15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 8 1939 to July 9 1939. and that I last saw her alive on July 9 1939.

Immediate cause of death	Duration
~~Cardiac~~ Chronic nephritis — Hypertension	
Due to Cardio-vascular-renal disease.	
Due to	
Other Conditions Extreme edema.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles V. Sewall M. D.
Address St Agnes Hosp. Date signed
Dr. Conrad Roland 1st Asst

VS 3

F 59585

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 7021 F 59585

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Fairmount St
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 32-1-8

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2025 Cliftwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? —— years

3 (a) FULL NAME Verna - LOUISE - Krause

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: Single
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May-30-1907

8. AGE: Years 32 | Months 1 | Days 8 | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation none
11. Industry or business none

FATHER
12. Name William F. Krause
13. Birthplace Balto Md

MOTHER
14. Maiden Name Jennie V. Smith
15. Birthplace Baltomd

16 (a) Informant Mrs Jennie V. Dietrich (Mother)
(b) Address 2025 Cliftwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-10-39 (month) (day) (year)
(c) Cemetery or crematory, Location Baltimore Baltomd

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

19 (a) (Signature of registrar) (b) Registrar

JUL 10 1939

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8, 1939. at 2 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 5, 1939. to July 8 1939. and that I last saw her alive on July 8, 1939.

Immediate cause of death: Hemorrhagic Purpura
Duration: 3 days.

Due to: Intestinal tract

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy Hemorrhage & intestinal tract

PHYSICIAN
Underline the cause to which death should be charged statistically

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. R. Trumpf, M.D.
Address St. Joseph Hosp. Date signed 7/8/39

59586

F 59586

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2419 N Stockton

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) .....

(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County .....

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2419 N Stockton (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mary V. Butler

3 (b) If veteran, name war .....

3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fem.	Col.	Widowed

6 (b) Name of husband or wife J. H. Butler

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years	Months	Days	If less than one day
52			hr. ..... min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation House Work

11. Industry or business .....

FATHER 12. Name James H Moore

13. Birthplace Maryland

MOTHER 14. Maiden Name Sarah E. .....

15. Birthplace Stallard Co Md

16 (a) Informant William E. Moore

(b) Address 607 N. Pine St

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof July 10, 1939 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location .....

18 (a) Funeral director Mr Katie R Williams

(b) Address 322 N Schroeder St. Milwaukee, Wis. (Undertaker or Embalmer)

19 JUL 10 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1939 at 9:50 am

21. I certify that death occurred on the date above stated, that I attended deceased from June 21 1939 to July 6 1939.

and that I last saw h[illegible] alive on July 6 1939.

Immediate cause of death Cerebral Hemorrhage — Duration 2 yrs

Due to Hypertension

Due to .....

Other Conditions Hemoplegia — 2 yrs mos

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....

(e) Means of injury .....

23. Signature [illegible] M. D.

Address 75 W Lanvale Date signed .....

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 59587

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 59587 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1510 N. Gilmor St.
(c) Hospital or institution: Good Shepherd Gen Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1114 Myrtle Av (If rural, give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Paul Johnson

3 (b) If veteran, name war —

3 (c) Social Security Account No. 214-12-0247

4. Sex: Male | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 10th 1921

8. AGE: Years 18 | Months 4 | Days 25 | If less than one day: hr. — min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Chauffer

11. Industry or business —

FATHER
12. Name Wallace Johnson
13. Birthplace Balto Md

MOTHER
14. Maiden Name Agusta Davis
15. Birthplace Echolville, Va

16 (a) Informant Agusta Gray
(b) Address 1114 Myrtle Ave

17 (a) Int Auburn (Burial, cremation, or removal) (b) Date thereof 7-11-39 (month) (day) (year)
(c) Cemetery or crematory Int Auburn Cem
Location Balto. Md

18 (a) Funeral director James. M. Skinner
(b) Address 927 E. Fayette St

AUG 10 1939 (Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1939 at 6.09 A M

21. I certify that death occurred on the date above stated; that attended deceased from July 6 1939 to July 8 1939 and that I last saw him alive on July 8 1939

Immediate cause of death: Lobar Pneumonia — Duration 5 days

Due to —

Due to —

Other Conditions: Ed Laceration

(Include pregnancy within 3 months of death)

Major findings: —

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature L B Hughes M. D.
Address 1443 Linden Ave Date signed July 9-39

F 59588

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157-F 59588 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Rutgers Ave. & Monument St.

(c) Hospital or institution: Sinai

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 mins.

(e) Length of stay in Baltimore (yrs., mos., or days) 9 mos.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1126 Linden Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** George P. Kranglin Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S.

6 (b) Name of husband or wife

6 (c) If alive, give age

7. Birth date of deceased (mo., day, yr.) OCT 20-1938

8. AGE: Years	Months	Days	If less than one day
0	8	19	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation prd

11. Industry or business —

FATHER 12. Name George P. Kranglin

13. Birthplace Baltimore Md

MOTHER 14. Maiden Name KATHYRN B. HOLLINGSHEAD

15. Birthplace BALTIMORE, MD

16 (a) Informant NICK TARANGLEN WARREN S WILLIAMS

(b) Address BALTIMORE, Md.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 10 1939 (month) (day) (year)

(c) Cemetery or crematory WOODLAWN

Location BALTIMORE COUNTY

18 (a) Funeral director JOHN R. BYERS

(b) Address WESTMINSTER, Md.

19 [illegible] JUL 10 1939 Huntington Williams Registrar

Date received by Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8, 1939. at 11:58 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 8, 1939. to July 8 1939. and that I last saw h alive on July 8, 1939.

Immediate cause of death Congenital heart disease — **Duration**

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature H. J. Grundy Lerner, Jr. M. D.

Address Sinai Hospital Date signed

VS 2

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

9589

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46168 Js F 59589

Registered No. 131

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Balto. City Hospt.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1642 Gilmor St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Albert L. Boswell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: black

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Carrie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-25-1887

8. AGE: Years 51 | Months 6 | Days 12 | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation laborer
11. Industry or business

FATHER
12. Name George Boswell
13. Birthplace Va.

MOTHER
14. Maiden Name Henrietta Cooper
15. Birthplace Md.

16 (a) Informant U. S. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/10/39 (month) (day) (year)
(c) Cemetery or crematory mt Auburn
Location —

18 (a) Funeral director Geo. E. Kelson
(b) Address 1303 Pressman St.

19 (a) Filed (Date received by registrar) 7-10-1939 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1939, at 3.05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 3 1939, to July 7 1939, and that I last saw h[im] alive on July 3 1939.

	Duration
Immediate cause of death: Arteriolar nephrosclerosis & uremia	unknown
Due to: Hypertensive Cardiovascular Disease	unknown
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Large heart, scarred kidneys

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Murray Goldstein M. D.
Address Balto City Hosp. Date signed 7-8-39

Corrected age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

9590

HEALTH DEPARTMENT—CITY OF BALTIMORE

9590

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 632 Laurens St. 14-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Lenora Moore (Lenora)

If U. S. Veteran specify WAR

(a) Residence: No. 632 Laurens St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: ed

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: X

6. DATE OF BIRTH (month, day, year): 12/7/1927

7. AGE: Years: 11 | Months: 7 | Days: | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Chicago Ill.

FATHER

13. NAME: Levi Moore

14. BIRTHPLACE (city or town) (State or country): Florida

MOTHER

15. MAIDEN NAME: Arlene Forrester

16. BIRTHPLACE (city or town) (State or country): Tenn.

17. INFORMANT: Arlene Moore
(Address) 632 Laurens St

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Auburn Date: 7/10 1939

19. UNDERTAKER: Geo. G. Kelson
(Address) 130 3 Eutaw St

20. FILED 19
Registrar.

JUL 10 1939

Hunting for Wilmington, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 4 1939 to July 7 1939

I last saw her alive on July 7 1939. Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were (as follows):

	Date of onset
Acute Miliary Tuberculosis	3/1939
	about
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Symptoms Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, state

(Signed) Thos. Woolridge Jr. M. D.

(Address) 203 N. Rofax Ave Catonsville Balto Co

OCCUPATION is very important. See instructions on back of certificate.

59591

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

112 Registered No. F 59591

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County Balto
(c) City or town (If outside city or town limits, write RURAL, and give town)
(d) Street No. 1119 N. Stricker St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bertha Smith

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Leo. Smith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 32 | Months | Days | If less than one day: hr. min

9. Birthplace md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name James Julius
13. Birthplace md

MOTHER
14. Maiden Name Jennie Barnett
15. Birthplace md

16 (a) Informant James Julius
(b) Address 1119 N. Stricker

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/12/39 (mo.) (day) (year)

(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Geo. G. Kelson
(b) Address 1303 Pennsylvania Ave Huntingtown Md

19 (a) JUL 10 1939 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-8-39 19 , at 11:20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Bronchial Asthma — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy As above

If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Conrad Acton M.D. Medical Examiner

Date signed 7-9-39

PHYSICIAN

Underline the cause to which death should be charged statistically

VS 6

F 59592

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 BF 59592 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 802 S. Eaton st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt (If outside city or town write RURAL and give town)
(d) Street No. 802 S. Eaton St (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bridget Tudor Tuder
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Fe
5. Color or race Wh
6 (a) Single, married, widowed, or divorced Widow
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1866

8. AGE: Years 72 Months Days If less than one day hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation House Work
11. Industry or business at Home

FATHER 12. Name Patrick Conny
13. Birthplace Ireland

MOTHER 14. Maiden Name Unknown
15. Birthplace Ireland

16 (a) Informant Joseph. L. Tuder Jr
(b) Address 4 Franklin Ave Essex

17 (a) (Burial, cremation, or removal) (b) Date thereof 7-12-39 (month) (day) (year)
(c) Cemetery or crematory St. Matthew
Location O'Donnell St

18 (a) Funeral director Lilly & Zeiler Inc.
(b) Address 403 S. Wolfe St.

JUL 10 1939 Registrar Hunter for Williams M.D.

VS 4

MEDICAL CERTIFICATION Examined 3:30 P.M.

20. DATE OF DEATH 7/8/39 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said I (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Coronary occlusion
Infarct of heart — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm Vanderhoof M.D. Medical Examiner
Date signed 7/9/39

VF 59593

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

2-B

F 59593 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Redwood & Green

(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos

(e) Length of stay in Baltimore (yrs., mos., or days) 5 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1422 E. Pratt St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Arnold Holtgrefe

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-09-7039

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Jennie Holtgrefe

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 8-1910

8. AGE: Years 29 | Months 0 | Days 0 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Laborer at

11. Industry or business Coroner & Son Paint Co.

FATHER 12. Name Henry Holtgrefe

13. Birthplace Baltimore Md.

MOTHER 14. Maiden Name Louisa Holbte

15. Birthplace Baltimore Md.

16 (a) Informant Jennie Holtgrefe

(b) Address 1422 E. Pratt St.

17 (a) (Burial, cremation, or removal)

(b) Date thereof 7-12-39 (month) (day) (year)

(c) Cemetery or crematory Holy Rosary

Location Lemmon Hill Road

18 (a) Funeral director Lilly & Zeiler INC.

(b) Address 403 S. Wolfe St.

19 (a) (Date received by registrar) JUL 10 1939

(b) Filed by Registrar William [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1939 at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-3 1939 to 7-8 1939 and that I last saw h/ alive on 7-8 1939.

Immediate cause of death: Hodgkin's disease (enlarged glands)

Due to Pulmonary oedema

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Duration: 3 hrs

Major findings:

Of operations Laparotomy Hodgkin's disease

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. E. Woodward M. D.

Address Univ. Hosp. Date signed 7-8-39

59594

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59

F 59594

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address St. Joseph's Hosp.

(c) Hospital or institution: Caroline & Oliver

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 W

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. 205 Floyd St (If rural give location)

(e) If foreign born, how long in U. S. A.? 40. years

3 (a) FULL NAME Angelina De Felice

3 (b) If veteran, name war	3 (c) Social Security Account No.
no.	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female.	White	married

6 (b) Name of husband ~~or wife~~ Dominick Sfe. Felice 6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) December 17/1884

8. AGE: Years	Months	Days	If less than one day
54	6	21	hr. min.

9. Birthplace Naples. Italy. (Town, county, and state)

10. Usual Occupation ~~House~~ Wife

11. Industry or business

FATHER 12. Name Micheal Trombetta

13. Birthplace Italy

MOTHER 14. Maiden Name Angelia Maria

15. Birthplace Italy

16 (a) Informant Dominick Sfe. Felice

(b) Address 206 Lynda St

17 (a) (Burial, cremation, or removal) (b) Date thereof 7/11/39 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Road

18 (a) Funeral director Wendell Chappell

(b) Address 1406 Eutaw St.

19 (a) [illegible] (Date received by local registrar) (b) [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-8 1939. at 7 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 4 1939. to July 8 1939. and that I last saw her alive on July 8 1939.

Immediate cause of death	Duration
Uraemia	
Pyelonephritis	
Hydronephrosis	
Due to Renal calculus	
Due to Diabetes	
Other Conditions Hypertensive arteriosclerotic heart dis (Include pregnancy within 3 months of death)	

Major findings:

Of operations 0

Of autopsy Renal calculus & pyel

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature ~~John~~ Harry Kilmenan. M. D.

Address Date signed

V F 59595

59595

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2217 Mt Holly St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 9

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. 2217 Mt Holly St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Warren Peters

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-01-6864

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Louise H. Peters

6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) Dec 27 - 1864

8. AGE: Years	Months	Days	If less than one day: hr.	min.
64	6	12		

9. Birthplace Lynchburg Va. (Town, county and state)

10. Usual Occupation Timekeeper

11. Industry or business Emerson Drug Co

FATHER

12. Name Stephen T Peters

13. Birthplace Va

MOTHER

14. Maiden Name Jane Warren

15. Birthplace N. C.

16 (a) Informant Louise Hensley Peters

(b) Address 2217 Mt. Holly St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof July 11 - 39 (month) (day) (year)

(c) Cemetery or crematory Springhill Cemet

Location Lynchburg Va

18 (a) Funeral director Chas. E. Ensor & Son Inc

(b) Address 116 W. Mt. Royal Ave.

19 (a) JUL 10 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1938, to July 7th 1939, and that I last saw h alive on July 9 1939.

Immediate cause of death	Duration
Uraemia	
resulting from Hypertensive	
cardio vascular	
Due to Renal disease	
Due to	
Other Conditions Arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible]

Address 3045 Waverly Date signed 7/10/39 M D

VS 3

F 59596

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

F 59596 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto Gen Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 1011 William St (If outside city or town limits, write RURAL and give town)
(d) Street No. 24 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Moon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 20th 1876

8. AGE: Years 63 | Months | Days 18 | If less than one day hr. min

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Housekeeper

11. Industry or business

FATHER 12. Name John Grau
13. Birthplace Md

MOTHER 14. Maiden Name Grace Smith
15. Birthplace Md

16 (a) Informant Wm Moon
(b) Address 1011 William St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 11th 1939 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem
Location Annapolis Road

18 (a) Funeral director Leo G. Crook
(b) Address 1701 N Patt Park Ave

19 (a) Date received by registrar JUL 10 1939 (b) Registrar Huntington Williams, M.D.

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-8-39 19 . at 12 N M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquest) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquest) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Arteriosclerosis	
Due to Chronic Nephritis	
Due to Cardiac failure	
Other Conditions Obesity	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Conrad Aelon M.D.
Medical Examiner

Date signed 7-8-39

F 59597

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59597

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1945 W. Lafayette Ave. St. 16-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Elva Elizabeth Young

(a) Residence: No. 1945 W. Lafayette Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Oliver F. Young

6. DATE OF BIRTH (month, day, year) July 26, 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME John M. Chance

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME ? Betcalf

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Emma Jenkins

(Address) 1945 W. Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery Date July 11 1939

19. UNDERTAKER E. F. Kilmorean

(Address) 1005 N. Baltimore St.

20. FILED JUL 12 1939 Huntington Williams M.D. Registrar

JUL 12 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1939 to July 8 1939

I last saw her alive on July 7 1939. Death is said to have occurred on the date stated above at 7 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	1928
Myocardial Insuff.	1935

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? P.E. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Thomas H. Todd M. D.

(Address) 735 N. Fulton Ave.

OCCUPATION is very important. See instructions on back of certificate.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 59598 — 23 F 59598

Registered No.

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 44-2 Ward)

Length of residence in city or town where death occurred 21 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR WW

2. FULL NAME Alfred Gordon Booker

(a) Residence: No. 405 Wilson Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed, or divorced
HUSBAND of
~~OR WIFE~~ of Mary Chambers

6. DATE OF BIRTH (month, day, year) Nov. 25, 1896

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
42	7	19 12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hellwater
(State or country) Virginia

FATHER

13. NAME Thomas Booker

14. BIRTHPLACE (city or town) Buckingham Co.
(State or country) Virginia

MOTHER

15. MAIDEN NAME Nelia Garden

16. BIRTHPLACE (city or town) Buckingham Co.
(State or country) Virginia

17. INFORMANT Records-U. S. Marine Hospital
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL
Place National Cemet Date July 12th 1939

19. UNDERTAKER E. Levy & Wilson
(Address) 1001 E. Brantley Ave

20. FILED JUL 10 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1939 to July 7, 1939

I last saw him alive on July 7, 1939. Death is said to have occurred on the date stated above, at 6.00a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis, chronic, far advanced	Unknown

Other contributory causes of importance:

Was an operation performed? ~~Yes~~ No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. R. Nelson M. D.

(Address) U. S. Marine Hospital, Baltimore, Maryland.

OCCUPATION is very important. See instructions on back of certificate.

V8 8

F 59599

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

23

Registered No. F 59599

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 905 Tyson St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
1-3
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Martha Lawes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced. mar.

6 (b) Name of husband or wife mar.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 36 | Months | Days | If less than one day hr. min.

9. Birthplace Conn (Town, county, and state)

10. Usual Occupation Cook

11. Industry or business

FATHER
12. Name mar.
13. Birthplace

MOTHER
14. Maiden Name mar.
15. Birthplace

16 (a) Informant mar.
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location UNIVERSITY JUL 10 1939

18 (a) Funeral director Commissioner of Health

(b) Address Mr. E. A. Moore

JUL 10 1939 Baltimore, Md.

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-2-39 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to her death on the day stated above.

Immediate cause of death: Pulmonary Tuberculosis — Duration: 1 yr.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Conrad Acton M.D.
Medical Examiner

Date signed 7-3-39

F 59600

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

210-G

F 59600 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Res. Dept. Johns Hopkins Hosp
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 130 N. Struppa St (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3. (a) FULL NAME Leonard (Philip) Roth
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M.
5. Color or race Col
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Mary Roth
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept 17 1875
8. AGE: Years 63 Months 9 Days 21/22 If less than one day hr. min.
9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Street Cleaner
11. Industry or business Balto City

FATHER
12. Name Philip Roth
13. Birthplace Germany

MOTHER
14. Maiden Name Christina — —
15. Birthplace Germany

16 (a) Informant Mrs Mary Roth
(b) Address 130 N. Struppa St

17 (a) Burial (Burial, cremation, or removal)
(b) Date thereof July 12 39 (month) (day) (year)
(c) Cemetery or crematory Trinity Cem
Location Baltimore

18 (a) Funeral director Philip Herring & Son
(b) Address 2016 Orleans St

19 (a) Registrar Huntington Williams M.D.
(b) Date received JUL 10 1939

VS 6

MEDICAL CERTIFICATION 2nd a.m.

20. DATE OF DEATH 7/9/39 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Fracture of skull — Duration:
Due to Subdural hematoma
Due to Laceration of brain
Due to Crushing injury of chest

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Subdural hematoma

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2:40 a.m. 7/9/39
(c) Where did injury occur? Fayette & Saratoga Sts (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? street While at work? No
(e) Means of injury Struck by automobile

23. Signature [illegible] M.D.
Medical Examiner
Date signed 7/9/39

F 59601

COK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-a 46679 F 59601 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 236 S. Durham St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Riley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-19-1863

8. AGE: Years 75 | Months 11 | Days 19 | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation On relief

11. Industry or business

FATHER
12. Name Columbus
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah Tracey
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 11 39 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto Md

18 (a) Funeral director Philip Stenger Sons
(b) Address 2016 Orleans St

19 (a) (Date rec'd by registrar) (b) Huntington Ave Middlesex Md

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-8- 1939, at 11:43 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-28- 1939, to 7-8- 1939 and that I last saw h alive on 7-8- 1939.

Immediate cause of death: Carcinoma of esophagus
Broncho pneumonia — Duration: 2 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Carcinoma

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Waghelstein M. D.
Address Balto City Hosp Date signed 7-9-39

F 59602

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

Registered No. F 59602

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2921 Mt Elderry St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 3 m.

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2921 Mt Elderry St (If rural give location)

(e) If foreign born, how long in U. S. A.? 5-3 years

3 (a) FULL NAME Lawrence H. Herchenroether

3 (b) If veteran, name war none

3 (c) Social Security Account No. none

4. Sex male

5. Color or race white

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Sophia Herchenroether

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feby 28 - 1871

8. AGE: Years 68 | Months 4 6 | Days 15 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and State)

10. Usual Occupation Baker

11. Industry or business Baker

MOTHER | FATHER

12. Name Henry Herchenroether

13. Birthplace Germany

14. Maiden Name Elizabeth Hofbauer

15. Birthplace Germany

16 (a) Informant Wife

(b) Address 2921 Mt Elderry St

17 (a) Burial (Burial, cremation, or removal)

(b) Date thereof July 12 1939 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn

Location Baltimore Co. Md

18 (a) Funeral director John Ulmer

(b) Address 2008 Eastern Ave

19 (a) JUL 10 1939 (Date rec'd by registrar) Interior for Baltimore Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9th 1939, at 2 a M

21. I certify that death occurred on the date above stated, that I attended deceased from July 7 1939, to July 9 1939, and that I last saw him alive on July 9 1939.

Immediate cause of death Uraemia

Due to Chronic nephritis.

Due to

Other Conditions Acute Arthritis

(Include pregnancy within 3 months of death)

Duration 5 hrs. 3 weeks

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Wm D Schmidt

Address 7011 N. Kenwood Ave Date signed 7/10/39 M. D.

VS 8

F 59603

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 59603

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1509 N Bradford St
(c) Hospital or institution
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 48 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1509 N Bradford (If rural give location)
(e) If foreign born, how long in U. S. A.? 48 years

3 (a) FULL NAME Conrad Martin Schneider

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex male

5. Color or race White

6 (a) Single, married, widowed or divorced. Widowed

6 (b) Name of husband or wife Katharine Schneider

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 27 - 1872

8. AGE: Years 67 Months 3 Days 12 If less than one day hr. min.

9. Birthplace Marburg Germany (town, county, and state)

10. Usual Occupation Baker

11. Industry or business

MOTHER | FATHER

12. Name Martin Schneider

13. Birthplace Germany

14. Maiden Name Dont Know

15. Birthplace Germany

16 (a) Informant Elmer Schneider

(b) Address 1509 N Bradford

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 12, 1939 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Woodlawn Md.

18 (a) Funeral director John Uffner

(b) Address 2008 Orleans St

19 (a) JUL 10 1939 (Date rec'd by Registrar) Huntington Williams Md Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 - 1939, at 1230 P M

21. I certify that death occurred on the date above stated, that I attended deceased from Sept 15 - 1937, to July 9 - 1939, and that I last saw him alive on July 8 - 1939.

Immediate cause of death Angina Pectoris — Duration 2 yr 1 mo 9 da

Due to

Due to

Other Conditions none (Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chester Riland, M. D.

Address 2532 Edmondson Date signed

VS 3

59604

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

87-B

F 59604 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 903 Cathedral St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 903 Cathedral St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eleanor Martha Goldsborough

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 24 1857

8. AGE: Years 88 89 | Months 2 | Days 15 | If less than one day hr. min.

9. Birthplace Talbot Co Md. (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Matthews Tilghman Goldsborough
13. Birthplace Talbot Co Md

MOTHER
14. Maiden Name Eleanor Sarah Tilghman
15. Birthplace Queens Anne Co Md

16 (a) Informant Miss Emma I Goldsborough
(b) Address 903 Cathedral St

17 (a) (Burial, cremation, or removal)
(b) Date thereof 7-11-39 (month) (day) (year)
(c) Cemetery or crematory Spring Hill
Location Easton Md.

18 (a) Funeral director Henry H. Tinkers & Sons
(b) Address McCulloh & Orchard Sts.

19 (a) (Date received by local reg.) 7-10-39 (b) Hunter for Wilhelmina Myers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-9 1939, at 1.35 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1931 19 . to 7-9 1939.
and that I last saw h ER alive on 7-8 1939 .

Immediate cause of death: PARALYSIS AGITANS — Duration: 10 yrs.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

PHYSICIAN
Underline the cause to which death should be charged statistically.

23. Signature John L. Young M. D.
Address 1129 St. Paul St Date signed 7-10-39

VS 8

603

115-a F 59605

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland.

(b) Street address Caroline & Oliver St.

(c) Hospital or institution: St. Joseph's Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 50 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)

(d) Street No. 1821 W. Saratoga St. (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

26-1

X

3 (a) FULL NAME Thomas J. Carney

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-1478

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct 23 1898

8. AGE: Years.	Months	Days	If less than one day
40	8	16	hr. ..... min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Operator

11. Industry or business Balto Sugar Co

FATHER 12. Name Michael J Carney

13. Birthplace Maryland

MOTHER 14. Maiden Name Ellen J Fitzgerald

15. Birthplace Md

16 (a) Informant Corpt Rec'd

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/12/39 (month) (day) (year)

(c) Cemetery or crematory St Joseph's

Location Texas Md

18 (a) Funeral director Francis Tierney

(b) Address Fulton Ave & Fayette

(c) Date rec'd by registrar JUL 10 1939 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9th 1939, at 8:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 11th 1939, to July 9th 1939, and that I last saw him alive on July 9th 1939.

Immediate cause of death: Lung Abscess, Rt.

Due to Post Tonsillectomy

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration: 66 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Harry Tilmenson M. D.

Address St. Joseph's Hosp. Date signed

C 59606

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 59606

CERTIFICATE OF DEATH

X 121

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gen. Hosp. St. 11-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Barrett

If U. S. Veteran specify WAR

(a) Residence No. 613 Prince George St. Laurel Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR: White

5. ~~Single~~ Married, ~~Widowed, or Divorced (write the word)~~: Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of): Lyons B. Barrett

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer Gen

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Chippam T Co

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 10

12. BIRTHPLACE (city or town) (State or country): Greensboro N.C.

FATHER

13. NAME: James P. Barrett

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Mary E. Blair

16. BIRTHPLACE (city or town) (State or country): N.C

17. INFORMANT (Address): Lyons B. Barrett

18. ~~BURIAL~~, CREMATION, ~~REMOVAL~~. Place: Arlington Va. Date: July 13 39

19. UNDERTAKER (Address): Edward H. Pickrodt Laurel Md

FILED JUL 11 1939

19c. Registrar for Wilson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7-10-39, 19

22. I HEREBY CERTIFY, That I attended deceased from 7-6-39, 19, to 7-10-39

I last saw ~~him~~ her alive on 7-10-39. Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute gangrenous appendicitis	7-4-39
Other contributory causes of importance: Peritonitis	7-6-39
adynamic ileus	7-8-39

Was an operation performed? Yes Date of 7-6-39

For what disease or injury? Acute appendicitis

Name of operation appendectomy

What test confirmed diagnosis? Clinical, there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. Thomas Reid M. D.

(Address) Md. General Hosp.

OCCUPATION is very important. See instructions on back of certificate.

V8 3

F 59607

F 59607

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2721 Atkinson St.,
(c) Hospital or institution:
St Agnes' Hospital, Balt. Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (P)Md. (b) County Balt. City,
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 2721 Atkinson St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carrie L. Johnson

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Andrew

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Oct 12, 1862

8. AGE: Years: 76 | Months: 8 | Days: 28 | If less than one day: hr. min.

9. Birthplace: Balt. Md. (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business:

FATHER
12. Name: Geo. Gosnell
13. Birthplace: Balt. Md

MOTHER
14. Maiden Name: Louise
15. Birthplace: Md

16 (a) Informant: Andrew Johnson
(b) Address: 2721 Atkinson St.

17 (a) Burial (Burial, cremation, or removal)
(b) Date thereof: July 12-1939 (month) (day) (year)
(c) Cemetery or crematory: St Mary's Cemetery
Location: Baltimore, Md.

18 (a) Funeral director: J. M. Cox
(b) Address: 1219 N. Fremont St.

19 (a) (Date rec'd by registrar) July 11 1939

Huntington Phillips, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1939, at 3:9 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 6 1939, to July 9 1939, and that I last saw her alive on July 9 1939.

Immediate cause of death: Cardiac failure (Coronary occlusion?) — Duration:

Due to Arteriosclerotic cardio-vascular degeneration.

Due to

Other Conditions: Uraemia, Chronic nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles V. Levait M. D.

Address St. Agnes Hosp Date signed 7-10-39

VS 3

F 59608

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48

Registered No. F 59608

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3740 E. Chase St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2740 E. Chase St (If rural give location):
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Anna C. Anderson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ John T. Anderson

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 5th 1865

8. AGE: Years	Months	Days	If less than one day
74	0	4	hr. min.

9. Birthplace Mt Airy, Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business Self

MOTHER / FATHER

12. Name John L. Long

13. Birthplace Mt Airy Md.

14. Maiden Name Emma Gilbert

15. Birthplace Mt. Airy Md.

16 (a) Informant Charles Brashear

(b) Address 2740 E. Chase St

17 (a) Burial (Burial, ~~cremation~~, or removal) (b) Date thereof 7/12/39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Pine Grove

Location Mt Airy Md

18 (a) Funeral director William Coost

(b) Address 1217 St. Paul St

19 (a) (b) Registered

(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9th 1939, at 7:26 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1937, to July 9 1939, and that I last saw her alive on July 5 1939

Immediate cause of death Carcinoma Uteri — Duration 2 years

Due to ✓

Due to

Other Conditions ✓

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: —
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. S. Harding M. D.
Address 4810 Bel Rd Date signed July 10 1939

F 59609

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C

F 59609 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4808 Calumet Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto

(If outside city or town limits, write RURAL and give town)

2d Street No. 4808 Calumet Ave

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Henry Bromwell

3 (b) If veteran, name war

3 (c) Social Security Account No. 718-03-4429

4. Sex	5. Color or race	6 (a) Single, married, ~~widowed, or divorced~~
Male	White	Married

6 (b) Name of ~~husband or~~ wife Frances L. Bromwell

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) July 13th 1850

8. AGE: Years	Months	Days	If less than one day
58	11	26	hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Inspector Co 8th

11. Industry or business Weighing Dept Bureau

FATHER 12. Name Chas. H. Bromwell

13. Birthplace Oxford Md.

MOTHER 14. Maiden Name Stephine Meeks

15. Birthplace Md

16 (a) Informant Frances L. Bromwell

(b) Address 4808 Calumet Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 7/12/39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Maryland Park

Location Balto Co Md

18 (a) Funeral director William Cook

(b) Address 217 St. Paul St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9th 1939, at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 7 1938, to July 9 1939, and that I last saw h alive on July 9 1939.

Immediate cause of death Myocarditis

Due to Coronary Occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

Nov 1938

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Richard L. Thompson M. D.

Address 5407 Belair Rd Date signed 7-10-39

VS3 032

F 59610 HEALTH DEPARTMENT—CITY OF BALTIMORE F 59610

CERTIFICATE OF DEATH

82-c

Registered No. ____

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. ____ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

If U. S. Veteran specify WAR ____

2. FULL NAME Mrs. Emma Porter Diehl

(a) Residence: No. 2036 East Eager St., ____ Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of: Edward C. Diehl

6. DATE OF BIRTH (month, day, year): Jan 27 1869

7. AGE: Years 69 | Months 6 | Days 13 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home
10. Date deceased last worked at this occupation (month and year): 1937 | 11. Total time (years) spent in this occupation: ____

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER
13. NAME: James E Porter
14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER
15. MAIDEN NAME: Virginia
16. BIRTHPLACE (city or town) (State or country): ____

17. INFORMANT (Address): Mrs. Edward C. Diehl 2036 E Eager St

18. BURIAL, CREMATION, OR REMOVAL
Place: Baltimore Date: 7/12 1939

19. UNDERTAKER: Nelson Cohen
(Address): 1210 E Fayette St

FILED JUL 11 1939 Hunter for Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1939 to June 10, 1939.

I last saw her alive on forenoon of July 3, 1939. Death is said to have occurred on the date stated above, at 1:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	?
Cerebral Hemorrhage	1937
Other contributory causes of importance:	

Was an operation performed? No Date of ____

For what disease or injury? ____

Name of operation ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Ferdinand E. Chatard M. D.

(Address) Union Memorial Hosp.

OCCUPATION is very important. See instructions on back of certificate.

V0 8

F 59611

Langer

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 B

F 59611 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Sq. Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 70 Y
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2224 W. Lexington St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 60 years

3 (a) FULL NAME Ferdinand Lengat

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Dorothy

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 9 1852

8. AGE: Years 87 Months Days 30 If less than one day hr min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace Germany

MOTHER 14. Maiden Name Unknown

15. Birthplace Germany

16 (a) Informant Herman F. Langer

(b) Address 630 Tunbridge Rd.

17 (a) (Burial, cremation, or removal) (b) Date thereof 7-11-39 (month) (day) (year)

(c) Cemetery or crematory London Park.

Location

18 (a) Funeral director F Vernon Kuhner

(b) Address 2301 Edmondson Ave.

19 (a) (b)

(Signature of registrar) (Date received by registrar)

11 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-8-39 19 , at 11 -- A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death: Atherosclerosis

Due to: Hypostasis

Due to: Coronary sclerosis

Other Conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: 7 2 mo

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place)
(e) Means of injury

23. Signature Conrad Acton M.D.
Medical Examiner.

Date signed 7-8-39

F 59612

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1943 F 59612 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3327 Richmond Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 43-7-13.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3327 Richmond Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sidney L Richmond

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M.

5. Color or race Wh

6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~ married

6 (b) Name of husband or wife Katherine Richmond

6 (c) If alive, give age 46 years

216-05-6417

7. Birth date of deceased (mo., day, yr) Nov. 26, 1896

8. AGE: Years 43 | Months 7 | Days 13 | If less than one day: hr. min

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Chauffeur

11. Industry or business

FATHER
12. Name Daniel W. Richmond
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Mary M. Wright
15. Birthplace Ireland

16 (a) Informant Arthur C. Richmond
(b) Address 3329 Richmond Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 12, 1939 (Month) (day) (year)
(c) Cemetery or crematory Moreland Memo-Park
Location Baltimore Co. Md.

18 (a) Funeral director John Ullrich
(b) Address 2008 Eastern Ave.

JUL 11 1939 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION 11 am

20. DATE OF DEATH 7/9/39 19 ; at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — **Duration**

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence No
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W M Vandersall M.D.
Medical Examiner

Date signed 7/10/39

VS 6

F 59613

F 59613

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95-B

Registered No. [illegible]

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 hs
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 675 Gerg St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bessie Barnes
3 (b) If veteran, name war
3 (c) Social Security Account No.
4 Sex Female
5 Color or race Colored
6 (a) Single, married, widowed, or divorced Widowed
6 (b) Name of husband or wife ?
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) [illegible] 1899
8. AGE 40 years Months Unknown Days 7 If less than one day hr. min.
9. Birthplace Unknown (Town, county, and state)
10. Usual Occupation Waitress, Housemaid
11. Industry or business Unknown

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Ida Johnson
(b) Address 634 Gerg Street
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-11-39 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore Md.
18 (a) Funeral director Frances A. Hinsley
(b) Address 578 N. Biddle St.
(a) Received by (registrar) (b) [illegible] Baltimore, Md.
JUL 11 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1939 at 1145 P.M
21. I certify that death occurred on the date above stated; that I attended deceased from July 8 1939 and that I last saw him alive on July 8 1939.

Immediate cause of death: Cerebral thrombosis — Duration: 1 day
Due to: Hypertensive Cardiovascular Disease — ?
Due to:
Other Conditions: Pulmonary & hepatic Congestion. — ?
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Hepatomegaly. Myoma uteri

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Joseph E. Muse Jr. M. D.
Address University Hosp Date signed 7-9-39

OK by Dr. Acton.

VS 3

Spec.—1-19-21—M&T—1500 Blks.

59614

F 59614

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Kernan's Hospital For Crippled Children

CITY OF BALTIMORE: (No. Windsor Mill Road St. 21-1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Betty May Reed.

(a) RESIDENCE NO. 822 Burgundy St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 12-10-31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	7	7	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md. (State or country)

PARENTS

10 NAME OF FATHER Joseph Reed

11 BIRTHPLACE OF FATHER (city or town) Del. (State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Painter

13 BIRTHPLACE OF MOTHER West Jersey (State or country)

14 Informant Joseph Reed. (Address) 822 Burgundy St

15 Filed JUL 11 1939, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10 1939

17 I HEREBY CERTIFY, That I attended deceased from 7-1-39, 19 . to 7-10, 19 39.

that I last saw h[illegible] alive on 7-10, 19 39

and that death occurred, on the date stated above, at 12:50 P. m.

The CAUSE OF DEATH* was as follows:

1- Potts Disease - 12th Dorsal Vertebra

2 Tuberculous Meningitis

(duration) 2? yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculous Meningitis (duration) yrs. mos. 11 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical- Spinal Fluid Negative Guinea Pig being Run on Spinal Fluid

(Signed) W. K. Magill, M. D.

7-10, 1939 (Address) Kernan's Hospital (Resident)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL 7-12 19 39

20 UNDERTAKER Bernard C Hank — ADDRESS 121 E Hoffman St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 59615

59615

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V87-a

Registered No. F 59615

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) ± 19 hours

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1100 Eutaw Place (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mrs. Mary T. Duncan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: John W. Duncan

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 71 | Months | Days | If less than one day: hr. min.

9. Birthplace: Virginia (Town, county, and state)

10. Usual Occupation: retired

11. Industry or business

FATHER 12. Name: Thomas Toffing
13. Birthplace: Va

MOTHER 14. Maiden Name: Mary White
15. Birthplace: Va

16 (a) Informant: Mary D. Byrd
(b) Address: #1100 Eutaw Place

17 (a) ✓ (Burial, cremation, or removal)
(b) Date thereof 7-12-39 (month) (day) (year)
(c) Cemetery or crematory: Mt. Olivet
Location: Baltimore, Md.

18 (a) Funeral director: John Mitchell Sons
(b) Address: 1906 Eutaw Place

19 (a) Date received by registrar: JUL 12 1939
Registrar for Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1939, at 7:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-9 1939, to 7-10 1939, and that I last saw her alive on 7-10-39 19:39.

Immediate cause of death: Respiratory failure and vasomotor collapse — Duration: ± 19 hours

Due to: cerebral hemorrhage right

Due to:

Other Conditions: arteriosclerosis, general

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: W. H. Gunderson Jr. M. D.
Address: Sinai Hospital Date signed

F 59616

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 59616

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 132 N Lafayette Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 63 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 132 N Lafayette Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 63 years

3 (a) FULL NAME Ellen M. Cauley

3 (b) If veteran, name war: No

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife:

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 1. 1846

8. AGE: Years 93 | Months 6 | Days 9 | If less than one day: hr. min.

9. Birthplace Kingston Canada
(Town, county, and state)

10. Usual Occupation None

11. Industry or business:

MOTHER / FATHER

12. Name Patrick M. Cauley

13. Birthplace Canada

14. Maiden Name Helen M. Combs

15. Birthplace Canada

16 (a) Informant Miss Helen Cauley

(b) Address 219 E 25th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 12 1939 (month) (day) (year)

(c) Cemetery or crematory Greenmount

Location Baltimore Md

18 (a) Funeral director Fallon & Co

(b) Address 1207 Park Ave

19 (a) 7-11-1939 (Date received by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1939, at 1:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1/27/ 19.39, to July 10th. 19 39. and that I last saw her alive on July 5th. 1939.

Immediate cause of death: Myocarditis

Duration: About one year.

Due to ----

Due to ----

Other Conditions Arteriosclerosis.
(Include pregnancy within 3 months of death)

Major findings:
Of operations ----

Of autopsy ---

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. W. Mungatonge M.D.

Address 401 E. 25th. St. Date signed 7/10/39.

VS 3

F 59617

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

81

F 59617 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 666 N Saratoga St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 666 N Saratoga St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John C Wildebrand

3 (b) If veteran, name war
WW

3 (c) Social Security Account No none

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Eliza Wildebrand

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1865

8. AGE: Years 74 | Months 6 | Days | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Bookkeeper Clothing

11. Industry or business Store

MOTHER | FATHER

12. Name George Wildebrand

13. Birthplace Germany

14. Maiden Name Mary Stallings

15. Birthplace Germany

16 (a) Informant C Wildebrand

(b) Address Penn Station Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13-1939 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Baltimore

Location Baltimore Md

18 (a) Funeral director Fulton (Col)

(b) Address 1217 Park Ave

19 (a) [illegible] 1939 (b) [illegible]
(Date rec'd by Dept. of Vital Statistics)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1939, at 3:30 P M

21. I certify that death occurred on the date above stated, that I attended deceased from May 2 1939 to July 10 1939.
and that I last saw h alive on July 10 1939.

Immediate cause of death Broncho Pneumonia — Duration 2 days

Due to Transverse myelitis, cerebral embolism — 3 mos

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J E Poulton M. D.
Address 3909 Eastern Ave Date signed 7/11/39

F 59618

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a

Registered No. F 59618

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2520 Greenmount Ave

(c) Hospital or institution: Southern Hospital + Home

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 yr. 3 mos

(e) Length of stay in Baltimore (yrs., mos., or days) 67

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 2520 Greenmount Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? 87 years

3 (a) **FULL NAME** Jane T. DIEDELHEISER. Liebhauser

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Burke Liebhauser deceased

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25 - 1850

8. AGE: Years	Months	Days	If less than one day
88	6	15	hr. min.

9. Birthplace England (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER

12. Name Thomas Cullen

13. Birthplace Ireland

MOTHER

14. Maiden Name Mary Ann Cullen

15. Birthplace Ireland

16 (a) Informant Lawrence Connolly

(b) Address 409 Maryland Ave

17 (a) Cathedral (Burial, [illegible]) (b) Date thereof 7/12/39 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Edmonston Ave.

18 (a) Funeral director Mary F. Wakefield

(b) Address 5906 E. 22nd St. Forest Glen, Md.

19 (c) JUL 11 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1939 at 6.55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1939. to July 10 1939. and that I last saw h[illegible] alive on July 10 1939.

Immediate cause of death Arteriosclerosis — **Duration** 1930

Due to

Due to

Other Conditions Cerebral Hemorrhage — 1739

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature D. W. Bishop M. D.

Address 501 Sherwood Ave Date signed July 11, 1939

VS 3

59619 3624927

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

2-B

Registered No. F 59619

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 26 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5002 Eugene Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Disell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed or divorced: (Separated)

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-26-1913

8. AGE: Years 26 | Months 1 | Days 14 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Anthony Disell
13. Birthplace Maryland

MOTHER
14. Maiden Name Maud Bennett
15. Birthplace Maryland

16 (a) Informant Mrs. Maude Disell
(b) Address 5002 Eugene Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13; 1939 (month) (day) (year)
(c) Cemetery or crematory Woodland Park.
Location Taylor Ave

18 (a) Funeral director Howard T. Bligh Jr.
(b) Address 4714 Belair Road.

19 (a) JUL 11 1939 (Date rec'd by registrar) (b) Huntington Hill Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10, 1939 at 5 10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 30th 1939 to July 10 1939. and that I last saw him alive on July 10 1939.

Immediate cause of death: Hodgkin's Disease — Duration 2 wks

Due to: Cause not known

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas W. Billington M.D.

Address Johns Hopkins Hosp. Date signed 7/11/39

RRR

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59620

CERTIFICATE OF DEATH

✓ 13 F 59620

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Harford Rd & Gibbons Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rev. John B. Manley

If U. S. Veteran specify WAR

(a) Residence: No. 2 Harford & Gibbons St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	S.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 17 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Priest

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Rev. E. R. Brayton

(Address) Harford & Gibbons

18. BURIAL, CREMATION, OR REMOVAL

Place Catholic Date July 12 1939

19. UNDERTAKER Leonard F. Gilbert

(Address) 2303 Harford Road

20. FILED JUL 13 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 15, 1939, to July 9, 1939

I last saw him alive on July 9, 1939. Death is said to have occurred on the date stated above, at 11:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardio-vascular renal disease	1935
coronary thrombosis	Jan. 1939
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation none

What test confirmed diagnosis? clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) S. A. Aleon, M. D.

(Address) 6417 Harford Rd

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59621 F 59621

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3306 Echodale St., Ward) 97

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Barbara Seibert.

If U. S. Veteran specify WAR

(a) Residence: No. 3306 Echodale Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry Seibert

6. DATE OF BIRTH (month, day, year) 12-4-1862

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
76	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gt

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Leonard Seibert

(Address) 3306 Echodale Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Leonard J Bent 19

19. UNDERTAKER Trinity Cemetery 7-12-34

(Address) 5305 Harford Road.

20. FILED ... (Signature) ... 19...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-9, 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 1934, to July 9 1934

I last saw h[illegible] alive on July 8 1934 Death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Pulmonary embolism	July 1 1934

Other contributory causes of importance:

Was an operation performed? — Date of ...

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Edward Novak M. D.

(Address) 101 W. Read St.

VR 3

59622 Uhland

HEALTH DEPARTMENT—CITY OF BALTIMORE

59622

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4212 Shamrock Ave St., 7th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Frederick W. Uhland

If U. S. Veteran specify WAR .....

(a) Residence: No. 4212 Shamrock Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Anna E. Uhland

6. DATE OF BIRTH (month, day, year) Aug. 2 - 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public Library

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Uhland

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Louisa Myers

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Austin A. Uhland

(Address) 4212 Shamrock Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 7/12/39 19

19. UNDERTAKER John Regan & Son

(Address) 501 Fallsway

20. FILED JUL 11 1939 19 Houston Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8th, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1939, to July 8, 1939

Last saw him alive on July 8, 1939. Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	June 1939

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. E. Standing, M. D.

(Address) 4810 Belair Rd.

V8 8

F596 xB

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13768 JS F596 x3

Registered No. 95-B

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Balto City Hospt.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

17-B

(d) Street No. 1217 Argyle Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lena Mason

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	black	married

6 (b) Name of husband or wife Samuel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-20-1895

8. AGE: Years	Months	Days	If less than one day
44	3 4	18 12	hr. min.

9. Birthplace S. C. (Town, county, and state)

10. Usual Occupation H. W. 1037

11. Industry or business

FATHER

12. Name Alexander Cassel

13. Birthplace Md.

MOTHER

14. Maiden Name Lula Dunson

15. Birthplace S. C.

16 (a) Informant B. C. H. Records

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 7-11-39 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location West port

18 (a) Funeral director C. A. Brooks

(b) Address 1463 N. Carey St

19 (a) JUL 11 1939 (Date received by registrar) (b) Huntington Williams, M. D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1939, at 6⁰⁰ P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-12 1939, to 7-8 1939, and that I last saw h er alive on 7-8 1939.

Immediate cause of death: Cerebral Hemorrhage — Duration: 4 days

Due to arteriosclerosis

Due to

Other Conditions. Hypertensive cardio-vascular disease

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Enlarged heart, congestive failure

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Huntington Williams M. D.

Address Balto City Hosp. Date signed 7-9-39

F 5962 H Kretzner

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131

F 5962 H Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rutgers Ave. & Monument St.
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3020 Wylie ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 18 years

3 (a) FULL NAME Meanie Kretzner.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Wd

6 (b) Name of husband or wife Late Simon

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 72 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation None -

11. Industry or business

FATHER 12. Name Samuel Berman
13. Birthplace Russia

MOTHER 14. Maiden Name Bruia
15. Birthplace Russia

16 (a) Informant Benj Gerber
(b) Address 3020 Wylie ave

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or ~~crematory~~ Union-Rozedale
Location Philadelphia Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-26 N North ave

19 (a) (b)

(Date received by local registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/10/39 19 ..., at 2:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/3/39 19 ..., to 7/10 19 39
and that I last saw h[illegible]ive on 7/10 19 39.

Immediate cause of death Cardiac failure

Due to Hypertension

Due to Arteriosclerosis

Other Conditions edema Pulmonary

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy ~~Generalized arteriosclerosis~~ Arteriosclerotic pyelonephritis

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. J. Morton M. D.
Address Sinai Hosp Date signed 7.10.39

F 59626

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

7124 B 59625 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution 554 Laurens St
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 554 Laurens St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. FULL NAME Thomas Wesley Davis
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced married
6 (b) Name of husband or wife Ella
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.)
8. AGE: Years 67 | Months | Days | If less than one day hr. min
9. Birthplace md (Town, county, and state)
10. Usual Occupation none
11. Industry or business
FATHER 12. Name James Wesley
13. Birthplace md.
MOTHER 14. Maiden Name Mary Morris
15. Birthplace md.
16 (a) Informant Geo. Davis
(b) Address 5213 Cloud Pl N.E. Wash D.C.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year) Mt Auburn
(c) Cemetery or crematory Mt Auburn
Location —
18 (a) Funeral director Geo. S. Kelson
(b) Address 1303 Preastman St.
19 (a) 7 11 1939 (Date received by registrar) (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-8-39 19 . at 1:15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Coronary Selerosis — Duration

Due to

Due to

Other Conditions Cirrhosis of liver
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Conrad Acton M.D.
Medical Examiner.
Date signed 7-9-39

PHYSICIAN
Underline the cause to which death should be charged statistically.

V8 4

F 59626

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 23

Registered No. F 59626

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address EX
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 107 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1328 Stockton St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margarite Marshall (42656)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 16, 1913

8. AGE: Years	Months	Days	If less than one day
24	1	24	hr. min.

9. Birthplace N.Y. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Charles Marshall
13. Birthplace West Indies

MOTHER
14. Maiden Name Sarah Marshall
15. Birthplace Va.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/13/39 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Geo. G. Kelson
(b) Address 1303 Presstman St

JUL 11 1939 Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10, 1939, at 12:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 25, 1939, to July 10, 1939, and that I last saw her alive on July 10, 1939.

Immediate cause of death: Tuberculosis of the lungs — Duration: March 1939

Due to

Due to

Other Conditions: Tuberculosis of the larynx — March 8 1939

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo. G. Kelson M. D.

Address Balto. City Hospitals Date signed 7-10-39

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

34-23 Registered No. F 50627

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greene & Redwood
(c) Hospital or institution University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 month
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1518 Shields Place.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lula Henley

3 (b) If veteran, name war: No
3 (c) Social Security Account No.:
4. Sex: Female
5. Color or race: Black
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1901
8. AGE: Years 38 | Months 0 | Days ? | If less than one day: hr. min.
9. Birthplace Virginia (Town, county and state)
10. Usual Occupation Housework
11. Industry or business

MOTHER / FATHER
12. Name Winman Esquire
13. Birthplace North Carolina
14. Maiden Name Eleara ?
15. Birthplace North Carolina

16 (a) Informant Jane Doe
(b) Address 1518 Shields Place
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/13/39 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location
18 (a) Funeral director Geo. S. Keloon
(b) Address 1303 Pressman
19 (a) 11 1939 (Date rec'd by registrar) (b) Huntington Hitt, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1939 at 6:58 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from July 1 1939 to July 9 1939 and that I last saw h[illegible] alive on July 9 1939.

Immediate cause of death: Massive pulmonary hemorrhage — Duration: 2 mins
Due to Pulmonary tb. bilateral cavitation.
Due to
Other Conditions Latent tbc. Laryngitis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Pulmonary t.b.c.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature John James Dorsey M. D.
Address Office. 1800 Eps. Date signed 7/10/39

VS 3

F 59628

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-a

F 59628 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2702 Reisterstown Road.

(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County —

(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)

(d) Street No. 2702 Reisterstown Road. (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Sarah E. Moffett.

3 (b) If veteran, name war: None.

3 (c) Social Security Account No. None.

4. Sex: Female | 5. Color or race: White. | 6 (a) Single, married, widowed, or divorced: Widowed.

6 (b) Name of husband or wife: Harry L. Moffett.

6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Aug. 15-1860.

8. AGE: Years 78 | Months 10 | Days 23 | If less than one day: hr. ✓ min.

9. Birthplace Marshall - Va. (Town, county, and state)

10. Usual Occupation Housewife.

11. Industry or business "At Home".

FATHER

12. Name John W. Russell.

13. Birthplace Va.

MOTHER

14. Maiden Name Mary Jefferies.

15. Birthplace Va.

16 (a) Informant Sarah R. Braquniers.

(b) Address 2702 Reisterstown-Road.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof July-12-1939. (month) (day) (year)

(c) Cemetery or crematory Baltimore Cemetery.

Location Baltimore - Md.

18 (a) Funeral director Charles J. Schwob.

(b) Address 505 N. Monroe St.

19 (a) (Date received by registrar) JUL 13 1939 (b) Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1939. at 12:00 M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1939. to July 6 1939. and that I last saw h alive on July 6 1939.

Immediate cause of death	Duration
Myocardial Degeneration	9 mos.
Due to Arteriosclerosis	
Due to Senility	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)

(e) Means of injury —

23. Signature [illegible] M. D.

Address [illegible] Date signed [illegible]

59629

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

67

Registered No. F 59629

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dead on Arrival
(c) Hospital or institution: Mt. Josephs Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State D. C. (b) County
(c) City or town Washington (If outside city or town limits, write RURAL and give town)
(d) Street No. Massachusetts Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emory J. Best 3rd
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M | 5. Color or race Wh | 6 (a) Single, married, widowed, or divorced
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 23-1939

8. AGE: Years 0 | Months 2 | Days 19 | If less than one day hr min

9. Birthplace Washington D.C. (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER 12. Name Emory J Best Jr
13. Birthplace Balto., Md

MOTHER 14. Maiden Name Helen O Bryan
15. Birthplace Charlestown W. Va.

16 (a) Informant Mrs Turner Best
(b) Address 2820 Rayner Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 11 39 (months) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Hilleary & Jackson-Sons
(b) Address North & Penna Ave

JUL 11 1939 Registrar for Hilleary M.D.

MEDICAL CERTIFICATION 7 am

20. DATE OF DEATH 7/10/39 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Due to Status-Thymico-lymph-atheticus

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Hemorrhages in thymus & enlarged

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place), While at work?
(e) Means of injury

23. Signature H. Wandelstedt M.D. Medical Examiner
Date signed 7/10/39

VS 6

F 59630

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V F 59630
Registered No. 186-a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town (If outside city or town limits, write RURAL and give town) 50 yrs
Street No. 1126 Argyle Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race C

6 (a) Single, married, widowed, or divorced widow

6 (b) Name of husband or wife Hattie Williams

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 70± Months Days If less than one day hr. min

9. Birthplace Charles Co. Md. (Town, county, and state)

10. Usual Occupation Hostler

11. Industry or business W. Md. Dairy

FATHER 12. Name Benjamin Williams
13. Birthplace Charles Co. Md

MOTHER 14. Maiden Name Sarah Ann Ford
15. Birthplace St Mary Co. Md

16 (a) Informant Elizabeth Sayles
(b) Address 1426 Argyle Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof July 12, 1939 (month) (day) (year)

(c) Cemetery or crematory Cathedral Cemetery
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St Huntington Williamsport, Md.

19 (a) (Date received by registrar) (b) JUL 11 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-8-39 19 , at 7.35 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Laceration of brain — Duration 18 days

Due to: Trauma

Due to:

Other Conditions (Include pregnancy within 3 months of death)

Major findings of operations:

Of autopsy as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 6-24-39
(c) Where did injury occur? W. Md. Dairy Stables Dolphin St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Dairy Stables (Specify type of place) While at work? yes
(e) Means of injury fell and struck head on post

23. Signature Conrad Autopsy M.D. Medical Examiner

Date signed 7-9-39

F 59630 ✓ F 59630

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2537 Greenmount
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2537 Greenmount Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 65 years

3 (a) FULL NAME Wm Haupt

3 (b) If veteran, ~~name~~ war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband~~ wife Virginia Haupt
6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years	Months	Days	If less than one day
65	—	—	hr. min.

9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation Barber
11. Industry or business

FATHER 12. Name August Haupt
FATHER 13. Birthplace Germany
MOTHER 14. Maiden Name Unknown
MOTHER 15. Birthplace

16 (a) Informant Mrs. Virginia Haupt
(b) Address 2637 Greenmount
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/12/39 (month) (day) (year)
(c) Cemetery or crematory Laudon Park
Location Frederick Rd.
18 (a) Funeral director Mary M. Hyde Sebel
(b) Address 581 E. 22nd St.
19 (a) JUL 11 1939 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9th. 1939. at 10:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 5th. 1939. to July 9th. 1939. and that I last saw him alive on July 5th. 1939.

Immediate cause of death Angina Pectoris

Duration: about 10 days.

Due to unknown

Due to ---

Other Conditions ----

(Include pregnancy within 3 months of death)

Major findings:
Of operations ---
Of autopsy ----

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo. W. Mongomery M.D.
Address 401 E. 25th. St.
Date signed 7/10/39.

VS 3

M. D. B. 1268-9

V "A" F 59632

F 59632

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-13

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1722 Mt Henry St., 19-4 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katie Brooke

(a) Residence: No. 1722 Mt Henry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced (or) WIFE of: Samuel M.

6. DATE OF BIRTH (month, day, year): Jan 6, 1887

7. AGE: Years 52 | Months 6 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Martinsburg W Va

FATHER

13. NAME: John Risey
14. BIRTHPLACE (city or town) (State or country): W Va

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): W Va

17. INFORMANT: Lillia Stokes
(Address) 2509 Ashton St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date July 12 1939

19. UNDERTAKER: J Vernon Lehner
(Address) 230 Edmondson Ave

20. FILED July 11 1939 for Public Health, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7 7 1939

22. I HEREBY CERTIFY, That I attended deceased from 7/9/1939 to 7/9/1939

I last saw her alive on 7/9/1939 Death is said to have occurred on the date stated above, at 12.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension and cardio vascular disease	6 mos ago

Other contributory causes of importance:

Cerebral Hemorrhage	3 hrs

Name of operation none Date of

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Benjamin Keller, M. D.

(Address) 2020 Wilkens Ave

OCCUPATION is very important. See instructions on back of certificate.

5th Consd Action. 14 J. M.

F 59633

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

45775 JS F 59633

Registered No. 121

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Balto. City Hospt.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1724 N. Calhoun St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mittie White

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	black	widowed

6 (b) Name of husband or wife John
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-10-1884

8. AGE: Years	Months	Days	If less than one day
55	4	0	hr. min.

9. Birthplace N. C. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business At Home

FATHER
12. Name James Bryant
13. Birthplace N. C.

MOTHER
14. Maiden Name Nancy Jane ?
15. Birthplace N. C.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-13-39 (month) (day) (year)
(c) Cemetery or crematory
Location Jackson Hill N. C.

18 (a) Funeral director Henry A. Jackson
(b) Address 916 Penna. Balto Md

19 (a) [illegible] (Date filed by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-10 1939 at 11:15 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-19 1939, to 7-10 1939.
and that I last saw her alive on 7-10 1939.

Immediate cause of death	Duration
Bronchopneumonia	several days
Due to Subdiaphragmatic abscess	few weeks
Due to Ruptured gall Bladder	few weeks
Other Conditions	about

(Include pregnancy within 3 months of death)

Major findings:
Of operation Subdiaphragmatic abscess
Of autopsy yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. K. Wardwell M. D.
Address Balto City Hosp. Date signed 7-10-39

VS 8

F 59634

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

67

Registered No. F 59634

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1908 E. Baltimore
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 7

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1908 E. Baltimore St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Allan Feldman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	Wh	Baby

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
	2	7	hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Max Feldman

13. Birthplace New York City

MOTHER 14. Maiden Name Selma Goldberg

15. Birthplace Brooklyn N. Y.

16 (a) Informant Max Feldman

(b) Address 1908 E. Balto St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-11-39 (month) (day) (year)

(c) Cemetery or crematory Pt Carmel

Location Balto Md

18 (a) Funeral director Geo Lodwig Jr

(b) Address 1639 E. Balto St

19 JUL 11 1939 (Date received by registrar) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1939, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)

obtained by said I. find that said deceased came (Autopsy or Inquiry)

to his death on the day stated above.

Immediate cause of death	Duration
Status-thymico-lymphaticus	
Due to Asphyxia by hemorrhages and enlargement of	
Due to thymus gland	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence No
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

M. Signature L. M. Vandegrift M.D. Medical Examiner

Date signed 7/11/39

VS 6

F 59635

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-3

46008 SD

Registered No. F 59635

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address: 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days): 12 days

(e) Length of stay in Baltimore (yrs., mos., or days): Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Maryland (b) County:

(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No.: 510 S. Montford Avenue (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: Jacob Hampel

3 (b) If veteran, name war:

3 (c) Social Security Account No.:

4. Sex: M

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Mary (d)

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 4/23/1856

8. AGE: Years: 82 Months: 3 Days: 15 If less than one day: hr. min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: Carpenter

11. Industry or business:

FATHER

12. Name: Henry Hampel (d)

13. Birthplace: Germany

MOTHER

14. Maiden Name: Jeannette East (d)

15. Birthplace: Germany

16 (a) Informant: Records

(b) Address: Baltimore City Hospitals

17 (a) (Burial, cremation, or removal)

(b) Date thereof (month) (day) (year): 7/12/39

(c) Cemetery or crematory: Mt. Carmel

Location:

18 (a) Funeral director: J. A. Moran

(b) Address: 3000 E. Baltimore St.

19 (a) (Date rec'd by registrar): JUL 11 1939

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 8 1939, at 6:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-26 1939 to 7-8 1939, and that I last saw h[im] alive on 7-8 1939.

	Duration
Immediate cause of death: Bronchopneumonia	5 days
Due to: Cerebral Hemorrhage, right	11 years
Due to: arteriosclerosis	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: Confluent lobular Pneumonia

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature: [illegible] M. D.

Address: Balto City Hosp. Date signed: 7-9-39

VS 3

F 59636

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

45089 59636

Registered No. 2-95-B

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore, Maryland

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Mos.

(e) Length of stay in Baltimore (yrs., mos., or days) 13yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 334 Fuller St. (Forest) (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Brito Crossfiled with DeBrito & DiBrito

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-20-1886

8. AGE: Years	Months	Days	If less than one day
53	0	13	hr. min.

9. Birthplace Portugal (Town, county, and state)

10. Usual Occupation Seaman

11. Industry or business

FATHER

12. Name Tony Brito

13. Birthplace Portugal

MOTHER

14. Maiden Name Mary Salla

15. Birthplace Portugal

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 7-12-39 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location Q. R. Sec M B.

18 (a) Funeral director William A. Jackson

(b) Address 216 Penna Ave

19 (a) JUL 11 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-3- 1939 at 12:45 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-30- 1939 to 7-3- 1939 and that I last saw h im alive on 7-3- 1939.

Immediate cause of death Bronchopneumonia

Due to Acute alcoholism and Hypertensive C V Renal

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No

Duration 2 days

1931

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible] M. D.

Address Balto City Hosp Date signed 7-10-39

VS 8

F 59637

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B

Registered No. F 59637

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3500 Shelburne Rd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 7
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore 5-10 (If outside city or town limits, write RURAL and give town)
(d) Street No. 3500 Shelburne Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Josephine P. Dreyer.

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband ~~or wife~~ Chas. J. Dreyer
6 (c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) Dec. 4, 1868

8. AGE: Years	Months	Days	If less than one day: hr.	min.
70	7	9		

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Albert Peyser
13. Birthplace Posen

MOTHER
14. Maiden Name Johanna Schildesheim
15. Birthplace Germany.

16 (a) Informant Mrs. Edward D. Israel
(b) Address Shelburne Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 11 1939 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Har Sinai Cem.
Location Bcrets. Md.

18 (a) Funeral director Laird Sondheim & Son
(b) Address 1902 Eutaw Place

19 (a) JUL 11 1939 (b) Registrar for Baltimore City

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1939, at AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/7 1939 to 7/10 1939, and that I last saw her alive on 7/10 1939.

Immediate cause of death Coronary Thrombosis
Hypertension

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
6 days
1939

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Dreyer M. D.
Address 2320 Eutaw Place Date signed

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

59638

59638

CERTIFICATE OF DEATH

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Division St., or Ward)

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. 1 mos. ____ da. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.

2. FULL NAME Clifton M. Parker

If U. S. Veteran specify WAR ____

(a) Residence: No. Cooperville, Md. St., ____ Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 18, 1939

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co. Md

FATHER

13. NAME Winfield Cooper

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Virginia Dorsey

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Winfield Cooper
(Address) Cooperville, Md

18. BURIAL, CREMATION, OR REMOVAL
Place Dusk Park Cemetery Date July 11 1939

19. UNDERTAKER C. M. Walter
(Address) Winfield, Md

20. FILED JUL 11 1939 Hunter for Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-23- 1939

22. I HEREBY CERTIFY, That I attended deceased from 5-26-39 19__, to 6-23-39 19__

I last saw him alive on 6-23-39 19__. Death is said to have occurred on the date stated above, at 6.12 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gastro-Intestinal Disease (Diarrhea).	6-15-39
Other contributory causes of importance: Congenital Anomaly of Eyes, Supernumerary Caruncles.	From Birth

Was an operation performed? ____ Date ____

For what disease or injury? ____

Name of operation ____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____ 19__

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) C. F. Maloney M. D.

(Address) Provident Hospital.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59639

CERTIFICATE OF DEATH

159 F 59639

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Lexington & Greene St. Ward) 8

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Baby Girl Green

(a) Residence: No. 809 W. Mulberry St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	negro.	infant.

3a. If married, widowed or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 23rd. 1939

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant. 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore. Maryland.

FATHER

13. NAME James Green

14. BIRTHPLACE (city or town) (State or country) South Carolina.

MOTHER

15. MAIDEN NAME Jennie Green

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Date JUL 11 1939 19

19. UNDERTAKER Commissioner of Health

(Address) H. A. Moore

FILED JUL 11 1939 Registrar Huntington Williams

4913

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7th. 1939

22. I HEREBY CERTIFY, That I attended, deceased from June 23rd. 1939 to July 7th 1939

I last saw HIM alive on July 7th 1939. Death is said to have occurred on the date stated above, at 9 p m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset 6-23-39

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Brig B. E. Leggas, Jr. M. D.

(Address) University Hospital

V6 3

F 59640

59640

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3017 O'Donnell St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3017 O'Donnell St. (If rural give location)
(e) If foreign born, how long in U. S. A.? -- years

3 (a) FULL NAME Elizabeth Nieberlein

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife John A. Nieberlein
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 24, 1860

8. AGE: Years	Months	Days	If less than one day hr.	min.
79	4	16		

9. Birthplace Baltimore, Maryland. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

MOTHER / FATHER
12. Name Not Known
13. Birthplace Not Known
14. Maiden Name Not Known
15. Birthplace Not Known

16 (a) Informant Geo A. Nieberlein
(b) Address 1105 S. Potomac St. July 12 39

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory St. Matthews Cem.
Location O'Donnell & Ett

18 (a) Funeral director George W. Zibler
(b) Address 1737 E. Eagel St.

19 (a) (Date rec'd by registrar) (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10, 1939, at 12:35 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 6, 1939, to July 10, 1939, and that I last saw her alive on July 8, 1939.

Immediate cause of death: Cerebral hemorrhage — Duration 7-6-39

Due to Arterio-sclerosis — July 1933

Due to Chronic bronchitis — 1936

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature I. B. Bronusheas, M. D.
Address 3017 O'Donnell Date signed 7-10-39

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59641

CERTIFICATE OF DEATH

137 F 59641

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp - S. 26-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran (Specify WAR .....)

2. FULL NAME John W. Ruhl Social Security # 212-10-1236

(a) Residence: No. 825 Conkling St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of Josephine Ruhl

6. DATE OF BIRTH (month, day, year) March 27-1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Elec Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Coppersmiths

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John W. Ruhl

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary Blake

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Josephine Ruhl (Wife)
(Address) 825 S. Conkling St

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date July 13. 1939

19. UNDERTAKER Fitzgerald & Geiger INC.
(Address) 463 W. Lafayette Ave.

20. Filed JUL 11 1939 19 Huntington Pottinger Mgr Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9. 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1 1939 to July 9 1939.

I last saw him alive on July 6 1939 Death is said to have occurred on the date stated above, at 4.40P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign prostatic hypertrophy	
Other contributory causes of importance: Post-Gastric peritonitis	7-9

Was an operation performed? yes Date of 7-9

For what disease or injury? Hypertrophied Prostate

Name of operation suprapubic prostatectomy

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. H. Cunningham M. D.

(Address) Mercy Hosp

F 59642

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B

Registered No. F 59642

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 514 Harwood ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

Street No. 514 Harwood Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Martin F. Carr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Caroline de Compte

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 11, 1872

8. AGE: Years	Months	Days	If less than one day: hr.	min.
66	8	29		

9. Birthplace Baltimore (Town, county, and state.)

10. Usual Occupation Retired

11. Industry or business Manager of offices Lab. Supplies

MOTHER / FATHER

12. Name Do not know

13. Birthplace

14. Maiden Name Do not know

15. Birthplace

16 (a) Informant Mrs. Jean Phillips

(b) Address 514 Harwood Ave

17 (a) Burial, (Burial, cremation, or removal) (b) Date thereof July 12/39 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore

18 (a) Funeral director Rita Wiedefeld

(b) Address 914 Greenmount Ave

19 (a) JUL 11 1939 (Date rec'd by registrar) Huntington Phillips, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/10 1939, at 9.16 A M

21. I certify that death occurred on the date above stated, that I attended deceased from 7/1 1939 to 7/10 1939. and that I last saw h[illegible] alive on July 9 1939.

Immediate cause of death Coronary Thrombosis — **Duration**

Due to

Due to Arterio Sclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Geo. H. Yoe M. D.

Address 835 York Rd Date signed

VS 3

F 59643

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

145a-122B

Registered No. F 59643

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 619 Calor Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Constance Burkett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr)

8. AGE: Years	Months	Days	If less than one day hr.	min.
25				

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Francis P. Wyatt
13. Birthplace Baltimore

MOTHER 14. Maiden Name Pauline M. Johnson
15. Birthplace Baltimore

16 (a) Informant Francis P. Wyatt
(b) Address 619 Calor Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof July 14 39 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

19 [illegible] (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1939. 7:40 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 5 1939. to July 10 1939. and that I last saw h e C alive on July 10 19 39.

Immediate cause of death Terminal pneumonia — Duration: 3 days

Due to Septicaemia — 2 days
Primary to Ileus

Due to Puerperal Sepsis — 5 days

Other Conditions Pyonephrosis — 2 days ?
Pregnancy
(Include pregnancy within 3 months of death)

Major findings:
Of operations delivery 6 mo fetus 7-6-39.

Of autopsy none Planned

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address St Joseph Hospital Date signed 7-10-39

VS 3

F 59644

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

172

Registered No. F 59644

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Ogaton + Pearl Sts.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
Street No. 608 Perkins Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

173

3 (a) FULL NAME Raymond Lyles

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day hr.	min.
47				

9. Birthplace Montgomery Co MD (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name George Lyles

13. Birthplace Montgomery Co, MD

MOTHER 14. Maiden Name Eliza Downer

15. Birthplace MD.

16 (a) Informant Lydia Donnaly Sister

(b) Address 608 Perkins ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 11 to 39 (month) (day) (year)

(c) Cemetery or crematory Montgomery Co MD

Location Montgomery Co.

18 (a) Funeral director Elroy O Wilson

(b) Address 1000 Brantleyer

19 (a) [illegible] (Date received by registrar) (b) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-9-39 19 , at 12:05 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquest) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquest) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Bullet wound of heart	
Due to	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy as above	

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence 7-9-39
(c) Where did injury occur? Ogaton + Pearl Sts (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public place (Specify type of place) While at work? no
(e) Means of injury... revolver shot by Ira Dorsey

23. Signature Conrad Autopsy M.D. Medical Examiner

Date signed 7-10-39

F 59645

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

210-M

Registered No. F 59645

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Pennington Ave + Cabin Branch Creek
(c) Hospital or institution: So Balto Gen Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1034 Argyle Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Marshall
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M
5. Color or race C
6 (a) Single, married, widowed, or divorced Unknown
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 36 | Months | Days | If less than one day hr. min

9. Birthplace Unknown (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business ~~P.W.A.~~ W.P.A.

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant ~~P.W.A.~~ W.P.A.
(b) Address BALTO. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-11-39 (month) (day) (year)
(c) Cemetery or crematory MT. ALBURN
Location MT. WINANS

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Brantley Ave. Huntington Park, Md.

JUL 11 1939 (Date received by Registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-29-39 19 , at 4:45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.
(Autopsy or inquiry) (Autopsy or inquiry)

Immediate cause of death Shock, due to Multiple fractures of legs, skull, — Duration
Due to Rupture of liver and spleen
Due to
Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 6-29-39
(c) Where did injury occur? Pennington Rd + Cabin B. Creek (City or town)
(d) Did injury occur about home, on farm, industrial place, in public place? Public Highway While at work? no (Specify type of place)
(e) Means of injury Struck by automobile

23. Signature Conrad Aeton and M.D. Medical Examiner.
Date signed 6-30-39

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59646

CERTIFICATE OF DEATH

95-B

F 59646

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2404 McElderry St., 7 - 3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Emma C. Doetzkies

If U.S. Veteran specify WAR .....

(a) Residence: No. 2404 McElderry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Herman F. Doetzkies

6. DATE OF BIRTH (month, day, year) June 24, 1875

7. AGE Years	Months	Days	If LESS than 1 day: hrs. or min.
64 yrs.	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Charles [redacted] Gephardt

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Mary Westerberg

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mr Herman F Doetzkies 2404 McElderry St

18. BURIAL, CREMATION, OR REMOVAL Place Schwartz Cemetery Date July 13th 39

19. UNDERTAKER (Address) Wilton E Schilling 1122 E. Monument St

Date JUL 11 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1939, to July 10, 1939

I last saw her alive on July 10, 1939 Death is said to have occurred on the date stated above, at 11 05 A.M.

The principal cause of death and related causes of importance were as follows:

Cardiac Failure — Date of onset .....
Hypertensive Cardiovascular Disease — Date of onset .....

Other contributory causes of importance: .....

Was an operation performed? — Date of .....

For what disease or injury? —

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? None If so, specify .....

(Signed) Israel Rosen M. D.

(Address) 2413 E. Monument St.

59647
365037

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

47-B F 59647
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 133 N Patterson Pk Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME abraham Cohen

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Katie
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 2-15-79
8. AGE: Years 60 Months 4 Days 26 If less than one day hr. min.
9. Birthplace: Russia (Town, county, and state)
10. Usual Occupation: Carpenter
11. Industry or business

MOTHER / FATHER
12. Name: Morris Cohen
13. Birthplace: Russia
14. Maiden Name: Ida Edlowitz
15. Birthplace: Russia

16 (a) Informant: Records JOHNS HOPKINS HOSPITAL
(b) Address
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-12-39 (month) (day) (year)
(c) Cemetery or crematory: Dunedale
Location: Balto Md
18 (a) Funeral director: Louis Levy Inc
(b) Address: 1497 E. Balto St
19 (a) Date received by registrar 1939 (b) Filed for Baltimore, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1939, at AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 3 1939, to July 11 1939, and that I last saw him alive on July 11 1939.

Immediate cause of death
Carcinoma of Lung — Duration 7 days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Romania Bellinger M.D.
Address Johns Hopkins Hosp Date signed 7/11

F 59648

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √166

F 59648 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Harbor of Lancaster St
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 332 S Bethel St (If rural give location)
(e) If foreign born, how long in U. S. A.? 49 years

3 (a) FULL NAME Sophia Jozefa Gruszynski
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W.	married

6 (b) Name of husband — Antoni Gruszynski
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15-1887

8. AGE: Years	Months	Days	If less than one day: hr.	min.
52	7	26		

9. Birthplace Poland (Town, county, and state) 6037
10. Usual Occupation Home Wife
11. Industry or business Home

FATHER 12. Name unknown
13. Birthplace "

MOTHER 14. Maiden Name unknown
15. Birthplace "

16 (a) Informant Antoni Gruszynski.
(b) Address 332 S Bethel St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 7/14/39 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Baltimore, Md.

18 (a) Funeral director Geo. A. Wilber
(b) Address 705 S Ann St

19 (a) Registered by registrar Thurston Williams, M.D. (b) Date

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/11/39 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death — Duration
Drowning
Due to Heart Insanity
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 7/11/39
(c) Where did injury occur? Off Lancaster St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Harbor (Specify type of place) While at work? No
(e) Means of injury Drowning in creek

23. Signature I. W. VanDeGrift Medical Examiner M.D.
Date signed 7/11/39

Boening

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59649

CERTIFICATE OF DEATH

54-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St. 2900-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. Catherine Boening

If U. S. Veteran specify WAR

(a) Residence: No. 409 N. Payson St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lewis M. Boening

6. DATE OF BIRTH (month, day, year) Dec 17, 1907

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	31	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Clifton Va

FATHER

13. NAME Robert Mauck

14. BIRTHPLACE (city or town) (State or country) Clifton Va.

MOTHER

15. MAIDEN NAME Minnie May Thompson

16. BIRTHPLACE (city or town) (State or country) Clifton Va

17. INFORMANT Lewis M. Boening

(Address) 409 N. Payson St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pa. Date July 14 1939

19. UNDERTAKER A. Howard Evans

(Address) 400 E. Chase St

FILED Huntington Williams, M.D. Registrar.

APR 12 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-11-39 . 19

22. I HEREBY CERTIFY, That I attended deceased from 6-12-39 . 19 . to 7-11-39 . 19

I last saw h.e alive on 7-11-39 . 19 . Death is said to have occurred on the date stated above, at 1:25 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	

Other contributory causes of importance

Ascending Thrombosis of Iliac Vein

Was an operation performed? Yes. Date of

For what disease or injury? Tumor of Left Inguinal Canal

Name of operation Excision of Tumor of Left Inguinal Canal

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George H. Bruicellet M. D.

(Address) Bon Secours Hospital

F 59650

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a

Registered No. F 59650

1. PLACE OF DEATH: Baltimore City.
(a) Baltimore City, Maryland
(b) Street address 1527 N. Broadway.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 80.yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimor
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. #1527 Broadway (If rural give location)
(e) If foreign born, how long in U. S. A.? 80 yrs years

3 (a) FULL NAME Sophia M. Geblein.

3 (b) If veteran, name war: None
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Henry E. Geblein.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 29th 1859

8. AGE: Years	Months	Days	If less than one day
79 80	10 11	11 21	hr. min.

9. Birthplace Baltimore. Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business Home

FATHER
12. Name Augus Utermohl
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Harry Silverwood
(b) Address #305 Title Bldg.

17 (a) (Burial, cremation, or removal) (b) Date thereof July 13th 39 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Ce 1939
Location Fredrich Road. Baltimor. M

18 (a) Funeral director Gro. M. Fink & Son.
(b) Address # 811 N. Wolfe St.

19 (a) (Date received by registrar) (b) Registrar

JUL 12 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July, 10th. 1939, at 11am M

21. I certify that death occurred on the date above stated; that I attended deceased from April 25 1939 to July 10 1939, and that I last saw her alive on July 10 1939.

Immediate cause of death	Duration
Cerebral Hemorrhage	2 hrs.
Due to Hypertension	1 yr.
Due to	
Other Conditions Hypostatic Pneumonia	5 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas. P. Neer, M.D.
Address 408 S Pad Pk Ave Date signed 7/11/39

Spec.—8-16-29—L. F. S.—100 Blks.

F 59651

59651

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1610 Riggs ave ST. 16-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Eva E. Howard

(a) RESIDENCE NO. 1610 Riggs ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col.	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of W. Alfred Howard

6 DATE OF BIRTH (month, day, and year) July 2 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60		7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER William Thompson

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country)

12 MAIDEN NAME OF MOTHER Mary –

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country)

14 Informant Ellen Howard (Address) Bellevue Apts

15 Filed JUL 12 1939 19 Martin Hill Williams M.D. (Local Registrar)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9, 1939

17 I HEREBY CERTIFY, That I attended deceased from June 24, 1939, to July 9, 1939,

that I last saw her alive on July 9, 1939

and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Arterial Hypertension

(duration) yrs 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Douglas Shepperd, M. D.

7-10, 1939 (Address) 1063 Myrtle ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery

DATE OF BURIAL July 12, 1939

20 UNDERTAKER Mrs Katie A. Williams

ADDRESS 322 N Schroeder St

F 59652

Case No. 17262 DK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B F 59652

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Maryland
(c) Hospital or institution: Baltimore City Hoppitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 9 19
(e) Length of stay in Baltimore (yrs., mos., or days) 8 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 904 Madison Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Boyd

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/18/65

8. AGE: Years 74 Months 2 Days 19 If less than one day hr min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Waiter

11. Industry or business

FATHER
12. Name James Boyd
13. Birthplace Virginia

MOTHER
14. Maiden Name Alice Baptist
15. Birthplace Virginia

16 (a) Informant B. C. H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location
UNIVERSITY MEDICAL SCHOOL JUL 12 1939
Commissioner of Health

18 (a) Funeral director For M. A. Moore
(b) Address

19 (a) (Filed by registrar) (b)
12 1939

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1939, at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-18 1936, to 7-7 1939, and that I last saw h alive on 7-7 1939.

Immediate cause of death: Arteriosclerotic Heart disease — Duration: unknown

Due to

Due to

Other Conditions: Arteriosclerosis generalized — unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

PHYSICIAN

(Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Mervaghebotton M. D.
Address Balto City Hosp Date signed 7-12-39

F 59653

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a

Registered No. F 59653

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4902 Chalgrove Ave

(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 wk

(e) Length of stay in Baltimore (yrs., mos., or days) 53

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 4902 Chalgrove Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? 53 years

3 (a) **FULL NAME** Sarah Rosenberg

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or ~~wife~~: Henry Rosenberg

6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 75 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Home Wife 1937

11. Industry or business —

MOTHER / FATHER

12. Name Von Krain

13. Birthplace Russia

14. Maiden Name Von Krain

15. Birthplace Russia

16 (a) Informant Esther Wagner

(b) Address 4920 Rosenberg ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-12-39 (month) (day) (year)

(c) Cemetery or crematory Sinai

Location Wash. Blvd

18 (a) Funeral director Jack Levin Inc

(b) Address 1439 E. Baltimore St

19 JUL 12 1939 (Date rec'd by registrar) (b) Huntington Hilliard, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11, 1939, at 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1934 to July 11, 1939.

and that I last saw h alive on July 10, 1939.

Immediate cause of death: Cerebral Hemorrhage — Duration: 1 week

Due to —

Due to —

Other Conditions: Myocardial Insufficiency, Renal

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work (Specify type of place)

(e) Means of injury —

23. Signature Sidney D. Levy, M.D.

Address 732 Eutaw Place Date signed 7/11/39

F 59654

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94

Registered No. F 59654

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3315 Liberty Heights Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 3315 Liberty Heights Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 60 Yrs. years

3 (a) FULL NAME HARRY W. GOLDBERG

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Helen A. Goldberg.
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Jany. 15, 1875

8. AGE: Years	Months	Days	If less than one day
64	5 6	26	hr. min.

9. Birthplace Russia. (Town, county, and state)
10. Usual Occupation Stock & Bond Salesman
11. Industry or business

FATHER
12. Name Meyer Goldberg,
13. Birthplace Russia.

MOTHER
14. Maiden Name Minnie Gochrach,
15. Birthplace Russia.

16 (a) Informant Mrs. H. W. Goldberg,
(b) Address 3315 Liberty Heights Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13, 1939 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Hebrew Friendship
Location Baltimore, Md.

18 (a) Funeral director David Sondheim & Son
(b) Address 1902 Eutaw Place

19 JUL 12 1939 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11, 1939 at PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/8 19 . to 7/11 1939.
and that I last saw h[illegible] alive on 7/11 1939.

Immediate cause of death	Duration
Acute Coronary Thrombosis	
Due to Ch Angina	
Due to Ch arteriosclerosis	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. L. Hornstein M. D.
Address 733 N. Asquith St. Date signed

VS 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59655

CERTIFICATE OF DEATH

131 F 59655

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 503 N. PATTERSON PARK AVE. St., 9 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME MARIA M. KUCHTA.

If U. S. Veteran specify WAR .....

(a) Residence: No. 503 N. PATTERSON PARK AVE. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	WIDOWED

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of IGNATIUS KUCHTA.

6. DATE OF BIRTH (month, day, year) JULY 3 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
81	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WORK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) GERMANY

FATHER

13. NAME UNKOWN

14. BIRTHPLACE (city or town) (State or country) GERMANY

MOTHER

15. MAIDEN NAME UNKOWN

16. BIRTHPLACE (city or town) (State or country) GERMANY

17. INFORMANT JAMES KUCHTA SON.
(Address) 503 PATTERSON PARK AVE.

18. BURIAL, CREMATION, OR REMOVAL.
Place HOLY REDEEMER Date JULY 13 1939

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 407 S. WOLFE ST.

20. Filed JUL 12 1939 Registrar for Williamson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JULY 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 12 1939 to July 10 1939

I last saw h... alive on 8/10 1939. Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

Chr C Myocarditis 1 yr — Date of onset
arteriosclerosis 1 yr
Coronary disease 1 yr

Other contributory causes of importance: Nephritis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

F 59656

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 Registered No. F 59656

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 229 So Wolfe St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 229 So Wolfe St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hanna Gerstbrick

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Fe	Wh	Widow

6 (b) Name of husband or wife Anthony Gerstbrick

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 2 - 1856

8. AGE: Years	Months	Days	If less than one day: hr.	min
83	5	8		

9. Birthplace Austria (Town, county, and state)

10. Usual Occupation House Work
11. Industry or business at Home

FATHER
12. Name Heinz
13. Birthplace Austria

MOTHER
14. Maiden Name unknown
15. Birthplace Austria

16 (a) Informant Anna Vilak Daughter
(b) Address 229 S. Wolfe St

17 (a) (Burial, cremation, or removal) (b) Date thereof 7-15-39 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Lilly + Zeiler INC.
(b) Address 403 S. Wolfe St.

19 JUL 12 1939 Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

VS 6

MEDICAL CERTIFICATION 3 PM

20. DATE OF DEATH 7/10/39 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
~~Pulmonary Tuberculosis~~: Fatal Hemorrhage	
Due to Mitral Stenosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence No
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm Wande Graft M.D.
Medical Examiner
Date signed 7/10/39

F 59657

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59657

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 734 S. CONKLING ST. St. 26-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mon. ... ds.

2. FULL NAME CATHRINE REGINA FOX.

If U. S. Veteran specify WAR

(a) Residence: No. 734 S. CONKLING ST. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	WIDOW

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of AUGUST FOX.

6. DATE OF BIRTH (month, day, year) JUNE 16 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79	9	27 25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WORK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) KENTUCKY

FATHER

13. NAME UNKOWN

14. BIRTHPLACE (city or town) (State or country) KENTUCKY

MOTHER

15. MAIDEN NAME UNKOWN

16. BIRTHPLACE (city or town) (State or country) KENTUCKY

17. INFORMANT FRANCIS FOX. DAUGHTER
(Address) 734 S. CONKLING ST.

18. BURIAL, CREMATION, OR REMOVAL
Place SACRED HEART Date JULY 14 1939

19. UNDERTAKER Lilly & Zeiler INC.
(Address) 403 S. WOLFE ST.

20. FILED JUL 12 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JULY 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from 5/15/39, 19..., to 7/11/39, 19...

I last saw ... alive on 7/11/39, 19... Death is said to have occurred on the date stated above, at 9:30 A m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis.
Hydrothorax Pneumonia
Uremic poisoning.

Date of onset

Other contributory causes of importance:
Senile Cardiac Dilatation

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If a ... (Signed) H. H. Ferrell, M. D.

(Address) 632 S. Conkling

V8 8

46402 Jo

F 59658

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 186-a 59658

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balto. City Hospt.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3122 E. monument st. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME frank Tauber Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Mary tauber
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-26-1861

8. AGE: Years	Months	Days	If less than one day: hr.	min.
78	0	15		

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name frank tauber
13. Birthplace Germany

MOTHER
14. Maiden Name Rosalie Wegertner
15. Birthplace German

16 (a) Informant B. V. H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 7-14-39 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Lilly + Zeiler Inc.
(b) Address 403 S. Wolfe St

19 (a) JUL 12 1939 (Date rec'd by registrar) (b) Huntington Hollins (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-10 1939 at 11 18 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-10 1937 to 7-10 1937 and that I last saw him alive on 7-10 1937.

Immediate cause of death	Duration
Broncho pneumonia	1 week
Due to Fracture rib, right	1 week
Due to	
Other Conditions Carcinoma of stomach (Include pregnancy within 3 months of death)	?

Major findings:
Of operations none
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? Accident
(b) Date of occurrence 6/8/39
(c) Where did injury occur? 3122 E Monument St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? ? (Specify type of place)
(e) Means of injury Fell getting out of bed

23. Signature L K Weisenmuller Jr M. D.
Address Balto City Hosp. Date signed 7-11-39

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59659

CERTIFICATE OF DEATH

95-B F 59659

1. PLACE OF DEATH Mercy Hospital

Registered No.

CITY OF BALTIMORE: (No. 20-35 S. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret C. Kraft

If U. S. Veteran specify WAR

(a) Residence: No. 316 N. Franklintown Rd. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-25-1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. (Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Andrew Kraft

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dorothea Lena Brack

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Lena Arnold

(Address) 316 N. Franklintown Rd

18. BURIAL, CREMATION, OR REMOVAL

Place St Johns Date 7-15 1939

19. UNDERTAKER H. Reinhardt Sons

(Address) Edmondson City Md

20. FILED JUL 12 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-12 1939

22. I HEREBY CERTIFY, That I attended deceased from 6-6 1939 to 7-12 1939

I last saw her alive on 7-12 1939 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic C-V Dis	?
Coronary Thrombosis	6-5-39
Cerebral Thrombosis	6-15-39
Right Hemiplegia	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Exam Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. L. Vollmer M. D.

(Address) Mercy Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59660

CERTIFICATE OF DEATH

95-B F 59660

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3627 Roland Ave 43-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Ann Martin

If U. S. Veteran specify WAR

(a) Residence: No. 3627 Roland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Harry S. Martin

6. DATE OF BIRTH (month, day, year) Sept 9-1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Joseph Smith

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary A. Price

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Wm Hazel Martin

(Address) 3627 Roland ave

18. BURIAL, CREMATION, OR REMOVAL

Place Jewish Cem. Date July 13 1939

19. UNDERTAKER Geo. F. Boyer Jr

(Address) 1512 Baltimore St

20. FILED JUL 12 1939 Hunter Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 4 1933, to July 11 1939

I last saw h.. alive on July 10 1939 Death is said to have occurred on the date stated above, at 12:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerotic Cardiovascular disease	2 yrs
Other contributory causes of importance Coronary thrombosis	4 hrs

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation

What test confirmed diagnosis? Ex Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. H. Smith M. D.

(Address) 3429 Chestnut Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59661

CERTIFICATE OF DEATH

82-aF 59661

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2823 Frederick Ave (Ward) 20-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Greenwood

If U. S. Veteran specify WAR

(a) Residence: No. 2823 Frederick Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thomas E. Greenwood

6. DATE OF BIRTH (month, day and year) Aug 29 1857

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	81	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Wife

10. Date deceased last worked at this occupation (month and year) Dec 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co Maryland.

FATHER

13. NAME George Fritz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT George Greenwood

(Address) 2823 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem. Date July 14 1939

19. UNDERTAKER Eastern Sons

(Address) Edmondson City

20. [illegible] Huntington Williams, Md.

JUL 12 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 11 1939

22. I HEREBY CERTIFY, That I attended deceased from July 8 1939 to July 11 1939

I last saw h alive on July 11 1939 Death is said to have occurred on the date stated above, at 1240 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	3
hypertension	
Other contributory causes of importance	
cerebral hemorrage	3 days

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical & exam. no Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. T. Lyon M. D.

(Address) 332 Edmondson Ave

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 206-M F 59662

F 59662

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore City Hospitals
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days) 35 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt.
(c) City or town Spears Point (If outside city or town limits, write RURAL and give town)
(d) Street No. 26 Bayard & Holabird Aves. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Lisa (Wiszomierski)

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 216-01-9034

4. Sex: M. | 5. Color or race: Wh. | 6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) aug 24 1918

8. AGE: Years 20 | Months 10 | Days 15 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Machinist
11. Industry or business Bethlehem Steel Co.

FATHER
12. Name John Wiszomierski
13. Birthplace Poland

MOTHER
14. Maiden Name Sophia Sadla
15. Birthplace Poland

16 (a) Informant Mrs Sophia Wiszomierski
(b) Address 105 Bayard and Holabird

17 (a) (Burial, cremation, or removal) (b) Date thereof 7/13/39 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location Balto County

18 (a) Funeral director John M Webley
(b) Address 401 S. Chester St Fountain Green, Md.

19 (a) (Date received by local registrar) JUL 13 1939 (b) Registrar

VS 6

MEDICAL CERTIFICATION 6 30 P.M.

20. DATE OF DEATH 7/9/39 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fracture of skull, Laceration of brain
Due to: Fracture of mandible
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Laceration of brain

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 7/6/39
(c) Where did injury occur? Boston Ave near Lakewood Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Street (Specify type of place) While at work? going home
(e) Means of injury Auto struck by car

23. Signature H M D M.D. (Medical Examiner)
Date signed 7/12/39

663

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

Register No. F 59663

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2015 Clifton Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2015 Clifton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Beck

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, ~~married, widowed, or divorced.~~ Single
6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 14th 1862

8. AGE: Years 76 | Months 9 | Days 27 | If less than one day: hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Housework
11. Industry or business At Home

FATHER
12. Name George Beck
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret ?
15. Birthplace

16 (a) Informant Lillian Grieb
(b) Address 2015 Clifton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/15/39 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Balto
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.

19 (a) Filed by (signature) (b) Huntington Pittsburgh, Md.

JUL 13 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11, 1939, at 1.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1939 to July 11, 1939, and that I last saw her alive on July 10 1939.

Immediate cause of death: Arteriosclerotic Cardio-vascular disease — Duration: 10 years
Due to: Senility
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Israel P. Meranski M. D.
Address 1910 W. North Ave Date signed 7/11/39

F 59664

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 59

Registered No. 59664

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1226 N Gay St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1248 N Gay Street (If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Lora Tuttle

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: Wh | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: William A Tuttle

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug 1868

8. AGE: Years 70 | Months 11 | Days | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name John King

13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Ellen Murphy

15. Birthplace Baltimore Md

16 (a) Informant Wm A Tuttle

(b) Address 2488 Gay St

17 (a) Burial (Burial, cremation, or removal)

(b) Date thereof July 16 1939 (month) (day) (year)

(c) Cemetery or crematory Greenmount Cem

Location Baltimore Md

18 (a) Funeral director Tuttle & Co

(b) Address 2424 St Paul St

19 (a) ..... (b) Huntington Williams Registrar

(Registrar)

JUL 13 1939

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1939. at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 12 1939. to July 12 1939. and that I last saw h er alive on July 12 1939.

Immediate cause of death

Arteriosclerosis

Due to .....

Due to .....

Other Conditions Diabetes

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

Duration: ..... Years

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury .....

23. Signature Walter D White M. D.

Address 2800 St Paul Date signed 7/12/39

59665

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 59665 Registered No. 46-E

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3009 Shannon Drive
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3009 Shannon Drive (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William G. Kuhn

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 216-01-1987

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary E

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr): May 18 1874

8. AGE: Years: 65 | Months: 1 | Days: 24 | If less than one day: hr. min.

9. Birthplace: Germany. (Town, county, and state)

10. Usual Occupation: Supt. Bottling Dept

11. Industry or business: Beer Brewery

MOTHER | FATHER

12. Name: Unknown

13. Birthplace: Germany

14. Maiden Name: Unknown

15. Birthplace: Germany

16 (a) Informant: Mrs Mary E Kuhn

(b) Address: 3009 Shannon Drive

17 (a) Burial (Burial, cremation, or removal)

(b) Date thereof: July 14 1939 (month) (day) (year)

(c) Cemetery or crematory: Detroit, Michigan

Location

18 (a) Funeral director: Wilson Co

(b) Address: 1217 E Fayette

19 (a) (Date rec'd by registrar) JUL 13 1939

(b) Huntington Pallbearers, Md

(c) Address 516

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1939, at 6.25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 30 1939 to July 12 1939.
and that I last saw h alive on July 4 1939

Immediate cause of death

Cancer of Gallbladder

Duration about 3-4 Months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W G Mayer M. D.
Address 516 Cathedral St Date signed 7-12-39

9666 F 59666

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1703 N Mount St. 15-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bertha Brown

(a) Residence: No. 1703 N Mount St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col.	Widow

5a. If married, widowed, or divorced (or) WIFE of Brown

6. DATE OF BIRTH (month, day, year) Dec 27, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
56	57	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Samuel Milburn

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Louise ?

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Paul Hill Thomas (daughter)

(Address) 1703 N Mount St

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Date July 13, 1939

19. UNDERTAKER Thomas E. Kelson

(Address) 1363 Fremont Ave

FILED JUL 13 1939 Washington Billings, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1939 to July 10, 1939

I last saw her alive on July 9, 1939 Death is said to have occurred on the date stated above, at 11 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bronchopneumonia Nephritis	6/1/39
Other contributory causes of importance: Mitral Insufficiency Hypertension (Latent Arteriosclerosis)	1927

Was an operation performed? no Date of .....

For what disease or injury? none

Name of operation none Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) R. J. Yeung M. D.

(Address) 1424 E Monument St

9667

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E

F 59667
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 124 So Carlington Ave Collington Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 124 S. Collington Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 45 years

3 (a) FULL NAME Jacob Katz
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Jennie
6 (c) If alive, give age 70 years
7. Birth date of deceased (mo., day, yr.)
8. AGE: Years 73 Months Days If less than one day hr. min.
9. Birthplace Russia (Town, county, state or foreign country)
10. Usual Occupation Retired tailor
11. Industry or business

MOTHER / FATHER
12. Name Abraham Katz
13. Birthplace Russia
14. Maiden Name Celia
15. Birthplace Russia

16 (a) Informant Sadie Katz
(b) Address 124 S Collington Ave
17 (a) Burial (Burial, cremation, or removal)
(b) Date thereof 7-13-39 (month) (day) (year)
(c) Cemetery or crematory Herring Run
Location Phila Rd & Moravia Lane
18 (a) Funeral director Jos Levin Sons
(b) Address 1439 E. Balto St.
19 (a) JUL 13 1939 (b) Registrar for Baltimore, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1939 at 1 P M
21. I certify that death occurred on the date above stated that I attended deceased from July 10 1939 to July 12 1939
and that I last saw deceased alive on July 12 1939

Immediate cause of death: Carcinoma of Liver — Duration 4 m

Due to

Due to

Other Conditions Myocarditis — Duration 2 y

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M J Bayhan M. D.
Address 2020 Eutaw Date signed 7/12/39

VS 3

F 59668

9668

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 46-B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2037 Eagle St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2037 Eagle St (If rural give location)
(e) If foreign born, how long in U. S. A.? 10 yrs years

3 (a) FULL NAME Jacob Louis Tolombek

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Vernick

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day: hr.	min.
74				

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

MOTHER / FATHER

12. Name Mendel Tolombek

13. Birthplace Poland

14. Maiden Name Tessie

15. Birthplace Poland

16 (a) Informant Joseph Tolombek

(b) Address 2037 Eagle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-13-39 (month) (day) (year)

(c) Cemetery or crematory Southern Ave.

Location Southern Ave

18 (a) Funeral director Jack Lewis Inc

(b) Address 1439 E. Baltimore St

19 (Date received by Registrar) JUL 13 1939 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/12/39 19 , at 30 M

21. I certify that death occurred on the date above stated, that I attended deceased from 5/1 1939, to 7/12 1939, and that I last saw him alive on 7/11 1939.

Immediate cause of death: Carcinoma of stomach — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. H. Homatein M. D.

Address 733 Argyle St Date signed 7/13/39

669

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-F

Registered No. F 59669

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2538 Quantico Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 2538 Quantico Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 27 years

3 (a) FULL NAME Yetta Scheinin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Jacob

6 (c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) 1866

8. AGE: Years 73 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

MOTHER / FATHER

12. Name Phillip

13. Birthplace Russia

14. Maiden Name Belle

15. Birthplace Russia

16 (a) Informant Jacob Scheinin

(b) Address 2538 Quantico

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-13-39 (month) (day) (year)

(c) Cemetery or crematory Rosedale

Location Philad. & Hamilton Ave

18 (a) Funeral director Jack Levin Inc.

(b) Address 4337 E. Balto St.

19 (a) (Date rec'd by registrar) (b)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1939 at 11-15 A M

21. I certify that death occurred on the date above stated, that I attended deceased from March 30-39 to July 2 1939.
and that I last saw her alive on July 4 1939

Immediate cause of death Cancer of Pancreas — Duration 3 m

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M J Baylin M.D.

Address 2040 Eutaw Date signed 7/12/39

VS 3

59670 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 59670

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH Union Memorial Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Balto St., Md. Ward) 4723

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mrs. Annie Buchwald — If U. S. Veteran specify WAR .....

(a) Residence: No. 4802 Richard Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bruno A. Buchwald

6. DATE OF BIRTH (month, day, year) Oct. 10, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME John G. Mann

14. BIRTHPLACE (city or town) Unknown (State or country) Maryland.

MOTHER

15. MAIDEN NAME Naomi Whitaker

16. BIRTHPLACE (city or town) Unknown (State or country) Pa.

17. INFORMANT Mr. George Buchwald, (Address) 4802 Richard Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date July 14, 1939

19. UNDERTAKER J. Langenbacher (Address) 7401 Belair Road

20. FILED JUL 13 1939 — Huntington Hills, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1939 to July 14, 1939

I last saw her alive on July 11, 1939 Death is said to have occurred on the date stated above, at 10 25 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive C-V Disease	?
Cardiac decompensation	

Other contributory causes of importance

Was an operation performed? NO Date of —

For what disease or injury? —

Name of operation

What test confirmed diagnosis? — Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) S. D. Sunday, M. D.

(Address) Union Memorial Hospital

F 59671

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-W

Registered No. F 59671

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Room 315 U.S. Post Office Bld
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4238 Parkside Drive (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME William Michael Doyas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M.

5. Color or race Wh.

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mollie Doyas

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Feb. 14, 1872

8. AGE: Years 67 | Months 5 | Days 27 | If less than one day: hr. ____ min.

9. Birthplace Baltimore, Maryland (Town, county and state)

10. Usual Occupation Immigration Inspector

11. Industry or business U.S.

FATHER
12. Name Michael Doyas
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Wozniak
15. Birthplace Germany

16 (a) Informant Mollie Doyas
(b) Address 4238 Parkside Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 14/39 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cemetery
Location German Hill Road

18 (a) Funeral director F. W. Ozazewski
(b) Address 1910 Eastern Avenue

19 JUL 13 1939 Hunter Williams, M.D. Registrar

MEDICAL CERTIFICATION 9 15a.

20. DATE OF DEATH 7/11/39 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquest) thereon and from the evidence obtained by said ____ (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence No
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. B. Vandersluis M.D. Medical Examiner
Date signed 7/12/39

VS 6

Coroner's Case 59672

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119

F 59672

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 4 mos 27 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 400 N Broadway (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Raymond Hand
(b) If veteran, name war
(c) Social Security Account No.

4. Sex M
5. Color or race W
6. (a) Single, married, widowed, or divorced. Single
(b) Name of husband or wife
(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb 14 1939
8. AGE: Years Months 4 Days 27 If less than one day hr. min.
9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name Raymond A Hand
13. Birthplace Balt Md

MOTHER
14. Maiden Name Hilda Morrison
15. Birthplace Balt Md

16. (a) Informant Raymond A Hand
(b) Address 400 N Broadway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 14 1939 (month) (day) (year)
(c) Cemetery or crematory Catholic
Location Balt Md

18. (a) Funeral director Joseph A Sperry
(b) Address Fulton & Fayette

19. (a) Date received by registrar JUL 13 1939
(b) Registrar Thurlington Fillingame

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1939, at 4 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/12/39 to 7/12 1939, and that I last saw him alive on 7/12 1939.

Immediate cause of death: Gastro-enteritis infancy

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Conrad Acton M.D. asst med examiner
Address Bon Secours Hospital Date signed 7-13-39

VS 8

F 59673

9673

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1239 Division st.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1239 Division St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Dewitier
(b) If veteran, name war
(c) Social Security Account No.

4. Sex Male
5. Color or race Col
6 (a) Single, married, widowed, or divorced. Widower.
(b) Name of husband or wife Adeline Dewitier
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)
8. AGE: Years 69 Months Days If less than one day hr. min.
9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

12. Name James Dewitier.
13. Birthplace France
14. Maiden Name Sarah
15. Birthplace Balto Co.

16 (a) Informant Katie Johnson
(b) Address 1239 Division St.

17 (a) (Burial, cremation, or removal)
(b) Date thereof July 14 1939 (Month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St Frostburg for Williams, Md

19 (a) Entered by (Name) (b) Registrar

JUL 13 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11th 1939. at 6.00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 14 1939. to July 6 1939. and that I last saw him alive on July 6 1939.

Immediate cause of death Chronic Interstitial Nephritis Duration 1 yr. 4 days
(a) Carbuncle on abdomen
Due to Cancer Ureter - Uremia & Coma
(b) Due to Ca Ureter
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. H. Lauenstein M. D.
Address 2215 N. Charles Ave Date signed

VS 3

F 59674

46231-FS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-D Registered No. F 59674

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2406 E. Preston St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Shaughnessy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-12-1877

8. AGE: Years	Months	Days	If less than one day
61	6	28	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation unknown
11. Industry or business Retired

FATHER
12. Name Edward
13. Birthplace N. Y.

MOTHER
14. Maiden Name Gertrude Curtain
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13/39 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore
18 (a) Funeral director Philip Henrig Sons
(b) Address 2016 Orleans St.
19 JUL 13 1939 (Date accepted) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-10 1939, at 10 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-5 1939, to 7-10 1939 and that I last saw h[illegible] alive on 7-10 1939.

Immediate cause of death Carcinoma of Rectum — Duration ?

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. K. Woodworth M. D.
Address Balto City Hosp. Date signed 7-11-39

9675

F 59675

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 23

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 112 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1031 N. Wolfe St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Bowman (Traynham) (43027)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 3, 1919

8. AGE: Years 19 | Months 11 | Days 5 | If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation C.C. Camp

11. Industry or business

FATHER
12. Name John
13. Birthplace Va.

MOTHER
14. Maiden Name Elizabeth Clark
15. Birthplace Va.

16 (a) Informant Hospital Records
(b) Address

17 (a) Clover Va (Burial, cremation, or removal) (b) Date thereof 7-13-39 (month) (day) (year)
(c) Cemetery or crematory Clover Va
Location

18 (a) Funeral director James. M. Skinner
(b) Address 907 N. Mount St

19 (a) 13 1939 (Date received by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8, 1939, at 10:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 18, 1939, to July 8, 1939, and that I last saw him alive on July 8, 1939.

Immediate cause of death	Duration
Tuberculosis of lungs	March 1939
Due to	
Due to	
Other Conditions Measles	Feb 24 1939

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Galesi M. D.
Address Balto. City Hospitals Date signed 7-10-39

VS 3

676

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

123

F 59676

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2835 Mayfield ave

(c) Hospital or institution: St Joseph Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2835 Mayfield ave (If rural, give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alexander Cunningham

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-3562

4. Sex Male

5. Color or race white

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of ~~husband~~ or wife Marie Black

6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Sept 21, 1875

8. AGE: Years 63 Months 9 Days 19 If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation motorman

11. Industry or business Balt. Transit Co.

FATHER 12. Name Alexander Cunningham

13. Birthplace Ireland

MOTHER 14. Maiden Name Not Known

15. Birthplace

16 (a) Informant Mrs Marie Cunningham

(b) Address 2835 Mayfield Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/13/39 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn

Location Balto. Co.

18 (a) Funeral director E. J. Fanning & Son

(b) Address 1938 E. Lafayette Ave

19 (a) JUL 13 1939 (Date received by registrar) (b) Huntington Williams Md

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1939, at 9:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 5 1939, to July 10 1939, and that I last saw h[illegible] alive on July 10 1939.

Immediate cause of death Cerebral Embolism — Duration

Due to

Due to

Other Conditions Diffuse Rectal abscess - Post Operative

(Include pregnancy within 3 months of death)

Major findings:

Of operation Bilateral Diffuse Rectal abscess

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Bernard J. Sabatini M. D.

Address St Joseph Hosp Date signed 7-10-39

59677

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C

✓ F 59677

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3702 Cheshlom Rd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3702 Cheshalom (If rural give location)
(e) If foreign born, how long in U. S. A? ..... years

3 (a) FULL NAME Nettie A. Craig

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F
5. Color or race W
6 (a) Single, ~~married, widowed~~, or divorced.

6 (b) Name of husband or wife —
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug. 5-1866

8. AGE: Years 72 | Months 11 | Days 6 | If less than one day hr. ..... min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Retired School Teacher
11. Industry or business Teacher

FATHER
12. Name Oliver Craig
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Kate Franck
15. Birthplace Baltimore Md

16 (a) Informant Chas. Craig
(b) Address 3702 Cheshalom Rd

17 (a) ..... (Burial, cremation, or removal)
(b) Date thereof July 14/39 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore Md

18 (a) Funeral director Chas E. Franck
(b) Address 502 Madison Ave

19 (a) JUL 13 1939 (Date received by registrar)
(b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1939, at 8:27 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 8 1939 to July 11 1939, and that I last saw h alive on July 11 1939.

Immediate cause of death Myocarditis Chronic
Due to Coronal attack
Due to Pneumonia
Other Conditions Pulmonary Tuberculosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy .....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature John A Craig M. D.
Address 612 N 40 Date signed .....

59678

F 59678

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 94-9

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5401 Oaklawn Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5400 Oaklawn Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Howard Boland

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Jenia

6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) June 29-187X

8. AGE: Years 65 | Months | Days 13 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Master Plumber

11. Industry or business

FATHER 12. Name Thomas B. Boland

13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Margaret E. Murray

15. Birthplace

16 (a) Informant Frederick Boland

(b) Address 5400 Oaklawn Rd

17 (a) (Burial, cremation, or removal) (b) Date thereof 7/16/39. (month) (day) (year)

(c) Cemetery or crematory London Park

Location Baltimore Md

18 (a) Funeral director Chas. E. Franck

(b) Address 802 Madison Ave

19 (a) (Interred by [illegible]) (b) Huntington Williamsport, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1939, at 2 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 26 1939 to July 12 1939, and that I last saw h[illegible] alive on July 10 1939.

Immediate cause of death Cerebral Hemorrhage — Duration 16

Due to

Due to

Other Conditions Angina Pectoris Coronary Artery Disease

(Include pregnancy within 3 months of death)

Major findings of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.

Address Temple Jordan Md Date signed 7/15/39

VS 3

F 59679

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91

Registered No. F 59679

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address "Ashburton House"
(c) Hospital or institution: 11 Dolton St REAR Carlton Park
(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. "Ashburton House" North Dolton St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Louise Bird

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 7 1858

8. AGE: Years 80 Months 9 Days 5 If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Stephen Lee Bird
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Ursula Scrivner
15. Birthplace Maryland

16 (a) Informant Mrs Ethel Brown
(b) Address "Ashburton House"

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13 39 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Williams Jenkins & Sons
(b) Address Prof. & Penna. Aves. Huntington Williamsport Md.

19 (a) JUL 13 1939 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1930 19 . to 7-12 1939.
and that I last saw h ER alive on 7-10 1939.

Immediate cause of death CEREBRAL ARTERIOSCLEROSIS — Duration 10+ YRS.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John L. Dorsey M. D.
Address 1129 St. Paul St Date signed 7-13-39

VS 8

59680

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B ✓ Registered No. F 59680

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Eleventh
(c) Hospital or institution: St Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md ✓ (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 619 E 41st Street (If rural give location) ✓
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Addison Smith Hall

3 (b) If veteran, name war: ✓

3 (c) Social Security Account No. 213-10-0133

4. Sex male | 5. Color or race White | 6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Bertha May Hall

6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Dec 7 - 1872

8. AGE: Years 66 | Months 7 | Days 5 | If less than one day hr. min.

9. Birthplace Maryland (town, county, and state)

10. Usual Occupation Stock man

11. Industry or business Electric Railway

FATHER 12. Name Unknown

13. Birthplace Maryland

MOTHER 14. Maiden Name Ella ?

15. Birthplace Virginia

16 (a) Informant Mr Leonard Hall

(b) Address 3953 Sibley Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 14 (month) 1939 (year)

(c) Cemetery or crematory Mt Lebanon

Location Baltimore Md

18 (a) Funeral director Mr J Dietner & Sons

(b) Address North & Pa Aves

19 Filed JUL 13 1939 Registrar Huntington Hollowell M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1939; at 5:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 19, 1939 to July 12 1939, and that I last saw him alive on 7-12 1939.

Immediate cause of death: Degenerative Heart

Due to Pleural effusion Pulmonary congest

Due to arterio sclerotic hypertensive heart disease

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy none made

Duration: over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Kelmenson M. D.
Address 1 Jos Hosp Date signed 7/17/39

VS 3

9681

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

F 59681

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. No Home
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Boyle

(b) If veteran, name war

3 (c) Social Security Account No. Unknown

4. Sex M

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

(b) Name of husband or wife Wife (d)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/8/70

8. AGE: Years 68 | Months 11 | Days 28 | If less than one day: hr. min.

9. Birthplace Philadelphia
(Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

12. Name John

13. Birthplace Ireland

14. Maiden Name Catherine O'Donnell

15. Birthplace Ireland

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/13/39 (month) (day) (year)

(c) Cemetery or crematory Sacred Heart Cem
Location Balto County Md

18 (a) Funeral director John J Welsh Sons

(b) Address 1308 Light St

(b) Huntington Williams, Mgr.
(Signature of local registrar)

JUL 13 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-6- 1939, at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-29- 1938 to 7-6- 1939 and that I last saw him alive on 7-6- 1939

Immediate cause of death
Bronchopneumonia
Pulmonary edema
Due to Hypertensive CVD

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings
Of operations

Of autopsy

Duration
5 days
30 min

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. M. Waghelstein M. D.
Address 1 Balto City Hosp Date signed 7-12-39

VS 8

59682

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-B

Registered No. 59682

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) 17 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Westminster R.D.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME John E. Heck

(b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

(b) Name of husband or wife Viene Heck
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 14 1870

8. AGE: Years	Months	Days	If less than one day
68	8	28	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Produce merchant
11. Industry or business Produce

FATHER
12. Name Nathaniel Heck
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth Stauffer
15. Birthplace Maryland

16 (a) Informant Wife. Mrs. J.C. Heck.
(b) Address Uniontown, Md.

17 (a) Uniontown (Burial, cremation, or removal) (b) Date thereof 7 15 1939 (month) (day) (year)
(c) Cemetery or crematory Lutheran
Location Uniontown

18 (a) Funeral director C. O. Fuss & Son
(b) Address Taneytown, Md.

19 (a) JUL 13 1939 Huntington Williams M.D. Registrar
(Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1939, at 9:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/25 1939 to 7/12 1939, and that I last saw him alive on 7/12 1939.

Immediate cause of death
Secondary Anaemia
Due to uncontrollable hemorrhage
Due to Bladder Tumor

Other Conditions Inguinal Hernia
Hemorrhoids
(Include pregnancy within 3 months of death)

Major findings:
Of operations Bladder Tumor
Of autopsy

Duration
2-3 months.
2-3 months.
?
Over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward Cotter M. D.
Address Univ. Hosp. Date signed 7-13-39

VS 3

59683

Case No. 41277 LK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

34-9-95 F 59683

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore, Maryland

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 12

(e) Length of stay in Baltimore (yrs., mos., or days) 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 919 W. Franklin St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Booth

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Black

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/[illegible]/1895

8. AGE: Years 44 | Months | Days 27 | If less than one day: hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

12. Name George

13. Birthplace Unknown

14. Maiden Name Julie Ann

15. Birthplace Unknown

16 (a) Informant B. C. H. Records

(b) Address

17 (a) (Burial, cremation, or removal)

(b) Date thereof July 15 1939 (month) (day) (year)

(c) Cemetery or crematory [illegible] Cemetery

Location [illegible]

18 (a) Funeral director Mrs Katie R. Williams

(b) Address 322 N Schroeder St

19 (a) [illegible] (Date of any operation)

[illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-11- 1939 at 10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-15- 1939 to 7-11- 1939, and that I last saw him alive on 7-11- 1939.

Immediate cause of death: Congestive Failure — Duration 6 mos.

Due to Syphilitic Heart disease — ?

Hypertensive C.V.D. — ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible] M. D.

Address Balto City Hosp. Date signed 7-12-39

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59684

CERTIFICATE OF DEATH

1227 F 59684

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bon Secours Hosp (Ward) 7

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George Henderson

(a) Residence: No. 420 Evesham Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie - Henderson

6. DATE OF BIRTH (month, day, year) May 10 - 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Charles Henderson

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Annie Henderson

(Address) 420 Evesham Ave.

18. BURIAL, CREMATION, OR REMOVAL. Place Balto. Cem. Date July 14 - 1939

19. UNDERTAKER J. Wm. A. Hogan

(Address) 3500 E. Balto. St

Huntington Williams, M.D. Registrar.

FILED JUL 13 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-12-39 , 19

22. I HEREBY CERTIFY, That I attended deceased from 7-9-39, 19 ... to 7-12-39, 19 ...

I last saw him alive on 7-12-39 Death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis & cholelithiasis	?
Gastric ulcer	?
Intestinal obstruction	7-4-39
Other contributory causes of importance: Post operative shock	7-10-39

Was an operation performed? Yes Date of 7-10-39

For what disease or injury? Intest. obstruction

Name of operation Laparatomy

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. K. Mansfield M. D.

(Address) Md. Gen. Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

85 F 59685

CERTIFICATE OF DEATH

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Maryland. Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 12 6 Ward)

Length of residence in city or town where death occurred ... yrs. 1 mos. 29 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Norman E. Mister

If U. S. Veteran specify WAR .....

(a) Residence: No. Broomes Island, Maryland St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Emily Martin

6. DATE OF BIRTH (month, day, year) Aug. 15, 1912

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	26	10	28	

OCCUPATION

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seafaring

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Broomes Island, Maryland

FATHER

13. NAME George Mister

14. BIRTHPLACE (city or town) (State or country) Eastern Shore, Maryland.

MOTHER

15. MAIDEN NAME Fannie Thomas,

16. BIRTHPLACE (city or town) (State or country) Broomes Island, Maryland.

17. INFORMANT Records-U. S. Marine Hospital,
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL
Place Broomes Island Date July 16, 1939

19. UNDERTAKER A. A. Hartenstein & Son
(Address) Mutual, Md.

20. FILED JUL 14 1939 19... Registrar Huntington Wilson, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from ~~July~~ April 14, 1939, to July 13, 1939.
I last saw him alive on July 13, 1939. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, broncho genic	4 mo.
Other contributory causes of importance:	

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? P. M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) H. R. Nelson, M. D.
(Address) U. S. Marine Hospital, Baltimore, Md.

Eng Garde Co
Calm 6 13
59686
Dr. Henning

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93- CF 59686
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 108 Beachdale Rd
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 108 Beachdale
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3. (a) FULL NAME Sarah Howard Gilmour
(b) If veteran, name war —
(c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Wd
(b) Name of husband or wife Wm C. Gilmour
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr) Oct 14 1858
AGE: Years 80 | Months 8 | Days 28 | If less than one day: hr. — min. —
8. Birthplace Elkton Cecil Co Md
(Town, county, and state)
10. Usual Occupation —
11. Industry or business —

12. Name Geo. Reynolds Howard
13. Birthplace Lancaster Pa.
14. Maiden Name Mary Ash
15. Birthplace Elkton Md

16. (a) Informant Geo. Howard R. Gilmour
(b) Address 108 Beachdale Rd.

17. (a) Elkton Presbyterian (Burial, cremation, or removal) (b) Date thereof July 17 1939 (month) (day) (year)
(c) Cemetery or crematory Elkton Md
Location " " "

18. (a) Funeral director Henry W. Jenkins & Son
(b) Address McCullough & Richardson Williamsport, Md
(c) Date received (Registrar) Huntington Williams, M.D. Registrar
JUL 14 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1939, at M

21. I certify that death occurred on the date above stated, that I attended deceased from June 10 1926 to July 12 1939, and that I last saw h alive on July 12 39.

Immediate cause of death
Chr. Myocarditis
Mit aurinda fibrillation
Duration 1928 11 yrs
Due to —
Due to —
Other Conditions Generalized arteriosclerosis 10 yrs.
(Include pregnancy within 3 months of death)

Major findings: —
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature A. M. Henning M. D.
Address Catonsville, Md Date signed 7/13/39

VS 3 Dr. Henning Catonsville Dr. Park Bank 1230 231

59687 E 59687

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X √23

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Maryland. Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward) 12-6

Length of residence in city or town where death occurred ... yrs. 2 mos. 13 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Leopold Gusovius

(a) Residence: No. 2624 Titan Stree, St., ... Ward. Philadelphia, Pa.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Emma Platan

6. DATE OF BIRTH (month, day, year) Feb. 8, 1915

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	24	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seafaring

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia, Pennsylvania.

FATHER

13. NAME Hugo Leopold Gusovius

14. BIRTHPLACE (city or town) (State or country) Luthuania

MOTHER

15. MAIDEN NAME Tripenfelt Gusovius

16. BIRTHPLACE (city or town) (State or country) Luthuania

17. INFORMANT Records-U. S. Marine Hospital (Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL Place Philadelphia, Pa. Date 7/14/39

19. UNDERTAKER Slade & Oden (Address) 4907 York Road

20. JUL 14 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1939 to July 13, 1939

I last saw h... alive on July 13, 1939. Death is said to have occurred on the date stated above, at 7:50a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis far advanced	Unknown.

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clin. .....

What test confirmed diagnosis? Find. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed): H. R. Mann M. D.

(Address) U. S. Marine Hospital, Baltimore, Maryland.

9688

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 59688
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1712 N. Smallwood
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 66 years

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Balto Md.
(If outside city or town limits, write RURAL and give town)
Street No. 1712 N Smallwood st
(If rural give location)
(e) If foreign born, how long in U. S. A.? 26 years

3. (a) FULL NAME Hyman Lecker
(b) If veteran, name war none
(c) Social Security Account No. none

4. Sex M
5. Color or race Wh.
6 (a) Single, married, widowed, or divorced Married
(b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 15 1890

8. AGE: Years 48 Months 6 Days 28 If less than one day hr min

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Tailoring
11. Industry or business Business

FATHER
12. Name Frank Lecker
13. Birthplace Russia

MOTHER
14. Maiden Name Sarah ?
15. Birthplace Russia

16. (a) Informant Anna Lecker
(b) Address 1712 N Smallwood st

17. (a) Burial (Burial, cremation, or removal)
(b) Date thereof 7/14/39 (month) (day) (year)
(c) Cemetery or crematory Lehmo Rozedale
Location Philadelphia Road

18. (a) Funeral director Sol Levinson & Bro
Address 1124-26 W North ave

19. JUL 14 1939 (Date rec'd by registrar)
(b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION Evening Call 4 m

20. DATE OF DEATH 7/13/39 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to h death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. H. Landesman M.D.
Medical Examiner
Date signed 7/13/39

VS 8

F 59689

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 82a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mass (b) County
(c) City or town Lynn (If outside city or town limits, write RURAL and give town)
(d) Street No. 58 Magnolia Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Charles Keaveney
(b) If veteran, name war
(c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married
(b) Name of husband or wife Jane (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-24-84

8. AGE: Years 55 | Months 5 | Days 19 | If less than one day hr. min.

9. Birthplace Mass (Town, county, and state)
10. Usual Occupation Labor Rep.
11. Industry or business

MOTHER'S MAIDEN NAME
12. Name Dominick Keaveney
13. Birthplace Ireland
14. Maiden Name Margaret O'Brien
15. Birthplace Ireland

16. (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17. (a) (Burial, cremation, or removal) (b) Date thereof 7/14/39 (month) (day) (year)
(c) Cemetery or crematory
Location Lynn, Mass.

18. (a) Funeral director Chas M. Tuttle
(b) Address 811 N. Howard St

JUL 14 1939 (Date rec'd by Registrar) (b) Huntington Ave, Mass. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1939 at 6.55 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 29 1939 to July 13 1939 and that I last saw him alive on July 13 1939

Immediate cause of death cerebral accident — Duration 3 days
Bacteremia
Due to Arterio-sclerotic hypertension
Due to Transurethral Resection of the prostate
Other Conditions prostatic hypertrophy
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Obtained

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr. John E. Haines, M. D.
Address J.H.H. Date signed 7/13/39

F 59690

590

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1635 E 25th St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
8-5
(d) Street No. 1605 E 25th St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Price Mc Gorman

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Sara E Mc Gorman
6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) Apr 4 - 1879

8. AGE: Years 60 Months 3 Days 29 If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Fish Salesman
11. Industry or business

MOTHER / FATHER
12. Name Rufus Mc Gorman
13. Birthplace Baltimore
14. Maiden Name Ursula Price
15. Birthplace Baltimore

16 (a) Informant Mrs Sara Mc Gorman
(b) Address 1635 E 25th St

17 (a) Burial: (Burial, cremation, or removal) (b) Date thereof July 15/39 (month) (day) (year)
(c) Cemetery or crematory Stemmers Run Cem
Location Balto Co Md

18 (a) Funeral director John Ulrich
(b) Address 2008 Orleans St

(b) Huntington Williams Mgr

JUL 14 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1939 at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1933, to July 1939.
and that I last saw him alive on July 11 1939.

Immediate cause of death Chronic Myocarditis
Due to Stroke 1933
Due to Invalid for 6 years
Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

Duration 2 yr

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Eugene Lennox Grand M. D.
Address 2258 Hayford Date signed 7/

F 59691

691

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH Maryland General Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 2nd # 23 St., (Ward) 15-2

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Charles Drummond Milbourne — If U. S. Veteran specify WAR Noar

(a) Residence: No. 1645 N. Dueton St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Milbourne

6. DATE OF BIRTH (month, day, year) Oct. 10, 1857

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	81 (80)	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Copper Smith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation do

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Mr. Charles D. Milbourne

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Henrietta Broughton

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Charles D. Milbourne Jr.
(Address) 4006 Woodhaven Rd

18. BURIAL, CREMATION, OR REMOVAL
Date 7/17/39

19. UNDERTAKER J. Ludwig Foos
(Address) Mt. Pleasant Mass

FILED ... 19 ... Huntington Woodlawn, Md.

JUL 14 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13. 1939

22. I HEREBY CERTIFY, That I attended deceased from 6-28 1939 to 7-13 1939

I last saw him alive on July 10 1939 Death is said to have occurred on the date stated above, at 1:45 P m.

The principal cause of death and related causes of importance were as follows:

	Duration
Cerebral Apoplexy	2 days
Other contributory causes of importance: Anemia	6 yrs

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter Magruder M. D.

(Address) Md Gen Hosp

59692 41

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 - C F 59692 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1 Marlborough Apts (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Benjamin Hartogensis
(b) If veteran, name war
(c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed
(b) Name of husband or wife Frances
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-9-65

8. AGE: Years 74 | Months 3 | Days 4 | If less than one day hr min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Lawyer
11. Industry or business

12. Name Henry Hartogensis
13. Birthplace Holland
14. Maiden Name Rachel Wolfe
15. Birthplace Holland
16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-14-39 (month) (day) (year)
(c) Cemetery or crematory Beth Shalom
Location Dorsey Rd. near Jacksonville
18 (a) Funeral director Jack Louis Inc
(b) Address 1439 E. Baltimore St. (b) Registrar

JUL 14 1939

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1939. at 5 00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 19 1939. to July 13 1939. and that I last saw him alive on July 13 1939.

Immediate cause of death: Carcinoma of colon — Duration: 1-2 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney Mazer M. D.
Address Johns Hopkins Hosp. Date signed 7/13/39

393

BALTIMORE CITY HEALTH DEPARTMENT 23

CERTIFICATE OF DEATH

F 59693

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Eastern ave

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 3/4 mos.

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3802 Fear Ave (If rural give location)

(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Jacob Heckner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex: Male

5 Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Anna A.

6 (c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) Sept. 30, 1897

8. AGE: Years 41 Months 9 Days 18 If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Gas station attendant

11. Industry or business

12. Name Fred Heckner

13. Birthplace Germany

14. Maiden Name Elizabeth Suess

15. Birthplace Maryland

16 (a) Informant Anna A Heckner

(b) Address 3802 Fear Ave

17 (a) Burial (burial, cremation, or removal) (b) Date thereof July 15, 1939 (month) (day) (year)

(c) Cemetery or crematory Western Cemetery

Location Baltimore Md

18 (a) Funeral director F Vernon Keene

(b) Address 2301 Edmondson Ave

(a) Signature (Local registrar) Henrietta Williams

JL 24 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1939 at 9:37 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from May 25 1939 to July 12 1939. and that I last saw h alive on July 12 1939.

Immediate cause of death: Tuberculous Meningitis — Duration: April 1939

Due to: Tuberculosis of the Lungs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury Release

23. Signature Balto City Hospitals M. D.

Address Date signed July 13 1939

9694 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 59694

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1051 N Milton Ave St., 23 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Francis W. Perry

If U. S. Veteran specify WAR .....

(a) Residence: No. 1051 N. Milton Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna E. Perry

6. DATE OF BIRTH (month, day, year) Dec 28-1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balt md.

FATHER

13. NAME Francis W Perry Sr.

14. BIRTHPLACE (city or town) (State or country) Balt md

MOTHER

15. MAIDEN NAME Anna L. Robinson

16. BIRTHPLACE (city or town) (State or country) Balt md.

17. INFORMANT Anna E Perry

(Address) 1051 N Milton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer 7-15 1929

19. UNDERTAKER Leonard J Brady

(Address) 1220 E Baltimore St

20. Filed July 16 1929 Hamilton Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-12 1929

22. I HEREBY CERTIFY, That I attended deceased from 7-1 1929 to 7-12 1929

I last saw h[illegible] alive on 7-10 1929. Death is said to have occurred on the date stated above, at 12 M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Primary Broncho Pneumonia	7-1-29
(b) Myocarditis,	
(c) Arteriosclerosis	
Other contributory causes of importance:	
Hemiplegia	
Kidney Stones	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Evidence Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward Dwyer M. D.

(Address) Baltimore - Maryland

59695

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 Registered No. 59695

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2849-Lake Ave
(c) Hospital or institution: --
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) 56-yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 2849-Lake Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 56-yrs years

2751

(a) FULL NAME Bridget Agnes Miner

(b) If veteran, name war --

3 (c) Social Security Account No. -----

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

(b) Name of husband or wife John A. Miner

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) 5/2/1865

AGE: Years	Months	Days	If less than one day
74	2	10	~~hr. xz xz xz xz min.~~

8. Birthplace Ireland (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

12. Name ? Banahan

13. Birthplace Ireland

14. Maiden Name ?

15. Birthplace Ireland

16 (a) Informant Miss Jane Miner

(b) Address 2849-Lake Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/15/39 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Baltimore, Md.

18 (a) Funeral director George J. Ruth Inc.

(b) Address 1735-Harford Ave.

19 (Date received by Registrar) JUL 14 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1939 at 7a. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 12 1939 to July 12 1939 and that I last saw her alive on July 11 1939

Immediate cause of death: Myocarditis Decompensata — Duration 2 mo
Due to Arteriosclerosis — 2 mo
Due to Hypostatic Pneumonia — 7 ds
Due to Bronchial Pneumonia — 3d
Other Conditions Chronic Interstitial Nephritis — 2 mo

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. F. A. Stevens M. D.

Address 2878 Harford Rd Date signed 7-13-39

59696

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ F 59696 Registered No.

45-B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5 N. Exeter St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 1/2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5 North Exeter St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

5-1

3 (a) FULL NAME John Thompson
3 (b) If veteran, name war No.
3 (c) Social Security Account No. no
4. Sex M
5. Color or race wh
6 (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Unknown
8. AGE: Years 55 Months — Days — If less than one day hr. min.
9. Birthplace Chesterton, Md
10. Usual Occupation Oyster Packer
11. Industry or business Unknown

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Mr. Thos Spurrier
(b) Address 2833 Chesterfield Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 15, 39 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Hay. Rd.
Location Harford Rd.
18 (a) Funeral director J. Bowman & Son
(b) Address 32 S. Broadway
19 (a) JUL 14 1939 (Date rec'd by registrar) Huntington Williams M.D. (Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7, 1939, at 9 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Bronchial Asthma
Due to Cardio-vascular degeneration
Due to Benign tumors of cortical adrenal glands

Duration

Other Conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Of autopsy Bronchial asthma, Left ventricular hypertrophy

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence No
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. M. Vandegrift M.D.
Medical Examiner

Date signed 7/7/39

F 59697

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

F 59697 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1512 Gilmor
(c) Hospital or institution
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Cromwell 3 4 Cathedral Ed
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1512 Gilmor
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Frelan Daniels
(b) If veteran, name war
3 (c) Social Security Account No.

4. Sex male | 5. Color or race negro | 6 (a) Single, married, widowed, or divorced. married
(b) Name of husband or wife Lola Daniels
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 50 | Months | Days | If less than one day hr. min.

9. Birthplace Monroe S. Carolina
(Town, county, and state)

10. Usual Occupation None
11. Industry or business

12. Name Brisco Daniels
13. Birthplace S. Carolina
14. Maiden Name Eliza Cornwell
15. Birthplace South Carolina

16 (a) Informant Frelan Daniels
(b) Address Cromwell Md

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery ~~or crematory~~ Auburn Cem
Location West Port

18 (a) Funeral director Edward Bryan
(b) Address 1241 Orleans St

19 (Date received by local registrar) (Signature of Registrar)

UL 14 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1939 at 7.35 AM

21. I certify that death occurred on the date above stated, that I attended deceased from July 1 1939 to July 13 1939 and that I last saw him alive on July 13 1939

Immediate cause of death Cerebral Hemorrhage

Due to Chron. Myocarditis Arteriosclerosis

Due to, Chron Nephritis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration 2 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm R. Boyd Jr M.D.
Address 1512 Gilmor Date signed 7/13/39

596957

F 596984

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3002 Garrison Blvd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Geo. W. Hemmeter
(b) If veteran, name war
3 (c) Social Security Account No.

4. Sex female
5. Color or race White
6 (a) Single, married, widowed, or divorced Married
(b) Name of husband or wife Geo
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-10-76

8. AGE: Years 63 Months 3 Days 2 If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Physician
11. Industry or business

12. Name Christopher Hemmeter
13. Birthplace Germany
14. Maiden Name Caroline Wesmuller
15. Birthplace Germany

16 (a) Informant Records JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-15-39 (mo.) (day) (year)
(c) Cemetery or crematory St Pauls Cemetery
Location Balto

18 (a) Funeral director Mrs Chas A G Robbins
(b) Address 2327 Edmondson Ave

19 (a) JUL 14 1939 (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12, 1939 at 9 5H A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 30 1939 to July 12 1939 and that I last saw him alive on July 12 1939.

Immediate cause of death Uraemia

Due to Carcinoma of bladder

Due to Pyelonephritis (left)

Other Conditions Right nephrectomy

(Include pregnancy within 3 months of death)

Major findings:
Of operations Pyelonephritis

Of autopsy Carcinoma of bladder.

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr John S. Haines
Address Johns Hopkins Hosp Date signed 7/13/39

VS 3

9 45814 - LB

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-13

F 59699 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 eastern ave.
(c) Hospital or institution:
baltimore city Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. no home
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME cephas eare

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race Black

6 (a) Single, married, widowed, or divorced. married - sep.

(b) Name of husband or wife edith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 22, 1875

8. AGE: Years 63 Months 7 Days 20 If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation on relief

11. Industry or business

12. Name John Nelson eare

13. Birthplace Md.

14. Maiden Name evelyn coates

15. Birthplace Md.

16 (a) Informant B.C.H. records

(b) Address 4940 eastern ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/14/39 (month) (day) (year)

(c) Cemetery or crematory mt Auburn

Location

18 (a) Funeral director Geo. G. Kelson

(b) Address 1303 Pressman

19 (a) (Date received by registrar) (b)

JUL 14 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1939, at 2:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-20 1939, to 7-12 1939, and that I last saw h alive on 7-12 1939.

Immediate cause of death Bronchopneumonia — Duration 5 days

Due to Arterio sclerotic Heart disease — Duration unknown

Due to — Duration

Other Conditions arteriosclerosis, generalized — Duration unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Pneumonia, enlarged heart

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.

Address Balto City Hosp Date signed 7-14-39

F 59700

59700

45514-TS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

146-13 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Belto. city nospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 33 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or Town Balto. (If outside city or town limits, write RURAL and give town)
Street No. 25 Lloyd st. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Katherine E Curtis

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: married

(b) Name of husband or wife Edward

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-15-73

AGE: Years 65 | Months 8 | Days 28 | If less than one day hr. min.

8. Birthplace Md. (Town, county, and state)

10. Usual Occupation H.W.

11. Industry or business

12. Name Joseph McOwen

13. Birthplace Ireland

14. Maiden Name Margaret Stevens

15. Birthplace Ireland

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof July 15/39 (month) (day) (year)

(c) Cemetery or crematory St Mathias Cemetery
Location 6800 Block O'donnell st

18 (a) Funeral director Sol Levinson & Bro

(b) Address 1124-26 W. North Ave. Baltimore, Md.

19 (a) Date received JUL 14 1939 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-13 1939 at 4 P. M

21. I certify that death occurred on the date above stated, that I attended deceased from 6-10 1939 to 7-13 1939 and that I last saw her alive on 7-13 1939.

Immediate cause of death Carcinoma Stomach — Duration 3

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L.K. Woodward M. D.
Address Balto city Hosp Date signed 7-13-39

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59701 — CERTIFICATE OF DEATH — 121 — F 59701

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 26-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. 7 mos. 6 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. Margaret Clark (FORD) If U. S. Veteran specify WAR

(a) Residence: No. 522 So. Quail St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Raymond Chas. Clark

6. DATE OF BIRTH (month, day, year) DEC. 6-1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Justus Keim

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Frances Cook

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Charles M. Clark

(Address) 522 S. Quail St.

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Park Date July 15 1939

19. UNDERTAKER Peter E. Gormley

(Address) Govt. Md.

FILED 1939 Hunter-Williams Co.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1939 to July 12, 1939

I last saw her alive on July 11, 1939. Death is said to have occurred on the date stated above, at 5:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured appendix with diffuse peritonitis	about July 6
Other contributory causes of importance: Myocardial failure	

Was an operation performed? yes Date of June 30, July 8

For what disease or injury? (1) Ovarian cyst - left.

Name of operation (2) Repair of laceration

What test confirmed diagnosis? Gross Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. C. Cunningham M. D.

(Address) Mercy Hosp.

F 59702

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

JS 34-95-B

Registered No. F 59702

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Balto. City Hospt.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Md. (If outside city or town limits, write RURAL and give town)

(d) Street No. 1203 Smithston St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Davis

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: black

6 (a) Single, married, widowed, or divorced: single

(b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-15-1874 ?

8. AGE: Years ? 65 | Months 1 | Days 25 | If less than one day hr. min.

9. Birthplace Reading, Pa. (Town, county, and state)

10. Usual Occupation plasterer

11. Industry or business

12. Name Mortimer

13. Birthplace ?

14. Maiden Name Sidney Ann

15. Birthplace Va. ?

16 (a) Informant Bd. Ed. Rec. records

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location

18 (a) Funeral director

(b) Address

19 (a) JUL 14 1939 (Date rec'd by registrar)

UNIVERSITY MEDICAL SCHOOL JUL 14 1939

Commissioner of Health

Registrar

4920

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1939, at 8 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-31 1932, to 7-10 1939, and that I last saw h alive on 7-10 1939

Immediate cause of death: Hypertensive Cardiovascular disease — Cerebral Hemorrhage — Duration: 8 years

Due to arterio sclerosis — unknown

Due to

Other Conditions Latent Syphilis — unknown

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy NO

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Emanuel Lubstein M. D.

Address Balto City Hosp Date signed 7-12-39

VS 3

F 59703

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59703

CERTIFICATE OF DEATH

Registered No. 1519

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 8-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Jones

If U. S. Veteran specify WAR ...

(a) Residence: No. 601 N. Post St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 7, 1939

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			5.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. newborn

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Patrick Jones

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Lillian Lutz

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date ... 19...

19. UNDERTAKER ... JUL 14 1939
(Address) Commissioner of Health

20. JUL 14 1939 H. A. Moore Huntington Williams M.D.
Registrar.

1919

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1939 to July 11, 1939
I last saw her alive on July 12, 1939 Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
prematurity	

Other contributory causes of importance

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) S. J. Goodman M. D.

(Address) Sinai Hospital

F 59704

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59704

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH Little Sisters of the Poor

CITY OF BALTIMORE: (No. 1200 Valley St., 10th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Louisa Schweigart

(a) Residence: No. 1200 Valley St., St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
79			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gettysburg Pa.

FATHER

13. NAME Francis Chrismer

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Margaret Purkey

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Little Sisters of the Poor.
(Address) 1200 Valley St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date July 15 1939

19. UNDERTAKER Rita Wiedefeld
(Address) 914 Fremont Ave

Huntington Williams Mgr
Registrar.

FILED
DEC 14 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1939, 10 m

22. I HEREBY CERTIFY, That I attended deceased from June 1 1939 to July 12 1939

I last saw him alive on July 10 1939. Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1935
Other contributory causes of importance: Edema Lungs	7/12/39

Was an operation performed? no Date of .....

For what disease or injury? no

Name of operation none

What test confirmed diagnosis? none Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....

(Signed) E Gill Hall, M. D.

(Address) 1631 E North Ave

F 59705

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 137

Registered No. F 59705

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Redwood & Greene

(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2709 St Paul St (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Herbert G. Crisp

(b) If veteran, name war none

3 (c) Social Security Account No. no

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

(b) Name of husband or wife Laura J. Crisp

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Aug-8-1866

8. AGE: Years 72 Months 11 Days 5 If less than one day — hr. — min.

9. Birthplace A.A. Co. Maryland (Town, county and state)

10. Usual Occupation Architect

11. Industry or business Crisp & Edmunds

12. Name Herbert G Crisp

13. Birthplace A.A.Co. Md

14. Maiden Name Alberta Shipley

15. Birthplace A.A. Co. Md.

16 (a) Informant Mr. Frank Crisp (son)

(b) Address 2709 St Paul St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-15-39 (month) (day) (year)

(c) Cemetery or crematory Greenmount - Baltimore.

Location

18 (a) Funeral director STEWART & MOWEN COMPANY

(b) Address [illegible] NORTH AVENUE

19 (a) JUL 14 19[illegible] (b) Registrar (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1939, at 2:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 29 1939, to July 13 1939, and that I last saw him alive on July 13 1939.

	Duration
Immediate cause of death Uremia	
Due to Anuria	7 days
Due to Prostatectomy (suprapubic and transurethral resection)	7 days
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations Benign Hypertrophy of Prostate

~~Of autopsy~~ No autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [illegible] M. D.

Address University Hosp. Date signed July 13, 1939

VS 5

59706

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 Registered No. 59706

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1029 Lamont Ave.
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1029 Lamont Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Frank Kutcher (Kucera)
(b) If veteran, name war: none
(c) Social Security Account No. none
4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: bachelor
(b) Name of husband or wife: none
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 11/9/77

AGE: Years	Months	Days	If less than one day: hr.	min.
61	8	4		

8. Birthplace Balto, Md. (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business None

PARENTS

12. Name Joseph Kutcher (Kucera)
13. Birthplace Czeckoslovakia
14. Maiden Name Roubal
15. Birthplace Czeckoslovakia

16 (a) Informant John Kutcher
(b) Address 1029 Lamont Ave.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof Sat. July 15, 1939 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location 4430 Belair Rd.

18 (a) Funeral director Charles E. Schimunek.
(b) Address 2603 E. Madison St.

19 JUL 14 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-13-1939. at 6a, M

21. I certify that death occurred on the date above stated; that I attended deceased from June 25 1939. to 7-11 1939. and that I last saw him alive on July 11 1939.

Immediate cause of death: ch nephritis
ch myocarditis

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. L. Hornstein M. D.
Address 733 Lexington St Date signed 7/14/39

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59707

CERTIFICATE OF DEATH

13 F 59707

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4652 York Road St. 27-11 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 83 yrs. -- mos. -- da. How long in U. S. If of foreign birth? -- yrs. -- mos. -- da.

2. FULL NAME Catherine E. Smyth

If U. S. Veteran specify WAR .....

(a) Residence: No. 4652 York Road St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John C. Smyth

6. DATE OF BIRTH (month, day, year) ----------

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About 83	---	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Maurice O'Connell

14. BIRTHPLACE (city or town) --------
(State or country) Ireland

MOTHER

15. MAIDEN NAME ----- Daly

16. BIRTHPLACE (city or town) --------
(State or country) Ireland

17. INFORMANT Charles B. Smyth
(Address) 4620 York Road

18. BURIAL, CREMATION, OR REMOVAL.
Place Cathedral Cemetery Date 7/17 19 39

19. UNDERTAKER Henry H. Meads my Son
(Address) 802 W. Lafayette Ave. Baltimore, Md.

20. JUL 14 1939 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1934 to Oct, 1938

I last saw h.. alive on Oct, 1938. Death is said to have occurred on the date stated above, at 6:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Renal Vascular disease	6 yrs
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, In home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No ...If so, specify .....

(Signed) H. M. Wheaton, M. D.

(Address) 4301 York Rd

Approved Medical Examiner's Office
N. J. Redden, M.D.
per S. Frank

46098 JS

59708

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-P

Registered No. F 59708

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balto. City Hospl.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 805 S. Broadway (If rural give location)
(e) If foreign born, how long in U. S. A.) 23 yrs. years

3. (a) FULL NAME August Klava
(b) If veteran, name war
3 (c) Social Security Account No.

4. Sex male
5. Color or race white
6 (a) Single, married, widowed, or divorced. single
(b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-3-1878

8. AGE: Years 60 | Months 7 | Days 7 | If less than one day hr. min.

9. Birthplace Latvia (Town, county, and state)

10. Usual Occupation none
11. Industry or business

12. Name Christian Klava
13. Birthplace Latvia

14. Maiden Name Mary
15. Birthplace Latvia

16 (a) Informant B. C. H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUL 1 1939

18 (a) Funeral director COMMISSIONER OF HEALTH
(b) Address For M. A. Moore

19 JUL 14 1939 Huntington Hillsboro Md. 6 1021
(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-10- 1939 at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-29- 1939 to 7-10-1939 and that I last saw h living alive on 7-10-1939

Immediate cause of death Coronary thrombosis — Duration 3 hours

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Murray Hebeler M. D.
Address Balto City Hosp. Date signed 7-14-39

VS 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59709 CERTIFICATE OF DEATH 137 F 59709

Registered No. 27420

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital Balto Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Phillip P Heffer

If U. S. Veteran specify WAR

(a) Residence: No. 3402 Devonshire Drive St., Ward Balto Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary P Heffer

6. DATE OF BIRTH (month, day, year) Oct 9 1847

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	91	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None at Present

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME George P Heffer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Kathrine Kipling

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Catherine Cross

(Address) 3402 Devonshire Drive

18. BURIAL, CREMATION, OR REMOVAL

Place Lutherville Date July 17 1939

19. UNDERTAKER J. H. Elliott Sons

(Address) Lutherville Md.

20. FILED JUL 14 1939 Registrar for Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1st 1939 to July 14th 1939

I last saw him alive on July 14th 1939 Death is said to have occurred on the date stated above, at 9:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congestive Heart Failure	7/1/39
Prostatic Hypertrophy	?
Arteriosclerosis	?

Other contributory causes of importance:

Old Age

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Raymond J. Lipps M. D.

(Address) Mercy Hospital

F 59710

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 59710

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Bon Secours Hospt (If rural give location)
Resident Physician
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Edward J. Lavin
(b) If veteran, name war
(c) Social Security Account No.

4. Sex M
5. Color or race W
6. (a) Single, married, widowed, or divorced Married
(b) Name of husband or wife Betty Lavin
(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1906?
8. AGE: Years 33? Months Days If less than one day hr. min.
9. Birthplace Not Known (Town, county, and state)
10. Usual Occupation Physician
11. Industry or business

12. Name Not Known
13. Birthplace " "
14. Maiden Name " "
15. Birthplace " "
16. (a) Informant Francis D McNamara
(b) Address 1320 E 33rd St
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-14-39 (month) (day) (year)
(c) Cemetery or crematory
Location Olean N Y
18. (a) Funeral director Geo. A. Ayley
(b) Address Fulton Ave & Fayette
19. JUL 14 1939 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-14-39 19 . at 11:45 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary Sclerosis — Duration: 2 hrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Conrad Acton M.D.
Medical Examiner.
Date signed 7-14-39

VS 4

HEALTH DEPARTMENT—CITY OF BALTIMORE

59711

CERTIFICATE OF DEATH

59 F 59711

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 208 S. Robinson St. 21-X Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME George Rockestroh

If U. S. Veteran specify WAR

(a) Residence: No. 3417 E. Oath St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Rockestroh

6. DATE OF BIRTH (month, day, year) March 17-1873

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	66	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at S.K.P.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Son Mr. Anthony

(Address) 208 S. Robinson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date July 15 1939

19. UNDERTAKER Tilley & Zeller Inc.

(Address) 483 W. Lafayette Ave.

20. FILED JUL 14 1939 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1939 to July 13, 1939

I last saw him alive on July 13, 1939. Death is said to have occurred on the date stated above, at 4 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Arteriosclerosis	
Chronic Interstitial Nephritis	1937
Uremia	7/1/39
Other contributory causes of importance:	
Senile	

Was an operation performed? None Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Lab. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Earl Schumacher, M. D.

(Address) 842 S. East Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59712

CERTIFICATE OF DEATH

23 F 59712

1. PLACE OF DEATH U.S. MARINE HOSPITAL, BALTIMORE, MARYLAND

CITY OF BALTIMORE: (No. ..... St. 2 6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. 20 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph Petrowski

(a) Residence: No. 2813 E. Cambray St. St., ... Ward. Philadelphia, Pa.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 8, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Barge Merchant vessels

10. Date deceased last worked at this occupation (month and year) May, 1939

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Elizabeth, New Jersey

FATHER

13. NAME Joseph Petrowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Rose ??

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records-U.S. Marine Hospital
(Address) Wyman Park Drive, Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Philadelphia, Pa Date July 17, 1939

19. UNDERTAKER E. A. Fox Stillwell Co.
(Address) 124 E. Chase St.

20. FILED JUL 14 1939 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1939, to July 14, 1939.

I last saw him alive on July 14, 1939. Death is said to have occurred on the date stated above, at 6:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chronic, far advanced.	2/15/39
Enteritis, tuberculous, chronic	6/2/39

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clin. & Path. Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) J. C. P. Nelson M. D.

(Address) U.S. Marine Hospital, Balto., Md.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59713

CERTIFICATE OF DEATH

131 F 59713

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3323 Richmond St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Henry E. Spanier

(a) Residence: No. 3323 Richmond St., Ward.
(Usual place of abode) (If non-resident give City or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Emily Barnard

6. DATE OF BIRTH (month, day, year) March 11, 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. C.P.A. Lawyer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Adolf Spanier

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Francis Thomas

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Dr. L. H. Benson
(Address) 1. W. Oxford Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date 7/13/39 19

19. UNDERTAKER J. J. McCurley
(Address) 130 E. Fort Ave.

20. FILED JUL 14 1939 19 Hunting for Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 7th 1939 to July 12 1939

I last saw him alive on July 12 1939. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	1937
Hypertension	
Chronic Endocarditis	

Other contributory causes of importance:

myocardial insufficiency	May 1939

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Surgery Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edwin L. Benson M. D.

(Address) 1 W. Oxford Ave

F 59714

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 Registered No. F 59714

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 820 W. 36th st. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Baby Girl Conolley
(b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: female
5. Color or race: White
6 (a) Single, married, widowed, or divorced.
(b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 7-7-39

8. AGE: Years | Months | Days: 1 | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation None
11. Industry or business

12. Name William Conolley
13. Birthplace Balto.
14. Maiden Name Zelma Vick
15. Birthplace N.C.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Cremated (Burial, cremation, or removal) (b) Date thereof 7-12-39 (month) (day) (year)
(c) Cemetery or crematory B. C. M.
Location

18 (a) Funeral director
(b) Address

19 JUL 14 1939 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1939, at 2:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 7 1939 to July 8 1939 and that I last saw him alive on July 8 1939.

Immediate cause of death

Due to Prematurity (28 weeks)

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. Jones Dawson M. D.
Address Balto city hosp. Date signed 7-7-39

VS 3

46318-Fs Chuojan

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

127 Registered No. F 59715

F 59715

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days

(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1016 N. Castle St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Antonia Chuojan

(b) If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	White	married

(b) Name of husband or wife James

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) 5-1-1879

AGE: Years	Months	Days	If less than one day hr.	min.
60	2	11		

Birthplace Bohemia, Czechoslovakia (Town, county, and state)

Usual Occupation housework

Industry or business

12. Name Michael Plaha

13. Birthplace Bohemia, Czechoslovakia

14. Maiden Name Anna ?

15. Birthplace Bohemia, Czechoslovakia

(a) Informant B.V.S. Records

(b) Address

(a) (Burial, cremation, or removal) (b) Date thereof 7/15/39 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer Balto Md

Location

(a) Funeral director Frederick Roth Son

(b) Address 1466 Collard Ave Huntington Williamsport Md

JUL 14 1939 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-12 1939, at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-7 1939, to 7-12 1939, and that I last saw her alive on 7-12 1939.

Immediate cause of death Bronchopneumonia — Duration Last days

Due to Biliary obstruction, Cause undetermined — about 2 weeks

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature L. Kowalewski M. D.

Address Balto City Hosp Date signed 7-12-39

VS 3

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

59716 — 93-C — Reg. Dist. No. 59716

PLACE OF DEATH:

(a) Town: Baltimore City
(If outside city or town limits, write RURAL, NEAR and give town)

(b) Address, hospital, or institution: 6204 Brook ave.

(c) If not in hospital or institution, length of stay: yrs. or mos. or days

(d) In this community: yrs. or mos. or days — March 5 1937

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: County:

City or town: Ward No.
(If outside city or town limits, write RURAL, NEAR and give town)

Street No.: Williamsport, Md.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

1. FULL NAME: Harriett Anne Miller

3. (b) Social Security Number:

5. Color or race: white

6. Single, married, widowed, or divorced: married

Name of husband or wife: Robert Edgar Miller

If alive, give age: 70 years

Date of death (mo., day, yr.): April 7 - 1867

AGE: Years: 72 | Months: 3 | Days: 7 | If less than one day: hrs. min.

Birthplace: Berkley Co. W. Va.
(Town, county, and state)

Usual occupation: house wife.

Industry or business: home.

2. Name: Barney A. Seibert

3. Birthplace: Berkley Co. W. Va.

4. Maiden name: Sarah Jane Peters

5. Birthplace: Berkley Co. W. Va.

Informant: Robert E. Miller

Address: 6204 Brook Ave Baltimore

Burial, cremation, or removal. Which?: Burial — Date thereof: July 11 1909 (month) (day) (year)

Cemetery or crematory: Green Hill Hagerstown Md

Location: Hagerstown, W. Va.

Funeral director: Edith V. Leas

Address: 1 Church St. Williamsport Md.

JUL 14 1939
(Date rec'd by registrar)

Hunting for Williamsport, Md.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 14 1939 at 3:20 P.M.

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from June 28 1939 to July 14 1939 and that I last saw him alive on July 14 1939

Immediate cause of death: Cerebral thrombosis — DURATION: 16 days

Due to:

Due to:

Other conditions: Chronic myocarditis — unknown
Arteriosclerosis — unknown
(Include pregnancy within 3 months of death)

Major findings:

Of operations: —

Of autopsy: —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: John W. Macken M.D.
M. D. or other

Address: 6304 Belair Rd Baltimore Md — Date signed: 7/14/39

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59717 × 93-F 59717

CERTIFICATE OF DEATH

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Maryland. Registered No.

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 11 ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR WW

2. FULL NAME Walter Wallace Simpson

(a) Residence: No. Commerce St., Berlin, Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of / WIFE of Mary Cassidy

7. DATE OF BIRTH (month, day, year) July 7, 1874

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	0	5	

OCCUPATION

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public Water Supply Co.

10. Date deceased last worked at this occupation (month and year) 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scranton, Pennsylvania.

FATHER

13. NAME Alexander Simpson

14. BIRTHPLACE (city or town) (State or country) Pottsville, Pennsylvania.

MOTHER

15. MAIDEN NAME Mary Foulds

16. BIRTHPLACE (city or town) (State or country) Derbyshire, England.

17. INFORMANT Records-U. S. Marine Hospital, (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore National Date July. 15 th 39

19. UNDERTAKER ROBERT BROOKS & SON. (Address) Calhoun & Hollins Sts.

20. FILED JUL 15 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1939 to July 12, 1939

I last saw h.im alive on July 12, 1939. Death is said to have occurred on the date stated above, at 1:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac disease, myocarditis	
chronic	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clin.

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. P. Nelson, M. D.

(Address) U. S. Marine Hospital, Baltimore, Maryland.

9718

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48 F 59718 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 920 Jordan st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 d
(e) Length of stay in Baltimore (yrs., mos., or days) 25

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 920 Jordan st. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Pearl Mitchell

(b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: C | 6 (a) Single, married, widowed, or divorced: Widowed

(b) Name of husband or wife Joseph
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1, 1891

8. AGE: Years 48 | Months 2 | Days 12 | If less than one day hr. min.

9. Birthplace Norfolk Va. (Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business

MOTHER'S MAIDEN NAME
12. Name Lyon
13. Birthplace Va.
14. Maiden Name Caroline
15. Birthplace Va.

16 (a) Informant Joseph Mitchell
(b) Address 914 Madison ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 7-16-39 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Baltimore Md.

18 (a) Funeral director Adolphus Holstead
(b) Address 711 Edgewood ave (b) Hunterstown, Md.

19 (a) (Date received by registrar) JUL 15 1939 Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1939. at M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1939. to July 12 1939. and that I last saw h alive on 19

Immediate cause of death Cancer of uterus

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: 1 year

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. K. Pettigrew M. D.
Address 817 Hamilton Ter Date signed July 14 1939

59719

BALTIMORE CITY HEALTH DEPARTMENT 25

CERTIFICATE OF DEATH

Registered No. 59719

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals 26

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3922 Claremount Street (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) **FULL NAME** Harry Juliano

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

(b) Name of husband or wife Marie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-29-1~~88~~/~~89~~ 1889 AM

8. AGE: Years ~~50~~ 28 | Months | Days 25/5 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Laborer 0040

11. Industry or business

12. Name Vincent Juliano

13. Birthplace Italy

14. Maiden Name Phil~~omena~~ Bocchino

15. Birthplace Italy

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof July 17 39 (month) (day) (year)

(c) Cemetery or crematory St. Stanislaus

Location Baltimore Md.

18 (a) Funeral director Frank Della Rose

(b) Address 52 N. Horley St. Funeral Home Edmondson Village, Md.

19 (a) Filed (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-14 1939, at 1:35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-10 1939 to 7-14 1939, and that I last saw h/m alive on 7-14 1939.

Immediate cause of death: Generalized peritonitis — Duration: 1 days

Due to: Tuberculosis of caecum and small intestine — Duration: Unknown

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations: Tuberculosis of caecum and small intestine

Of autopsy: none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature L. Edwards M.D.

Address Balto. City Hosp. Date signed 7-14-39

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59720 9111

CERTIFICATE OF DEATH

146-149 F 59720

Registered No. 556

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lenette Lynch Gingling

(a) Residence: No. 2717 West North Avenue Ward.

(usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Edward Jesse Gingling

6. DATE OF BIRTH (month, day, year): March 11-1904

7. AGE: Years 35 | Months 4 | Days 3 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own home

10. Date deceased last worked at this occupation (month and year): July 1939

11. Total time (years) spent in this occupation: 9

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: George T. Lynch

14. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

MOTHER

15. MAIDEN NAME: Lizzie Welsh

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): Deceased on admission to hospital

18. BURIAL, CREMATION, OR REMOVAL: Lynch Date July 17 39

19. UNDERTAKER (Address): McCabe 1212 E Cold St

20. FILED: JUL 15 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1939 to July 14, 1939

I last saw h[illegible] alive on July 14, 1939 Death is said to have occurred on the date stated above, at noon.

The principal cause of death and related causes of importance were as follows:

Pregnancy at term

Toxemia

Other contributory causes of importance: Paralytic Ileus July 12

Was an operation performed? Yes Date of Pregnancy July 10-39

For what disease or injury? Caesarean Section Date July 10-39

Name of operation: —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? How? Housewife

(Signed) John G. Neuman Jr. M. D.

(Address) 9 E. Chase Street

59721

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107a

Registered No. F 59721

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 104 E. Madison St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 104 E. Madison St (If rural give location)
(e) If foreign born, how long in U. S. A? years

3. (a) FULL NAME Mary A. Pittman
(b) If veteran, name war
(c) Social Security Account No.

4. Sex Female
5. Color or race White
6 (a) ~~Single, married~~, widowed, or ~~divorced~~ Widowed
(b) Name of husband ~~or wife~~ George
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 14. 1863

AGE: Years	Months	Days	If less than one day
over 75	8	10	7 hr. min.

8. Birthplace (Town, county, and state) At Home Md
10. Usual Occupation Housework
11. Industry or business

12. Name Emil Kuhnmann
13. Birthplace Ireland
14. Maiden Name Mary Kuhnmann
15. Birthplace Ireland

16 (a) Informant Relative
(b) Address 1127 Fremont Ave

17 (a) Final (Burial, cremation, or removal) (b) Date thereof July 17 1939 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cath
Location Baltimore Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) JUL 15 1939 (Date rec'd by registrar) (b) Signature of Registrar, Address

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14th 1939, at 5:10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 12th 1939, to July 14th 1939, and that I last saw h[illegible] alive on July 14th 1939.

Immediate cause of death	Duration
Myocardial Insufficiency	
Chronic Pneumonia	
Due to Bronchitis	
Due to	
Other Conditions a	

(Include pregnancy within 3 months of death)

Major findings: a
Of operations
Of autopsy a

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. H. Chatard M. D.
Address 3004 Calvert St Date signed July 9/39

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

9722 59722

CERTIFICATE OF DEATH

11-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 515 Cinquith St. (St.) 5-1 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bertha Roscoe (Roscoe)

(a) Residence: No. 515 Cinquith St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed or divorced — ~~HUSBAND of~~ (or) WIFE of: Robert Roscoe.

6. DATE OF BIRTH (month, day, year): July 8 1907

7. AGE: Years 32; Months 8; Days 4; If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Wilson N. C.

MOTHER FATHER

13. NAME: James McCrae

14. BIRTHPLACE (city or town) (State or country): N. C.

15. MAIDEN NAME: Minnie McQueen

16. BIRTHPLACE (city or town) (State or country): Wilson N. C.

17. INFORMANT (Address): Robert Roscoe 515 Cinquith St.

18. BURIAL, CREMATION, OR REMOVAL: Place New Bethel Date July 15 1939

19. UNDERTAKER (Address): Robert L. Coulbourne 804 N. Caroline St.

20. FILED JUL 15 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1939 to July 12, 1939

I last saw h... alive on July 12, 1939 Death is said to have occurred on the date stated above, at 12:25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	July 12
Nephritis	1939

Other contributory causes of importance: None

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) George L. Allen, M.D.

(Address) 502 Cinquith St

59723

HEALTH DEPARTMENT—CITY OF BALTIMORE 59723

CERTIFICATE OF DEATH

47-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3603 Plateau Ave., St. 98-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Elmer E. Cassell

(a) Residence: No. 3603 Plateau Ave., St. Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Cassell

6. DATE OF BIRTH (month, day, year) Oct. 9, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk at Balto.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Life Ins. Co.

10. Date deceased last worked at this occupation (month and year) 5004

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Henry P. Cassell

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Abigal Matthews

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Martha E. McClure

(Address) 4803 Park Heights Ave.,

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date July 15, 1939

19. UNDERTAKER G. Howard Strong

(Address) 715 Light St.,

20. FILED JUL 15 1939 Huntington Hillegas Supt.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1939, to July 13, 1939

I last saw him alive on July 3, 1939. Death is said to have occurred on the date stated above, at 9:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung	4/27/39
Other contributory causes of importance: Myocarditis & Nephritis	?

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, how?

(Signed) John D. Dubert M. D.

(Address) 4803 Park Heights Ave

365479

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 a F 59724 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1165 Washington Blvd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME alice May Irlan

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

(b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-11-24

AGE: Years 14 | Months 10 | Days 20 | If less than one day hr. min.

8. Birthplace Md (Town, county and state)

9. Usual Occupation Student

10. Industry or business

12. Name Clinton Irlan

13. Birthplace N Y

14. Maiden Name Hazel Losey

15. Birthplace Md

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17 1939 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill

Location Brooklyn A. A. Co. Md

18 (a) Funeral director William M. Marcek

(b) Address 715 Light St

19 (a) JUL 15 1939 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1939 at 10.50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 12 1939 to July 13 1939 and that I last saw her alive on July 13 1939.

Immediate cause of death Cerebral embolism — Duration 7 days.

Due to Bacterial Endocarditis — 6 mos

Due to Chorea, mitral stenosis & incompetency — 7 yrs.

Other Conditions Strep. Faecalis Septicaemia (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify ~~town or~~ place)
(e) Means of injury

23. Signature T. Freeman Billings M. D.

Address Johns Hopkins Hosp. Date signed 7/17/39

Registrar Baltimore, Md.

VS 3

59725

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97 ✓ Registered No. E 59725

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2412 N. Calvert St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17-3
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2412 N. Calvert St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Hattie Strong Welch

(b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced single

(b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 26, 1862

AGE: Years 76 | Months 10 | Days 18 | If less than one day hr. min.

8. Birthplace Balto. Md. (Town, county, and state)

9. Usual Occupation None

10. Industry or business

12. Name Thomas Welch
13. Birthplace Phila. Pa.
14. Maiden Name Maria Strong
15. Birthplace N. Y. State

16 (a) Informant Florence Welch
(b) Address 2412 N. Calvert St.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof July 15, 1939 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director John O. Mitchell Sons Inc
(b) Address 1900 Eutaw Place
(b) Huntington Williams, M.D. Registrar

JUL 15 1939 (Date rec'd by registrar)

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-14-39 19 , at 7:30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inq (Autopsy or Inquiry) thereon and from the evidence obtained by said Inq (Autopsy or Inquiry) find that said deceased came to h[illegible] death on the day stated above.

Immediate cause of death	Duration
Asphyxia	3 hrs
Due to	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operation?
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Conrad Acton M.D. Medical Examiner
Date signed 7-14-39

26

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59726

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1421 Park Ave. St. 14th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William Clinton Riely

If U. S. Veteran specify WAR

(a) Residence: No. 1421 Park Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Fannie Hazelhurst Jenkins

6. DATE OF BIRTH (month, day, year) Mch. 27, 1859

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	80	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired manager of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nat. Biscuit Co.

10. Date deceased last worked at this occupation (month and year) 1086

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME John James Riely

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Lucy Orrick Taylor

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Dr. Compton Riely

(Address) 2207 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cemy. Date July 17, 1939

19. UNDERTAKER John C. Mitchell Funeral Dir.

(Address) 1900 Eutaw Place

20. FILED JUL 15 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1939, to July 14, 1939

I last saw him alive on July 13, 1939. Death is said to have occurred on the date stated above, at 9-30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiovascular disease.	2 yrs
Other contributory causes of importance: Uremia	36 hrs

Was an operation performed? — Date of

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) W. H. Smith M. D.

(Address) 3429 Chestnut Ave.

59727 HEALTH DEPARTMENT—CITY OF BALTIMORE F 59727

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 334 Radnor Ave. St. 37-11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Cardiff Tagart Watts

If U. S. Veteran specify WAR .....

(a) Residence: No. 334 Radnor Ave. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Grace Rowley

6. DATE OF BIRTH (month, day, year) July 15, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0016

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pikesville, Md.

FATHER

13. NAME Asbury Watts

14. BIRTHPLACE (city or town) (State or country) Pikesville, Md.

MOTHER

15. MAIDEN NAME Amanda Winterode

16. BIRTHPLACE (city or town) (State or country) Manchester, Md.

17. INFORMANT (Address) Mrs. Grace R. Watts 334 Radnor Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cemy. Date July 17, 39

19. UNDERTAKER (Address) John O. Mitchell & Sons Inc. 1900 Eutaw Place

20. FILED ... 19 ... Registrar.

JUL 15 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 1939 to July 14 1939

I last saw him alive on July 13 1939. Death is said to have occurred on the date stated above, at 10 2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart Disease	July 38

Other contributory causes of importance: Undetermined

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Assumed Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

(Signed) J. H. Fraser M. D.

(Address) 2105 N. Charles St.

59728

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 13 F 59728 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2035 E. Eager St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Harford
(c) City or town Streett, (If outside city or town limits, write RURAL and give town)
(d) Street No. ----- (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William James Bull
(b) If veteran, name war ---
3 (c) Social Security Account No. ---
4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. Married
(b) Name of husband or wife Josephine R. Bull
6 (c) If alive, give age 65 years
7. Birth date of deceased (mo., day, yr.) Sept. 13, 1867
8. AGE: Years 71 Months 10 Days - If less than one day hr. min.
9. Birthplace Harford Co., Md. (Town, county, and state)
10. Usual Occupation Iron Worker
11. Industry or business
12. Name Jacob Bull
13. Birthplace Harford Co., Md.
14. Maiden Name not known
15. Birthplace not known
16 (a) Informant Josephine R. Bull
(b) Address 2035 E. Eager St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17, 1939 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location East North Ave.
18 (a) Funeral director George W. Zirkler
(b) Address 1737 E. Eager St.
19 (a) Date received by local registrar JUL 13 1939
(b) Registrar Hunting Town, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13, 1939. at 9 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 25, 1939 to July 13, 1939. and that I last saw him alive on July 13, 1939.

Immediate cause of death Chronic Myocarditis. — Duration 2 yrs.
Due to Hypertension Cardiovascular Renal Disease — 2 yrs.
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel B. Wolfe M. D.
Address 1331 E. North Ave Date signed 7-14-39.

F 59729

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 59729 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: W. Balto Hosp—
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Cockeysville (If outside city or town limits, write RURAL and give town)
(d) Street No. York Rd. & Fulton Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Winston L. Stevenson
(b) If veteran, name war ———
3 (c) Social Security Account No. ———

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Single
(b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 15, 1914

8. AGE: Years 25 | Months 1 | Days 1 | If less than one day hr. ___ min. ___

9. Birthplace Cockeysville, Md. (Town, county, and state)
10. Usual Occupation Plumbers Apprentice
11. Industry or business Mr Lyons Cockeysville, Md.

12. Name Harry Stevenson
13. Birthplace Cockeysville, Md.
14. Maiden Name Minnie V. Ensor
15. Birthplace Cockeysville, Md.

16 (a) Informant Mrs. Harry Stevenson
(b) Address Cockeysville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 18, 1939 (month) (day) (year)
(c) Cemetery or crematory Bosley Cemetery
Location Sparks, Md.

18 (a) Funeral director John Burns' Sons
(b) Address Towson, Md.

19 (a) Filed by registrar [illegible] (b) Registrar [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-16-39 19 . at 3:15 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fracture base of skull — Duration

Due to

Due to

Other Conditions: Alcoholism
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 7-16-39
(c) Where did injury occur? Hilton & Edmondson Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Street (Specify type of place) While at work? no
(e) Means of injury Ran auto into trolley pole

23. Signature Conrad Aeton M.D.
Medical Examiner
Date signed 7-16-39

F 59730

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

120 F 59730

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore, Maryland

CITY OF BALTIMORE: (No. U. S. Marine Hosp. St. ..... Ward) 23

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Tony Cortez

(a) Residence: No. 608 S. Broadway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 16, 1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	37	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman-Ship

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Maritime

10. Date deceased last worked at this occupation (month and year) ..... | 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Puerto Rico

MOTHER OR FATHER

13. NAME Frank Cortez

14. BIRTHPLACE (city or town) (State or country) Spain

15. MAIDEN NAME Carmen Rios

16. BIRTHPLACE (city or town) (State or country) Puerto Rico

17. INFORMANT Records-U. S. Marine Hospital
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mathias Date July 18 1939

19. UNDERTAKER Tilly & Zebrun
(Address) 405 E. Fayette St.

20. FILED JUL 15 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1939, to July 14, 1939

I last saw him alive on July 14, 1939. Death is said to have occurred on the date stated above, at 2.30p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulceration of small intestine, multiple	2 yrs.

Other contributory causes of importance:

Post operative shock	

Was an operation performed? Yes Date of July 15, 1939

For what disease or injury? Ulceration of small intestine

Name of operation Resection of small intestine Clin.

What test confirmed diagnosis? Find. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. G. Sheeren M. D.

(Address) U. S. Marine Hospital, Baltimore, Maryland.

EIBNER

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 46-e F 59731

F 59731

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens Ave
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 525 N. Lakewood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Henzel Eibner
(b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. widowed

(b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 31 1872

8. AGE: Years 66 | Months 11 | Days 13 | If less than one day hr. min.

9. Birthplace Austria City (Town, county, and state)

10. Usual Occupation Copper Spinner

11. Industry or business

12. Name unknown
13. Birthplace Germany
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Louis Eibner Son
(b) Address 525 N. Lakewood Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 7-17-34 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 403 S. Wolfe St

19 (a) JUL 15 1939 (Date received by Registrar) (b) Name and location of Cemetery, Crematory or Undertaker

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1939 at 12 40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 22 1939 to July 14 1939. and that I last saw him alive on July 13 1939.

Immediate cause of death – CARCINOMA, SIGMOID COLON, & METASTASIS TO LIVER & LUNGS

Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy CA of Sigmoid & Liver

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. J. Lewis M. D.
Address St Agnes Hosp Date signed 7-14-39

VS 3

364818

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-C Registered No. 50732

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 34 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL, and give town)
(d) Street No. 703 W Balto St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Edward Rush

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex male | 5. Color or race white | 6 (a) Single, married, widowed, or divorced Widowed

(b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-15-66

8. AGE: Years 72 | Months 1 | Days 24 | If less than one day hr. min.

9. Birthplace Wales (Town, county, and state)

10. Usual Occupation Bricklayer

11. Industry or business

12. Name James Rush

13. Birthplace Wales

14. Maiden Name Anna Morgan

15. Birthplace Wales

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location

18 (a) Funeral director JOHNS HOPKINS MEDICAL SCHOOL JUL 15 1939

(b) Address Commissioner of Health

19 JUL 15 1939 Per H. A. Hollings, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1939, at 11 25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 28 1939, to July 7 1939, and that I last saw him alive on July 7 1939.

Immediate cause of death:— Bronchopneumonia — Duration 9 days
Arteriosclerotic Heart Disease
Urinary Tract Infection + Uremia
Due to Type VI Pneumococcus

Due to

Other Conditions Ca Carcinoma Prostate

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury Roy Pollack

23. Signature J. H. H. M. D.
Address Date signed 7-11-39

VS 3

59733

HEALTH DEPARTMENT—CITY OF BALTIMORE

59733

CERTIFICATE OF DEATH

160-B

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital St., Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Baby boy Gamble

If U. S. Veteran specify WAR

(a) Residence: No. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Infant

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-9-39

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
			2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

MOTHER FATHER

13. NAME William Brian

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Blanche Gamble

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Blanche Gamble

(Address) 2005 Druid Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Date 19

19 UNDERTAKER UNIVERSITY MEDICAL SCHOOL JUL 15 1939

(Address) Commissioner of Health

20. Filed JUL 15 1939 Per H. A. Moore Registrar.

Hunter for Williams, M.D.

4923

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from 7-9-39, 1939 to 7-11, 1939

I last saw him alive on 7-11, 1939 Death is said to have occurred on the date stated above, at 11:10A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7-9-39
	Coma
Other contributory causes of importance: Aspiration Pneumonia	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) J. Bing B.E. Sappington M. D.

(Address) University Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

59734

CERTIFICATE OF DEATH

59734 46-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3629 Phila. Ave. St. (46 - 4th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or Town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth Foertschbeck

(a) Residence: No. 3629 Phila Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed or divorced: HUSBAND of (or) WIFE of Orlin.

6. DATE OF BIRTH (month, day, year): July 8-1876

7. AGE: Years 63 | Months | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Geo. Scheissar

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dont. Know

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT: This Roy Louden

(Address) 3629 Phila. Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Red. Date July 17-39

19. UNDERTAKER: Orlin A. Moran

(Address) 300 E. Balto St.

JUL 16 1939 Thaetcher for Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13-1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1939 to July 13 1939

I last saw her alive on July 13. 1939 Death is said to have occurred on the date stated above, at 3:01 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach — Feb 15 '39
Terminal Bronchopneumonia — July 13 '39

Other contributory causes of importance: None

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Lab + Clinical X-Ray

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? None Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ed Schimunk M. D.

(Address) 842 S. Eastern Ave

F 59735

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

126 Registered No.

F 59735

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2025 W. Fayette St.

(c) Hospital or institution: Bon Secours

(d) Length of stay in hospital or inst. (~~yrs., mos.,~~ days) 3 f

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Balto.

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. Dorley Md. (If rural give location)

(e) If foreign born, how long in U. S. A.? ... years

Ford

(a) FULL NAME Thomas J. Birmingham

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

(b) Name of husband or wife Delia A.

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) April 22 1859

8. AGE: Years 80 Months 2 Days 17 If less than one day hr. min.

9. Birthplace Ireland (town, county, and state)

10. Usual Occupation Retired

11. Industry or business

12. Name of father Martin Birmingham

13. Birthplace Ireland

14. Maiden Name of mother Dont know

15. Birthplace

16 (a) Informant Delia A. Birmingham

(b) Address Dorley Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 18- 39 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn

Location Eastern Road.

18 (a) Funeral director John A. Moran

(b) Address 3010 E. Balto. St

19 (a) JUL 16 1939 (Date rec'd by registrar) (b) ... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-14 - 1939. at 11.25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-10 1939. to 7-14 1939. and that I last saw him alive on 7-14 1939.

Immediate cause of death: Cerebral hemorrhage — Duration: 1 Day

Due to: Generalized arteriosclerosis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings: Of operations Cholelithiasis

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Andrew E. Cales M. D.

Address 4 N. Fulton Ave. Date signed

VS 3

59736 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 59736

CERTIFICATE OF DEATH

√59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4603 Pennington St., 5-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. ... mos. ... da. How long in U. S. If of foreign birth? 44 yrs. ... mos. ... da.

2. FULL NAME Marie J. Trhlek

If U. S. Veteran specify WAR .....

(a) Residence: No. 4603 Pennington St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Engelbert Trhlek

6. DATE OF BIRTH (month, day, year) Aug 26, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	10 mo.	18 days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER FATHER

13. NAME Frank Skubik

14. BIRTHPLACE (city or town) (State or country) Bohemia

15. MAIDEN NAME Mary Supcik

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Engelbert Trhlek

(Address) 4603 Pennington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date July 17, 1939

19. UNDERTAKER Frank Grack Son

(Address) 1906 Gilmor St

20. FILED ..... 19... ..... Registrar.

JUL 16 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from January, 1939, to July 14, 1939

I last saw her alive on July 14, 1939. Death is said to have occurred on the date stated above, at 5:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congestive Heart Failure	Jan 1939
Diabetes Mellitus	1933
Arteriosclerosis	1933
Other contributory causes of importance:	
Appendectomy	1933

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lawrence A. Lara M. D.

(Address) 100 Annapolis Blvd

59737 Para

HEALTH DEPARTMENT—CITY OF BALTIMORE 59737

CERTIFICATE OF DEATH

✓161-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sinai Hospital St. 1-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Phillip Para Jr. If U. S. Veteran specify WAR .....
(a) Residence: No. 609 S Patterson Park Ave St., ... Ward Baltimore Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	single

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of single

6. DATE OF BIRTH (month, day, year) July 1 1939

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md
13. NAME Phillip Para
14. BIRTHPLACE (city or town) (State or country) Baltimore Md
15. MAIDEN NAME Frances Ujazynski
16. BIRTHPLACE (city or town) (State or country) Philadelphia Pa
17. INFORMANT Phillip Para Jr.
(Address) 609 S Patterson Park Ave
18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date July 7 1939
19. UNDERTAKER Wm. L. Fialkowski
(Address) 2007 Eastern Ave
20. FILED JUL 16 1939 19... Registrar. Hunter H. Wilson M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1939
22. I HEREBY CERTIFY, That I attended deceased from July 12 1939 to July 15 1939
I last saw him alive on July 15 1939 Death is said to have occurred on the date stated above, at 8.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
atelectasis	
Other contributory causes of importance:	

Was an operation performed? no Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) D. Gordon M. D.
(Address) Sinai Hospital

9738 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 59738

CERTIFICATE OF DEATH

49-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 745 N. Wash. St. 4th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 55 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bertha Liebesman

(a) Residence: No. 745 N. Wash. ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sarah

6. DATE OF BIRTH (month, day, year) [illegible] 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible] 37

10. Date deceased last worked at this occupation (month and year) [illegible]

11. Total time (years) spent in this occupation [illegible]

12. BIRTHPLACE (city or town) Russia
(State or country)

FATHER

13. NAME Israel Liebman

14. BIRTHPLACE (city or town) Russia
(State or country)

MOTHER

15. MAIDEN NAME Esther Lasch

16. BIRTHPLACE (city or town) Russia
(State or country)

17. INFORMANT Morton H. Liebman

(Address) 745 N. Wash. ave

18. BURIAL, CREMATION, OR REMOVAL

Place Sinai Date 7-16-39

19. UNDERTAKER Levi Levin Inc

(Address) 1732 E. Monument St

20. FILED ..... 19..... ....., Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1939 to July 14, 1939

I last saw h[illegible] alive on July 14, 1939. Death is said to have occurred on the date stated above, at 7.15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of ovary	?
Other contributory causes of importance:	
Cardiac Failure	

Was an operation performed? Yes Date of April 1, 1939

For what disease or injury? Exploratory for Carcinoma

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) H. L. Kronoff M. D.

(Address) 2322 Eutaw Place

D

[illegible] 1939

59739

F 59739

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Belmont St & Rutland Ave.
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Most of life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1904 E. Fairmount Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? Most of life years

3 (a) FULL NAME Mrs. Esther Frank
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Charles Frank
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.)
8. AGE: Years 37 Months Days If less than one day hr. min.
9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Home Duties
11. Industry or business

12. Name Abraham Esther
13. Birthplace Russia
14. Maiden Name Ida
15. Birthplace Russia
16 (a) Informant Husband
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-16-39 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Pulaski Hwy
18 (a) Funeral director Jacob Lewis Inc.
(b) Address 1431 E. Baltimore St.
19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1939, at 11:20 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from June 21 1939, to July 15 1939, and that I last saw h.e.r. alive on July 15 1939.
Immediate cause of death Respiratory failure

Duration June 21, 1939 to July 15, 1939

Due to Uremia
Due to Chronic nephritis
Other Conditions Hypertension
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature H. N. Grossbaum M. D.
Address Sinai Hospital Date signed

59740

Tapper

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B

F 59740 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3303 W. Garrison Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 1/2

(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3303 W. Garrison Blvd (If rural give location)

(e) If foreign born, how long in U. S. A.? 33 years

3 (a) FULL NAME Martha Tapper

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Dave

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 51 Months Days If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation House Work

11. Industry or business

FATHER 12. Name Samuil Jontaff

13. Birthplace Russia

MOTHER 14. Maiden Name Dora

15. Birthplace Russia

16 (a) Informant Dave Tapper

(b) Address 3303 W. Garrison Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-16-39 (month) (day) (year)

(c) Cemetery or crematory Mt Lazarus

Location O'Donnell & Co.

18 (a) Funeral director Jack Lewis Inc

(b) Address 1439 E. Balto St.

19 (a) Date received by Registrar JUL 16 1939 (b) Registrar's signature

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-15-39 19 , at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 30 1939, to July 15 1939, and that I last saw her alive on July 15 1939.

Immediate cause of death Coronary Thrombosis — Duration 1 hr.

Due to Cardiac Hypertrophy, Coronary Sclerosis — Duration 3 years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Theodore Cooper M. D.

Address 2107 Park Ave Date signed 7/16/39

59741 HEALTH DEPARTMENT—CITY OF BALTIMORE 59741

CERTIFICATE OF DEATH

95-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1126 S. Charles St. 93-1 Ward)

Length of residence in city or town where death occurred 56 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Charles H. Allaugh If U. S. Veteran specify WAR

(a) Residence: No. 1126 S. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Caroline Allaugh

6. DATE OF BIRTH (month, day, year) Aug 18, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Western Md

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R. Checker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME DeWitt Allaugh

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Brandt

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Caroline Allaugh (Address) 1126 S. Charles St.

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date July 18 1939

19. UNDERTAKER C. Howard Edgar (Address) 1200 or 1202 S. Charles St.

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1934 to July 14, 1939

I last saw him alive on July 14, 1939. Death is said to have occurred on the date stated above, at 4:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	7/14/39
Other contributory causes of importance: Hypertension Cardio Vascular Disease	?

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C P Rostring M. D.

(Address) 2623 Washington Blvd

F 59742

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

Registered No. F 59742

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address: 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town 261 E. Hamberg Street (If outside city or town limits, write RURAL and give town)

(d) Street No. Baltimore (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3. (a) **FULL NAME** William Berry

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Married and ~~Seperated~~

(b) Name of husband or wife Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/8/80

8. AGE: Years	Months	Days	If less than one day
58	8	6	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Huckster

11. Industry or business

12. Name Andrew (d)

13. Birthplace Germany

14. Maiden Name Mary Lotterbock(d)

15. Birthplace Md.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17, 1939 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill

Location

18 (a) Funeral director Margaret Gilfoyle

(b) Address 1122 Light St.

19 (a) Date received by registrar JUL 16 1939 (b) Registrar's signature

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1939, at 11 40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-10 1939, to 7-14 1939.

and that I last saw h alive on 7-14 1939.

Immediate cause of death Arteriosclerotic Heart disease

Carcinoma of the stomach

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Heart failure, carcinoma of stomach

Duration
unknown
unknown

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. Murray Kabler M. D.

Address Balto City Hosp Date signed 7-15-39

9743

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59743

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hospital Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Colbert L. Jackson If U. S. Veteran specify WAR .....

(a) Residence: No. 2743 Druid Hill Ave St., ... Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Jackson

6. DATE OF BIRTH (month, day, year) April 2, 1874

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
65	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas + Elec Co

10. Date deceased last worked at this occupation (month and year) July 1934

11. Total time (years) spent in this occupation 13+

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Andrew Jackson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ellen Lewis

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Elsie Wesley
(Address) 2743 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Arbutus Cmty Date 7-18 1934

19. UNDERTAKER George P. P. Gibson
(Address) 1735 Druid Hill Ave

20. FILED 7-16 1934 Huntington Williams, M.D. Registrar.

K

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 10 1934 to July 14 1934
I last saw him alive on July 14 1934. Death is said to have occurred on the date stated above, at 11 15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio-vascular-renal disease	1927
Cerebral hemorrhage	7-10-34
Other contributory causes of importance:	
Pulmonary edema	7-13-34

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
No If so, specify .....

(Signed) James D. Carr M. D.
(Address) 515 Mosher Street

F 59744

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a F 59744 Registered No.

PLACE OF DEATH:

1. Baltimore City, Maryland
   Street address 2322 N. Calvert St.
   Hospital or institution:

   Length of stay in hospital or inst. (yrs., mos., or days) 12 yrs.
   Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County ~~Kent Co~~
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 2322 N. Calvert St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Anna Rebecca Wickes

(b) If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

(b) Name of husband or wife

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr) August 13, 1858

AGE: Years	Months	Days	If less than one day: hr.	min.
80	11	1		

Birthplace Chestertown, Kent Co., Maryland (Town, county, and state)

10. Usual Occupation Home Duties
11. Industry or business

12. Name William Nicols Earle Wickes.
13. Birthplace Kent Co., Md.
14. Maiden Name Ann Elizabeth Withered
15. Birthplace Kent Co., Md.

16 (a) Informant Eloise Wickes Atherton
(b) Address 7815 Linden Rd. Chestnut Hill, Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17 1939 (month) (day) (year)
(c) Cemetery or crematory St Pauls
Location Near Rockhall Kent Co Md

18 (a) Funeral director Kenny W Jenkins Bro & McCulloh & Orchard Sts
(b) Address

19 (a) [illegible] M.D. Registrar
(Date rec'd by registrar) 7-16-1939
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-14 1939, at 7.00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-12 1939, to 7-14 1939, and that I last saw h ER alive on 7-14 1939.

Immediate cause of death CEREBRAL HEMORRHAGE — Duration 48 Hrs

Due to ARTERIOSCLEROSIS HYPERTENSION — Duration ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John L. Dorsey M. D.
Address 1129 St. Paul St Date signed 7-15-39

M. H. P. 1208-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59745

F 59745

CERTIFICATE OF DEATH

34-L-117-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 226 N. Gilmor St. 6th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen Winfield Jones

(a) Residence: No. 226 N. Gilmor St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: colored

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: John William Jones

6. DATE OF BIRTH (month, day, year): January 13, 1899

7. AGE: Years 40; Months 5 6; Days 2 7; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic 0970

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Private family

10. Date deceased last worked at this occupation (month and year): April, 1939

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Anderson, South Carolina

FATHER

13. NAME: Marion Winfield

14. BIRTHPLACE (city or town) (State or country): Anderson, South Carolina

MOTHER

15. MAIDEN NAME: Lulu Catherine Drake

16. BIRTHPLACE (city or town) (State or country): Anderson South Carolina

17. INFORMANT: John William Jones

(Address) 226 N. Gilmor

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date July 16, 1939

19. UNDERTAKER: Mrs Katie A. Williams

(Address) 322 N Schroeder St.

JUL 16 1939

[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7.12.39, 19

22. I HEREBY CERTIFY, That I attended deceased from 6.3.39, 19 to 7.12.39, 19

I last saw her alive on 7.12.39, 19 Death is said to have occurred on the date stated above, at 10.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
gastric ulcer	6.3.39
Hemorrhage from gastric ulcer	7.12.39

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Phy. Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) James M. Lair M. D.

(Address) 400 N. Carrollton ave

59746 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 59746

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH — Registered No. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1116 Battery Ave (Ward) 24-B

Length of residence in city or town where death occurred 55 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Daisy Straub — If U. S. Veteran specify WAR _____

(a) Residence: No. 1116 Battery Ave Ward. _____ (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed or divorced — HUSBAND of (or) WIFE of: Joseph C Straub

6. DATE OF BIRTH (month, day, year): April 11 1884

7. AGE — Years: 55 — Months: 3 — Days: 4 — If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 4037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

MOTHER FATHER

13. NAME: Osseal Wicks

14. BIRTHPLACE (city or town) (State or country): New Jersey

15. MAIDEN NAME: Nancy Bryant

16. BIRTHPLACE (city or town) (State or country): New Jersey

17. INFORMANT (Address): Joseph C. Straub. 1116 Battery Ave

18. BURIAL, CREMATION, OR REMOVAL: Holy Cross Cem. 7-18th, 1939

19. UNDERTAKER (Address): Bernard C Hale 121 E West St.

20. FILED JUL 16 1939 19__ _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 15th, 1939

I HEREBY CERTIFY, That I attended deceased from July 11 1939, to July 15 1939

I last saw ___ alive on July 14 1939 Death is said to have occurred on the date stated above, at 2:53 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4 days
Other contributory causes of importance: Hemiplegia	4 days

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) C B Wheeler M. D.

(Address) 1279 Williams St

F 59747

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59747

CERTIFICATE OF DEATH

124-a

Registered No. 13-7

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 574 W. University Pkwy St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. — mos. — da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR None

2. FULL NAME Victor Wilson

(a) Residence: No. 574 W. University Pkwy. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude Lee Wilson

6. DATE OF BIRTH (month, day, year) Nove-28-1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	7	17 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Law

10. Date deceased last worked at this occupation (month and year) Jan-1938

11. Total time (years) spent in this occupation 37 yrs.

12. BIRTHPLACE (city or town) (State or country) Snow Hill Maryland

FATHER

13. NAME William S. Wilson

14. BIRTHPLACE (city or town) (State or country) Snow Hill Maryland

MOTHER

15. MAIDEN NAME Claire L. Ewing

16. BIRTHPLACE (city or town) (State or country) St. Louis Mo.

17. INFORMANT Mrs. Gertrude L. Wilson (wife)
(Address) 574 W. University Pkwy. City.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's, Govan Date July-17-39

19. UNDERTAKER STEWART & MOWEN COMPANY
(Address) (W. E. WOODEN SUC.) 108 W. NORTH AVENUE

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 26, 1939 to July 14, 1939

I last saw him alive on July 14, 1939 Death is said to have occurred on the date stated above, at 1:40 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Liver — Duration of disease 4-yrs

Other contributory causes of importance: Femoral Gastric hemorrhage — 2 days

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) William S. Stinchcomb M. D.

(Address) 5001 Garland Ave

59748

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-BF 59748 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4211 Granada
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4211 Granada (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Mary A Brennan
(b) If veteran, name war
3 (c) Social Security Account No.
4. Sex F
5. Color or race W
6 (a) Single, married, widowed, or divorced. Widow
(b) Name of husband or wife Jno Brennan
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 7/9/1868
AGE: Years 70 Months Days 5 If less than one day hr. min.
9. Birthplace Balto Co. Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business None
12. Name Thos Murray
13. Birthplace Ireland
14. Maiden Name Mary Murphy
15. Birthplace Ireland
16 (a) Informant Mrs Cora Brennan
(b) Address 4211 Granada
17 (a) (Burial, cremation, or removal) (b) Date thereof 7/17/39 (month) (day) (year)
(c) Cemetery or crematory St Marys Govans
Location Sec 2nd Lot 7 Grave 2
18 (a) Funeral director Jos. Lahey & Son
(b) Address 1208 Ludlow St.
19 (a) (Date rec'd by registrar) JUL 1939 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/14 1939 at 9P M
21. I certify that death occurred on the date above stated; that I attended deceased from June 1939 to July 1939 and that I last saw her alive on 7/14 1939.

Immediate cause of death — Duration
Cerebral Hemorrhage — 24 hrs
Due to Cardio-vascular disease
Due to Arteriosclerosis
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature L J Volenick M. D.
Address 4710 Liberty Hts Date signed 7/16/39

59749

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-a F 59749 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 530 N Bond St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 530 N Bond St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Annie E Powell
(b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Col
6. (a) Single, married, widowed, or divorced: Married
(b) Name of husband ~~or wife~~: Walter Powell,
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Oct? 1880

8. AGE: Years 58 | Months — | Days — | If less than one day: hr. min.

9. Birthplace Caroline Co Va (Town, county, and state)
10. Usual Occupation Home Laundry Worker
11. Industry or business —

MOTHER FATHER
12. Name Temple Scott
13. Birthplace Va
14. Maiden Name unknown
15. Birthplace Va

16 (a) Informant Walter Powell husband
(b) Address 530 N Bond St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/16/39 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Balto Md

18 (a) Funeral director Robert E Williams
(b) Address 15 15 McCulloh St

19 (a) 7-13-39 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1939, at 12 20 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 6 1939 to July 12 1939.
and that I last saw her alive on July 11 1939.

Immediate cause of death: Coronary Thrombosis — Duration 20 min
Due to: Aortic Insufficiency
Due to: —
Other Conditions: Arteriosclerosis, Hypertension, & Pulmonary Edema
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature Ralph J Young M.D.
Address 1429 E Monument Date signed 7/13/39

59750 E 59750

HEALTH DEPARTMENT—CITY OF BALTIMORE

59750

CERTIFICATE OF DEATH

348-59

Registered No. .....

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Division St St. 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Thomas

(a) Residence: No. 1232 Mosher St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie Thomas

6. DATE OF BIRTH (month, day, year) April 3rd 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Race Track

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Belmont Co. Md.

MOTHER FATHER

13. NAME Thomas Thomas

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Annie McGrady

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Sadie Thomas

(Address) 1232 Mosher St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery Date 7/16 - 1939

19. UNDERTAKER Campbell & Sanders

(Address) 2151 McCulloh St.

JUL 16 1939 Hunting Williams Inc. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-14-39. 19

22. I HEREBY CERTIFY, That I attended deceased from 5-12-39. 19 ... to 7-14-39. 19 ...

I last saw him alive on 7-14-39 19 ... Death is said to have occurred on the date stated above, at 2.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Renal Disease	?
Aortic Insufficiency & Chr Interstitial Nephritis	?
Diabetes Mellitus	1934

Other contributory causes of importance

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) E. F. Maloney M. D.

(Address) Provident Hospital Balto. Md.

59751
364922

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

F 59751
Registered No.

PLACE OF DEATH:
1. Baltimore City, Maryland
Street address
Hospital or institution: JOHNS HOPKINS HOSPITAL
Length of stay in hospital or inst. (yrs., mos., or days) 15 days
Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N. Car (b) County
(c) City or town Elizabeth City (If outside city or town limits, write RURAL and give town)
(d) Street No. State Teachers College (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME John Bias
(b) If veteran, name war
3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	married

(b) Name of husband or wife Frances
6 (c) If alive, give age years
Birth date of deceased (mo., day, yr.) 6-11-75

AGE: Years	Months	Days	If less than one day
64	1	4	hr. min.

Birthplace Miss (Town, county, and state)
10. Usual Occupation Teacher
11. Industry or business

12. Name James Bias
13. Birthplace Miss
14. Maiden Name Denah Arnold
15. Birthplace Ky
16. (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL
17. (a) (Burial, cremation, or removal) (b) Date thereof 7/16/39 (month) (day) (year)
(c) Cemetery or crematory Elizabeth City N. C.
Location
18. (a) Funeral director Robert H. Council
(b) Address 804 W. Carolina Ave. E.D.
19. (a) 6 1939 (Local registrar) Hunter for Williams (Deputy)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1939, at 7.20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 30 1939, to July 15 1939, and that I last saw him alive on July 30 1939.

Immediate cause of death	Duration
Carcinoma of stomach	1½ yr.
Due to Post-operative shock	2 days
Due to	
Other Conditions Metastases in Liver, mesentery, peritoneum (Include pregnancy within 3 months of death)	

Major findings:
Of operations Same
Of autopsy Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John C. Simmons
Address Johns Hopkins Hosp. Date signed 7/15/39

VS 3

59752

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-c F 59752 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2808 O Donnell st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2808 O Donnell st. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Walter T. Bayma or Wladyslaw T Bejma
(b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married
(b) Name of husband or wife Anna S. Bayma
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept 12/77
8. AGE: Years 61 Months 10 Days 2 If less than one day hr. min.
9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Watchman
11. Industry or business City Hall
12. Name Frank Bayma
13. Birthplace Germany
14. Maiden Name Josephine Polkent
15. Birthplace Germany
16 (a) Informant Mrs. Anna Bayma
(b) Address 2808 O Donnell st.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17-1939 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus Cem.
Location Highlandtown
18 (a) Funeral director Stephen J. Featherstone
(b) Address 1000 S. Kenwood Ave.
19 (a) (Date received by registrar) (b) Wilbur Highfield

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1939 at 1205 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 12 1939 to July 14 1939. and that I last saw h alive on July 14 1939.

Immediate cause of death: Arteriosclerosis — Duration 1937
Due to Chronic hypertension — 1938
Due to Myocardial failure — 7-13-39.
Due to
Other Conditions None.
(Include pregnancy within 3 months of death)
Major findings:
Of operations None.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None.
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Ed Schmunk M. D.
Address 842 S. Eaton Date signed 7-15-39

VS 3

✓ F 59753

9753

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4401 Vesta Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ~~5~~ 28 d

(e) Length of stay in Baltimore (yrs., mos., or days) 58

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4401 Vesta Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 58 years

X

(a) FULL NAME Katherine F. Hughes

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

(b) Name of ~~husband or wife~~

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/12/1866

AGE: Years	Months	Days	If less than one day hr.	min.
73	2	2		

8. Birthplace Ireland (Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business

12. Name Peter Farrell
13. Birthplace Ireland

14. Maiden Name Marcella Noonan
15. Birthplace Ireland

16 (a) Informant Miss Katherine Hughes
(b) Address 4401 Vesta Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/17/39 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Edmondson Ave.

18 (a) Funeral director Francis M. Friedgen
(b) Address 507 E. Lanvale St.

19 JUL 18 1939 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1939 at 7 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 11 1939 to July 14 1939.
and that I last saw h~~er~~ alive on July 14 1939.

Immediate cause of death Bronchopneumonia — Duration 1 day

Cerebral Hemorrhage — 3 days

Due to Nephritis

Hypertensive Heart disease

Due to

Other Conditions Arteriosclerosis

Hypertension

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Fred L. De Barbieri M. D.
Address 4723 Park Heights Ave Date signed 7/14/39.

V8 3

59754 Hess E 59754

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ____

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U. S. Marine Hospital St. 12-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. 1 mon. ___ da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

If U. S. Veteran specify WAR Spanish

2. FULL NAME Hess, Frank William

(a) Residence: No. 519 Hopkins Ave., Halethorpe, Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Hess

6. DATE OF BIRTH (month, day, year) Nov. 6, 1880

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
58	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steam engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0030

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME George H. Hess

14. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

MOTHER

15. MAIDEN NAME Mary Rooney

16. BIRTHPLACE (city or town) Galway, Ireland
(State or country)

17. INFORMANT Patient before death
(Address)

18. BURIAL, CREMATION, OR REMOVAL: Baltimore Natural July 19 1939

19. UNDERTAKER Wm. Cook
(Address) 1217 St. Paul Ave.

20. FILED Huntington Williams M.D. J/C

JUL 16 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from 5/31/39, 19__, to 7/15/39, 19__.

I last saw him alive on 7/15/39, 19__. Death is said to have occurred on the date stated above, at 9:00p.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular Renal Disease	insidiou
Arterio-sclerosis, general	insidiou

Other contributory causes of importance:

Thrombosis, abdominal aorta, with ulcers of the legs.	2 years

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19__

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, how?

(Signed) Eric C. Johnson M. D.
ERIC C. JOHNSON, P. A. Surg.

(Address) Officer of the Day - U. S.
MARINE HOSPITAL, BALTO. MD.

F 59755

59755

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH Baltimore

CITY OF BALTIMORE: (No. 674 W. Saratoga St., H-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lula E Mumford

(a) Residence: No. 674 W. Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Mumford

6. DATE OF BIRTH (month, day, year) 11-12-188F

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse P & P

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20 Yrs

12. BIRTHPLACE (city or town) (State or country) Carrollton Va

FATHER

13. NAME Wm S. Jordan

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Lou Emma Jordan

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs S. F. Thomas

(Address) 674 W. Saratoga st

18. BURIAL, CREMATION, OR REMOVAL

Place Smithfield Va Date 7-17 19 39

19. UNDERTAKER William A Jackson

(Address) 916 Pennsylvania Ave

20. FILED [illegible] Thurston Taylor Williams Registrar

[illegible] 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from March, 1939, to July 14, 1939.

I last saw h[illegible] alive on July 11, 1939. Death is said to have occurred on the date stated above, at 11 20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Pulmonary Tuberculosis (Ulcerative)	March 1939
Other contributory causes of importance: Asthenia Anemia Hypertension & Arterio Sclerosis	March 1939

Was an operation performed? no Date of

For what disease or injury? no

Name of operation none

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R J Young M. D.

(Address) 1424 E Monument St

59756

HEALTH DEPARTMENT—CITY OF BALTIMORE 59756

CERTIFICATE OF DEATH

122-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 Bush Home & Infirmary St. 8 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 56 yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ....

2. FULL NAME Mr. Frederick Ziegler

(a) Residence: No. 2323 Sherwood Ave St., Ward. Baltimore, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary Ziegler

6. DATE OF BIRTH (month, day, year) July 3, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	0	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Beer brewer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brewery

10. Date deceased last worked at this occupation (month and year) October 1937

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Ziegler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dora ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Mary Kork (daughter)
(Address) 1702 Darley Ave. Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date July 19th 1939

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

20. FILED JUL 17 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1939, to July 16, 1939. I last saw him alive on July 16, 1939. Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated inguinal hernia	7/10/39
Bronchopneumonia, bilateral	7/15/39

Other contributory causes of importance:
Arteriosclerotic cardio vascular disease

Was an operation performed? Yes Date of 7/12/39

For what disease or injury? Strangulated inguinal hernia.

Name of operation Herniorrhaphy, right.

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ....

(Signed) Howard W. Jones M. D.

(Address) Clinical Home & Infirmary

59757

HEALTH DEPARTMENT—CITY OF BALTIMORE

59757

CERTIFICATE OF DEATH

✓ 124-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2 N. Joseph Hospital St., 27-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Margaret Schmidt

If U. S. Veteran specify WAR .....

(a) Residence: No. 3303 W. Rogers Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Henry G. Schmidt

6. DATE OF BIRTH (month, day, year) 6-10-84

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry Artmeier

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Anna Haase

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Henry G. Schmidt

(Address) 3303 W. Rogers Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date July 18, 1939

19. UNDERTAKER J. Wm. Cook

(Address) 1317 Edmondson Ave

20. FILED ..... 19 ..... Registrar

DEC 17 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1939, to July 15, 1939

I last saw h[illegible] alive on July 13, 1939 Death is said to have occurred on the date stated above, at 8:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Acute dilation of heart	2 days
Renal insufficiency	

Other contributory causes of importance

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. R. Stamps M. D.

(Address) St. Joseph Hospital

9758

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

Registered No. B-50358

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 22-T No Home 336 Hughes St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME
(b) If veteran, name war Robert Johnson
3 (c) Social Security Account No.

4. Sex M
5. Color or race Colored
6 (a) Single, married, widowed, or divorced. M ?
(b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?
8. AGE: Years 61? Months Days If less than one day hr. min.
9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

12. Name George Johnson
13. Birthplace ?
14. Maiden Name Kate ?
15. Birthplace ?
16 (a) Informant Records
(b) Address Baltimore City Hospitals
17 (a) (Burial, cremation, or removal)
(b) Date thereof 9/18/39 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location
18 (a) Funeral director Walter B. Smith
(b) Address 139 W. Hamburg St.

(Date rec'd by registrar) APR 17 1939 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-14 1939, at 1:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-9 1937, to 7-14 1939, and that I last saw h him alive on 7-14 1939.

Immediate cause of death: Arteriosclerotic Heart Disease — Duration unknown

Due to

Due to

Other Conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Long heart, congestive failure

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 7-15-39

VS 3

59759

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

F 59759

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Sinai Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days

(e) Length of stay in Baltimore (yrs., mos., or days) 11 days

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. 3110 Dillon St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Kramer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-4-1939

8. AGE: Years | Months | Days 11 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

MOTHER

12. Name Dorothy Poter

13. Birthplace Md

FATHER

14. Name George Kramer

15. Birthplace Md

16 (a) Informant Hospital records

(b) Address

17 (a) X (Burial, cremation, or removal)

(b) Date thereof 7-17-39 (month) (day) (year)

(c) Cemetery or crematory St. Stanislaus

Location Dundalk ave

18 (a) Funeral director John J. Duda

(b) Address 2829 Hudson St

19 (a) Date received by registrar 7-17-39 (b) Registry No. 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1939, at 2000 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 5 1939 to July 15 1939 and that I last saw him alive on July 15 1939

Immediate cause of death Prematurity — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [illegible] M. D.

Address Sinai Hospital Date signed 7-17-39

Medford

9760

F 59760

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2103 Harford Ave.
(c) Hospital or institution: - - -
(d) Length of stay in hospital or inst. (yrs., mos., or days) -
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County --
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2103 Harford Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LAURA V. POLLOCK

(b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

(b) Name of husband or wife: Henry M. Pollock

6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) Mar. 22. 1837

8. AGE: Years 72 | Months 3 | Days 22 | If less than one day: hr. min.

9. Birthplace Harford County, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name ? McNamee
13. Birthplace Maryland

MOTHER
14. Maiden Name Hannah Deaver
15. Birthplace Maryland

16 (a) Informant Mr. Harry E. Pollock (Son).
(b) Address 3331 Kimble Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 18. 1939 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem.
Location Baltimore

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address Baltimore & Broadway.

19 (a) Filed JUL 17 1939 (b) Registrar Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14, 1939 1905. at P. M

21. I certify that death occurred on the date above stated; that I attended deceased from August 1938. to July 14 1939. and that I last saw her alive on July 14 1939.

Immediate cause of death: Carcinoma of cervix uteri metastases

Duration:

Due to

Due to

Other Conditions: Cardiac failure due to myocardial disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Horace Reed M. D.
Address #311 Med. arts Bldg Date signed July 15/39

VS 3

F 59761

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59761

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH Home for Incurables

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 43 St. Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leonora or Lena Wood Taylor

If U. S. Veteran specify WAR

(a) Residence: No. Home for Incurables St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Taylor

6. DATE OF BIRTH (month, day, year) Apr. 18, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Charlottesville
(State or country) Virginia

FATHER

13. NAME James W. Wood

14. BIRTHPLACE (city or town) Charlottesville
(State or country) Va

MOTHER

15. MAIDEN NAME Rowenna Berryman

16. BIRTHPLACE (city or town) Charlottesville
(State or country) Va.

17. INFORMANT Home for Incurables
(Address) Records.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date July 17, 1939

19. UNDERTAKER Thos. J. Tickner & Sons
(Address) North & Pa Aves.

20. FILED 19 Registrar.

7-17 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1938 to July 15, 1939

I last saw h.. alive on July 14, 1939. Death is said to have occurred on the date stated above, at 6.25 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Coronary Thrombosis	7 D.
Other contributory causes of importance: Arthritis { Hypertrophic / Deformans	1932

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) W Grafton Harbaugh M. D.

(Address) 214 Med. Arts Building

59762

HEALTH DEPARTMENT—CITY OF BALTIMORE

59762

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen Hosp St. 16-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Lee Jones

If U. S. Veteran specify WAR

(a) Residence: No. 1200 Arlington Place Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Mary R Jones

6. DATE OF BIRTH (month, day, year) Oct 12, 1841

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denton Maryland

FATHER

13. NAME Andrew C Jones

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Ellen Wheatley

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Mary Jones

(Address) 1200 Arlington Place

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Baltimore Lee Date July 18, 1939

19. UNDERTAKER Wm J Tilghman Mgr

(Address) North Pennsylvania Ave

20. FILED ..., 19...

Jos. H. Williams, Registrar.

JUL 1939

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) July 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1939 to July 16, 1939

I last saw h[im] alive on July 16, 1939. Death is said to have occurred on the date stated above, at 2P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1 day
cystitis - purulent	5 months

Other contributory causes of importance:

Arteriosclerosis - generalized	
Arteriosclerosis Kidneys	

Was an operation performed? yes Date of 6/15/39

For what disease or injury? Enlarged Prostate

Name of operation Supra Pubic cystotomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W O'Shea M. D.

(Address) 1 W 39th

59763

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59763

CERTIFICATE OF DEATH

V 82-a

Registered No. .....

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave, St., 7 2 5 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Lowrenz

(a) Residence: No. 1716 Spence St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert Lowrenz Sr

6. DATE OF BIRTH (month, day, year) 9/25/1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	9	19	11 hrs

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Martin Shanks

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Margaret Roche

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Albert Lowrenz Jr

(Address) 1716 Spence St

18. BURIAL, CREMATION, OR REMOVAL

Place St Paul's Date 7/17/39 19

19. UNDERTAKER Henry H. Withrow & Son

(Address) 4101 Edmondson Ave

20. FILED 7 17 1939 Hunter Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-14, 1939

22. I HEREBY CERTIFY, That I attended deceased from 7-9 1939 to 7-14 1939

I last saw her alive on July 13 1939 Death is said to have occurred on the date stated above, at 6:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CEREBRAL HEMORRHAGE	7-9-39
HEMIPLEGIA - RIGHT SIDE	

Other contributory causes of importance:

HYPERTENSION	

Was an operation performed? No Date of

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Charles V. Leucif M. D.

(Address) 50 Eastern Ave

F 59764

F 59764

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 183

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Foot of Bond St.
(d) Length of stay in hospital or inst. (yrs., mos., or days) Took 3-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town West Virginia (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wayne Ringer
(b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Anna
6 (c) If alive, give age 33 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 34 | Months | Days | If less than one day hr. min.

9. Birthplace West Va. (Town, county, and state)

10. Usual Occupation None
11. Industry or business

FATHER 12. Name Samuel
13. Birthplace West Va.

MOTHER 14. Maiden Name Dora Bell Hanna
15. Birthplace West Va

16 (a) Informant Anna Wayne Ringer
(b) Address West Va.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof July 17/39 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Fredrick Rd.

18 (a) Funeral director Talley & Filbert
(b) Address 3 S Howard St

19 (a) Date received by registrar July 17 1939 (b) Registered number

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-13-39 19 , at 6:25 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Drowning — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ?
(b) Date of occurrence 7-13-39
(c) Where did injury occur? Foot of Bond St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? what? — While at work? no (Specify type of place)
(e) Means of injury not known

23. Signature Conrad Acton M.D. Medical Examiner
Date signed 7-17-39

VS 6

59765

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 59765

Registered No. 46-4

1. PLACE OF DEATH:

(a) Baltimore City, Maryland Dr.

(b) Street address 804 Woodington Road

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)

(d) Street No. 804 Woodington Road
(If rural give location)

(e) If foreign born, how long in U. S. A.? 50 years

3 (a) **FULL NAME** James B. Birch

3 (b) If veteran, name war: No

3 (c) Social Security Account No. none

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Margaret S Birch

6 (c) If alive, give age: 60 years

7. Birth date of deceased (mo., day, yr.) Aug 15, 1872

8. AGE: Years 66 | Months 11 | Days 0 | If less than one day: hr. ____ min. ____

9. Birthplace Liverpool England
(Town, county, and state)

10. Usual Occupation Head Supt. of

11. Industry or business Donnell Bldg

MOTHER 12. Name James Birch

13. Birthplace England

FATHER 14. Maiden Name Catherine Murphy

15. Birthplace England

16 (a) Informant Mrs Margaret S. Birch

(b) Address 804 Woodington Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 18, 1939 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Old Frederick Road.

18 (a) Funeral director Elmer W. Conklin & Son

(b) Address 924 Eager St. City.

19 (a) [illegible] 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15th, 1939, at 3A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 29 1939, to July 15 1939, and that I last saw h in alive on July 13 1939.

Immediate cause of death	Duration
Concomd liver	
Due to	
Due to	
Other Conditions Cerebral Hemorrhage	May 29

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide No

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?

(e) Means of injury —

23. Signature Morris B. Schneider M. D.

Address 5-4 S. Fulton Ave Date signed 7-15-39

VS 3

766

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59766

CERTIFICATE OF DEATH

1/131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1741 N. Dallas St. 8-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary L. Johnson

If U. S. Veteran specify WAR .....

(a) Residence: No. 1741 N. Dallas St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) Nov. - 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	8	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

FATHER

13. NAME Nelson Dare

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

MOTHER

15. MAIDEN NAME Mildred Dare

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

17. INFORMANT Mildred E. Dare

(Address) 1831 N. Spring

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 7-17 1939

19. UNDERTAKER Mrs. R. L. Elliott Sr.

(Address) 1129 N. Carrollton

20. FILED JUL 17 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14. 1939

22. I HEREBY CERTIFY, That I attended deceased from July 5 1939 to July 14 1939

I last saw her alive on July 14 1939 Death is said to have occurred on the date stated above at 10:10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	?
Chronic Nephritis	?

Other contributory causes of importance: Uremia July 5

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wm. L. Lucy M. D.

(Address) 1420 E. Chase

EAS

59767

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

F 59767

Reg. Dist. No.

PLACE OF DEATH:

(If outside city or town limits, write RURAL NEAR and give town)

Address, hospital, or institution: 324 Newkirk St

Hospital or inst. (yrs. or mos. or days)

In this community (yrs. or mos. or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Balto

City or town Balto. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 324 Newkirk St

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (b) Social Security Number

FULL NAME

Mamie D. Sterling

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
F.	W.	Divorced

Name of husband or wife: Charles Sterling

6. (b) If alive, give age years

Date of birth (mo. day yr.): May 11th 1854

If less than one day: hrs min

AGE: Years	Months	Days
80	2	5

Birthplace: Balto Md
(Town, county, and state)

Usual occupation: At Home

Industry or business:

Name of father: Jacob Engelhardt

Birthplace of father: Germany

Maiden name of mother: Unknown

Birthplace of mother:

Informant: Rose Jones

Address: 324 S. Newkirk St

Burial, cremation, or removal: Burial

Date thereof: July 19th 1939 (month) (day) (year)

Cemetery or crematory: Oak Lawn

Address: Balto Md

Undertaker: William Cook

Address: 1217 St. Paul St

Filed: July 17 1939

Registrar: Hunting for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 16 1939 at 10.51 PM

21. I CERTIFY that death occurred on the date above stated. That I attended deceased from Aug 27 1938 to July 16 1939.

and that I last saw h[illegible] alive on June 15 1939.

Immediate cause of death: Generalized Arteriosclerosis

Coronary Sclerosis

Due to: Coronary Occlusion — DURATION: 7-16-39.

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations: None

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following.

Accident, suicide, or homicide: None — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (what?)

Injured at work?

Means of injury

23. SIGNATURE: Ed Schumacher M.D. or other

Address: 842 S. Eastern Date signed 7-16-39

Rec'd - Burial Permit issued

59768

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 59768

Registered No. 119

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St Agnes Hosp
(c) Hospital or institution St. Agnes Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Ellicott City
(If outside city or town limits, write RURAL and give town)
(d) Street No. Columbia Pike
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME gail Furbay
(b) If veteran, name war no
3 (c) Social Security Account No. no
4. Sex F
5. Color or race W
6 (a) Single ~~married, widowed~~ or ~~divorced~~ Single
6 (b) Name of husband or wife —
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) Mar 8th 1938
8. AGE: Years | Months 8 | Days 7 | If less than one day hr min
9. Birthplace Ellicott City Md
(Town, county and state)
10. Usual Occupation
11. Industry or business
12. Name Harold Furbay
13. Birthplace Ohio
14. Maiden Name Evelyn Wilson
15. Birthplace Md
16 (a) Interment; Chas E Fisher
(b) Address Columbia Pike Ellicott City
17 (a) Burial (b) Date thereof July 17, 1939
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Balto Co Md
18 (a) Funeral director Williams Cook
(b) Address 1217 St Paul St
19 (a) (Date received by city registrar) (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-15-39 19 . at 2:10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to [illegible] death on the day stated above.

Immediate cause of death	Duration
Toxemia	24 hrs.
Due to Eclampsia	
Due to Cause undetermined	
Other Conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Conrad Aldridge M.D.
Medical Examiner
Date signed 7-17-39

VS 6

59769

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94B

Registered No. E 59769

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 651 W. Barre St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or Town (If outside city or town limits, write RURAL and give town)
(d) Street No. 651 W Barre St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Leah Scott
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F
5. Color or race C
6 (a) Single, married, (widowed), or divorced
6 (b) Name of husband or wife George Scott
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) aug 1, 18[illegible]

8. AGE: Years 76 | Months 11 | Days 14 | If less than one day: hr. min.

9. Birthplace Northampton Co Va (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Wilbur Stevens
13. Birthplace Va

MOTHER
14. Maiden Name Margaret Smith
15. Birthplace Va

16 (a) Informant Mary White (sister)
(b) Address 651 Barre St

17 (a) (Burial, cremation, or removal)
(b) Date thereof July 18, 1939 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St

19 (a) JUL 17 1939 (Date rec'd by registrar)
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-15-39 19 , at 4 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inq (Autopsy or Inquiry) thereon and from the evidence obtained by said Inq (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Coronary sclerosis — Duration: 3 days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Conrad Acton M.D.
Medical Examiner
Date signed 7-15-39

PHYSICIAN
Underline the cause to which death should be charged statistically

VS

59770

OGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-C

4643 F 59770 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 331 N. Gilmor st. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

4-1

3 (a) FULL NAME Alexander Cornish

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9--16-63

8. AGE: Years	Months	Days	If less than one day
75	279	28	hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Jake Cornish
13. Birthplace Unknown

MOTHER 14. Maiden Name Rose Williams
15. Birthplace Unknown

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof July 18, 1939 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Mr Katie R. Williams
(b) Address 322 N Schroeder st

19 JUL 17 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-14 1939, at 6'5 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-11 1939, to 7-14 1939, and that I last saw him alive on 7-14 1939.

Immediate cause of death: Carcinoma of Prostate — Duration: ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L K Woodward M. D.
Address Balto City Hosp. Date signed 7-14-39

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 59771

F 59771

95-3

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 232 N Carey St. 11 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Julia A Moore

(a) Residence: No. 232 N Carey St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col'd	

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widow

6. DATE OF BIRTH (month, day, year) Oct 3 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	9	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year) 1921

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kent Co Md

FATHER

13. NAME John Williams

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Ella Brooks

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Lawrence Moore
(Address) 232 N Carey

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Cem. Date 7/17 1937

19. UNDERTAKER Mrs. Gertrude Holland
(Address) 1631 Druid Hill Ave

20. FILED 7/17 1937 Hunter for Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1937, to July 13, 1937. I last saw h alive on July 13, 1937. Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Disease of Heart	?
Other contributory causes of importance: Pulmonary Oedema	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Thurston Hollins M. D.

(Address) 959 W Fayette

9772

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 95-3 L 59772

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St
(c) Hospital or institution: Sinai Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 35

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1709 N Appleton St (If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME Mrs. Jennie Sodie
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F
5. Color or race W
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Charles
6 (c) If alive, give age ✓ years
7. Birth date of deceased (mo., day, yr.)
8. AGE: Years 45 Months Days If less than one day hr. min.
9. Birthplace Russia (Town, county, and state)
10. Usual Occupation House Work
11. Industry or business

MOTHER FATHER
12. Name Maria Mandef
13. Birthplace Russia
14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Charles Sodie
(b) Address 1709 N. Appleton St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-11-39 (month) (day) (year)
(c) Cemetery or crematory Cedar
Location Dundalk Ave & Rt. 1
18 (a) Funeral director Jack Levin
(b) Address 1731 E Baltimore
19 (a) (Date rec'd by registrar) (b) Eutaw Funeral Home Inc

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1939 at 5:00 PM
21. I certify that death occurred on the date above stated; that I attended deceased from July 15, 1939 to July 16 1939. and that I last saw h alive on July 16, 1939.

Immediate cause of death: Heart failure — Duration
Due to arteriosclerotic cardiovascular disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Harold A. Grotz M. D.
Address Sinai Hospital Date signed 7-17-39

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 59773 — 46-B F 59773

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St. 6-S Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. 10 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry A. W. Skeen

If U. S. Veteran specify WAR .....

(a) Residence: No. Big Stone Gap, Virginia St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Callie A Skeen

6. DATE OF BIRTH (month, day, year) Dec. 26, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Judge (retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) June 1938

11. Total time (years) spent in this occupation 49

12. BIRTHPLACE (city or town) Castlewood (State or country) Virginia

FATHER

13. NAME George C. Skeen

14. BIRTHPLACE (city or town) Russell County (State or country) Virginia

MOTHER

15. MAIDEN NAME Elizabeth Murphy

16. BIRTHPLACE (city or town) Russell Co. (State or country) Virginia

17. INFORMANT Leslie C. Skeen
(Address) Stone, Ky.

18. BURIAL, CREMATION, OR REMOVAL
Place Big Stone Gap, Va. Date July 17, 1939

19. UNDERTAKER John O. Mitchell & Son, Inc.
(Address) 1900 Eutaw Place — Md.

20. FILED ..... 19 ..... Registrar

JUL 14 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1939, to July 16, 1939

I last saw h/m alive on July 16, 1939. Death is said to have occurred on the date stated above, at 9:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lympho sarcoma Stomach	?
Obstruction of stomach	April 1939
Other contributory causes of importance:	
Pneumonia, terminal	July 5, 1939
Thrombosis, right popliteal artery	

Was an operation performed? yes Date of July 9, 1939

For what disease or injury? Neoplasm of stomach

Name of operation Anterior gastro-enterostomy

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Isabella Hewson M. D.

(Address) Church Home & Infirmary

59774

Case No. 46391 K

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

34-3-133 F 59774 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Maryland
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1419 Lanvale St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Kate Laney

(b) If veteran, name war | 3 (c) Social Security Account No.

Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Married

(b) Name of husband or wife Charles Laney
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12?/89

AGE: Years 49 | Months 7 | Days ? | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Private Laundry

11. Industry or business

12. Name ? Armstead

13. Birthplace Virginia

14. Maiden Name Katherine

15. Birthplace Virginia

16 (a) Informant B. C. H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 7/18/39 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location a a Co Md

18 (a) Funeral director Robert E Williams
(b) Address 1515 McElderry St

19 (a) 7/17/39 (b) (Date received by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-13- 1939 at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-10- 1939 to 7-13- 1939 and that I last saw her alive on 7-13- 1939.

Immediate cause of death Pyelonephritis — Duration 2 weeks

Due to — Duration fever

Due to

Other Conditions Bl

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Pyelonephritis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, or in industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 7-16-39

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59775

CERTIFICATE OF DEATH

F 59775

160-13

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Gay Gay

(a) Residence: No. 716 N. Calvert St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 13, 1939

7. AGE	Years	Months	Days	If LESS than 1 day 37 hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER FATHER

13. NAME Stirling A. Gay.

14. BIRTHPLACE (city or town) (State or country) Albany Ga

15. MAIDEN NAME Elizabeth Waters

16. BIRTHPLACE (city or town) (State or country) Leonardtown, Md.

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place St Peters Cemetery Date 7/17/39

19. UNDERTAKER Geo. A. Fuller Footmore Ave & Appeals

(Address) Huntington Ave

20. FILED JUL 17 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from 7-13-, 1939, to July 14, 1939

I last saw him alive on July 14, 1939 Death is said to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subarachnoid Hemorrhage	7-13-39

Other contributory causes of importance:

1) Premature birth
2) Atelectasis of lung

Was an operation performed? — Date of

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Emil Novak M. D.

(Address) 26 E. Preston St.

Beliven

F 59776

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-a

Registered No. F 59776

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1425 N Wolfe St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Beliven (BERAN)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Mary Beran

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 52 | Months | Days | If less than one day hr. min

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Laborer 0040

11. Industry or business

FATHER 12. Name James Beran
13. Birthplace Balto

MOTHER 14. Maiden Name Mary Lawlor
15. Birthplace Balto

16 (a) Informant Mary Beran
(b) Address 1425 N Wolfe St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 19 '39 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director Frank Brach Jr
(b) Address 1906 Eldorado

19 JUL 17 1939 (Date) Huntington Williamsport, Md. (By registrar)

V8 4

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-17-39 19 16 at 11:30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Aortic stenosis — Duration ?
Due to Monckeburg's Sclerosis — ?
Due to
Other Conditions: Alcohol —
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Conrad Aston Jr M.D. Medical Examiner.
Date signed 7-17-39

BAYNHAM

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59777

CERTIFICATE OF DEATH

108

F 59777

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1430 Harlem ave St. Ward) 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Richard Baynham

If U. S. Veteran specify WAR

(a) Residence: No. 1430 Harlem ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	married

5a. If married, widowed or divorced, HUSBAND of Hattie Baynham

6. DATE OF BIRTH (month, day, year) Apr 6 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public work

10. Date deceased last worked at this occupation (month and year) 2 Yrs ago

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Cross Co. Virginia

FATHER

13. NAME Dont Know.

14. BIRTHPLACE (city or town) (State or country) Dont Know.

MOTHER

15. MAIDEN NAME Dont Know.

16. BIRTHPLACE (city or town) (State or country) Dont Know.

17. INFORMANT Walter Baynham.

(Address) 1700 Edmondson ave

18. BURIAL, CREMATION, OR REMOVAL Mt Calvary Date 7-19-39

19. UNDERTAKER Adolphus Halstead

(Address) 918 Druid Hill Ave

20. FILED JUL 17 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1939 to July 16, 1939

I last saw h[illegible] alive on July 16, 1939 Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	7/13/39
Other contributory causes of importance: None	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. J. Pezzoni M.D.

(Address) 1536 W. Fayette St

F 59778

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 F 59778

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1419 Mosher St. 16-W Ward)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ralph West

(a) Residence: No. 1419 W. Mosher St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 20 1922

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
16	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) unknown
11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Samuel West
14. BIRTHPLACE (city or town) (State or country) Lancaster Co Va

MOTHER

15. MAIDEN NAME Cora Carter
16. BIRTHPLACE (city or town) (State or country) Cumberland Co. Va.

17. INFORMANT Cora West
(Address) 1419 Mosher St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 7-18-39

19. UNDERTAKER Adolphus Halstead & Bro.
(Address) 918 N. Eutaw St.

20. JUL 17 1939 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-14-1939

22. I HEREBY CERTIFY, That I attended deceased from 5-26-1939 to 7-14-1939

I last saw him alive on 7-14-1939. Death is said to have occurred on the date stated above, at 7:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	April 1934
Other contributory causes of importance: Unknown	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Fatal X-ray examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry E. Saunders M.D.

(Address) 1019 N. Stricker St.

F 59779

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 ✓ Registered No. F 59779

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1203-E. Lafayette Ave
(c) Hospital or institution: --
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1203-E. Lafayette Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ----- years

(a) FULL NAME Edna Agnes Thomas

(b) If veteran, name war --

3 (c) Social Security Account No. ----

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

(b) Name of husband or wife Charles W. Thomas
6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) 2/20/1882

AGE: Years 57 | Months 4 | Days 26 | If less than one day - hr. - - - min.

8. Birthplace Baltimore Co. Md. (Town, county, and state)

10. Usual Occupation At Home
11. Industry or business

12. Name John Trebert
13. Birthplace Balto. Co. Md.

14. Maiden Name Barbara E. Baker
15. Birthplace Balto. Co. Md.

16 (a) Informant Charles W. Thomas
(b) Address 1203-E. Lafayette Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/19/39 (month) (day) (year)
(c) Cemetery or crematory Vernon Chruch Ce.
Location Baltimore Co. Md.

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735-Harford Ave.

19 (Date rec'd by registrar) JUL 17 1939 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16, 1939. at 9:50 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 23 1939 to July 16, 1939. and that I last saw her alive on July 16, 1939.

Immediate cause of death Chronic Myocarditis — Duration 1 yr.
Due to Obesity
Due to Chronic Interstitial Nephritis — 2 yrs
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel B. Wolfe M.D.
Address 1331 E. Fayette Date signed 7-17-39

V8 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59780

CERTIFICATE OF DEATH

97 F 59780

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1317 Park Ave St. 11-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. 8 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR NONE

2. FULL NAME Horace Cromwell Bevan

(a) Residence: No. 1317 Park Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of

at

6. DATE OF BIRTH (month, day, year) Feb. 14, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer or Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Law Office

10. Date deceased last worked at this occupation (month and year) 1924 11. Total time (years) spent in this occupation all of 54 yrs.

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Chas Frederick Bevan

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Sarah Jane Arbach

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT (Address) Wilbur F. Bevan, Ashton Baltimore Co. Md.

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Date July 18, 1939

19. UNDERTAKER (Address) STEWART & MOWEN COMPANY (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

20. FILED JUL 17 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16th, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 2 - 1938 to July 16th 1939

I last saw him alive on July 16th 1939. Death is said to have occurred on the date stated above, at 7.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Infirmities of age	?
Failing vision of both eyes	July 8, 39

Other contributory causes of importance

Was an operation performed? No. Date of —

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas W Lawrence, M. D.

(Address) 1327 Park Ave

BALTIMORE CITY HEALTH DEPARTMENT 34-g-23

CERTIFICATE OF DEATH

Registered No. F 59781

F 59781

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1316 N. Vincent St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 36 yrs. years

(45771)

3 (a) FULL NAME Robert Mosses

3 (b) If veteran, name war

3 (c) Social Security Account No. Unknown

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 9, 1884

8. AGE: Years	Months	Days	If less than one day hr.	min.
54	8	4		

9. Birthplace British West Indies (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Grecian Mosses
13. Birthplace British West Indies

MOTHER
14. Maiden Name Grace Spencer
15. Birthplace British West Indies

16 (a) Informant Hospital Records
(b) Address

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 7/16/39 (month) (day) (year)
(c) Cemetery or crematory Laurel Memorial Park
Location Guilford Hill Road, Md.

18 (a) Funeral director John J. Fahey Son
(b) Address 1818 Mount St. Huntington Williams, M.D.

19 (a) JUL 17 1939 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13, 1939, at 5:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 27, 1939, to July 13, 1939, and that I last saw him alive on July 13, 1939.

Immediate cause of death Tuberculosis of the lungs — Duration 6 mos

Due to Rheumatic heart disease — Duration 6 mos

Due to

Other Conditions Wasserman reaction of blood- positive.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Talesnik M. D.
Address Balto. City Hospitals Date signed 7-13-39

VS 3

45946-FS

59782

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

137 Registered No. F 59782

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2006 359 Fonthill Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Robert Davis

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	widowed

6 (b) Name of husband or wife Lucretia
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 2-11-1860

8. AGE: Years	Months	Days	If less than one day hr.	min.
79	5	5		

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Old Age Pension
11. Industry or business

FATHER 12. Name John Davis
13. Birthplace Ireland

MOTHER 14. Maiden Name Margaret Miriady
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 7/19/1939 (month) (day) (year)
(c) Cemetery or crematory Ft Olivet
Location Baltimore Md.
18 (a) Funeral director George F. Lahmeyer
(b) Address 2101 Eutaw Pl.
19 JUL 17 1939 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-16 1939 at 12 35 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 6-24 1939 to 7-16 1939.
and that I last saw h[illegible] alive on 7-16 1939.

Immediate cause of death: Bronchopneumonia — Duration: four days
Due to Benign Prostatic Hypertrophy — Duration: ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings: Of operations none
Of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature E. K. Woodward M. D.
Address Balto City Hosp. Date signed 7-16-39

VS 3

F 59783

Case No. 11212 LK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

Registered No. F 59783

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore, Maryland

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 7 11 9-3

(e) Length of stay in Baltimore (yrs., mos., or days) 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 613 S. Bond Ave. (If rural give location)

(e) If foreign born, how long in U. S. A? 40 years years

3 (a) FULL NAME Frank Bochenski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years 66 | Months | Days | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden Name Unknown

15. Birthplace

16 (a) Informant B. C. H. Records

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 7/18/39 (month) (day) (year)

(c) Cemetery or crematory Holy Rosary Cem

Location Balto. County

18 (a) Funeral director John J. Weber

(b) Address 407 S. Chester Street

19 (a) Filed JUL 17 1939 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-14 1939, at 6.22 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-3 1934 to 7-14 1939, and that I last saw h alive on 7-14 1939.

Immediate cause of death: Coronary Thrombosis

Arteriosclerotic Heart disease

Duration: 1 hour. unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Maurice Goldstein M. D.

Address Balto City Hosp Date signed 7-15-39

VS 8

Spec.—8-16-29—L. F. S.—100 Blks.

9784

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59784

131

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 513 W. Cross ST. 21-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Fannie McCrary

(a) RESIDENCE NO. 513 W. Cross ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Simon McCrary

6 DATE OF BIRTH (month, day, and year): 1878

7 AGE: Years 61; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): South Carolina

PARENTS

10 NAME OF FATHER: ?

11 BIRTHPLACE OF FATHER (city or town) (State or country): ?

12 MAIDEN NAME OF MOTHER: Lilly Dupree

13 BIRTHPLACE OF MOTHER (city or town) (State or country): South Carolina

14 Informant: Bertha McCrary

(Address) 513 W. Cross

15 Filed 7/17/39 Hunter for Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 15, 1939

17 I HEREBY CERTIFY, That I attended deceased from July 13, 1939, to July 15, 1939, (that I last saw her alive on July 15, 1939) and that death occurred, on the date stated above, at 5.40 P m.

The CAUSE OF DEATH* was as follows:

Bronchial pneumonia

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary): Parenchymatous Nephritis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Douglas Shepherd, M. D.

7-17-1939 (Address) 1063 Myrtle Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Clas S.C. DATE OF BURIAL: July 19th 1939

20 UNDERTAKER: Joseph A Sisly ADDRESS 409 N Mar Lst

59785
361790

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 59785

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ohio (b) County
(c) City or town Cumberland (If outside city or town limits, write RURAL and give town)
(d) Street No. Route 3 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Pearl Growden
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Thomas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-29-79

8. AGE: Years 60 Months 3 Days 16 If less than one day hr. min.

9. Birthplace Penn (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

MOTHER / FATHER
12. Name Henry Fisher Pa
13. Birthplace
14. Maiden Name Ella Smith
15. Birthplace Pa

Records

16 (a) Informant JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) Burial (Burial, cremation, or removal)
(b) Date thereof about July 20, 1939 (mo.) (day) (year)
(c) Cemetery or crematory Bethel Cem.
Location Near Cumberland Md

18 (a) Funeral director J. C. Wolford
(b) Address Cumberland
(c) Huntington Williams Md.

19 Date received (by registrar) JUL 18 1939

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1939, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 24 1939 to July 17 1939 and that I last saw her alive on July 17 1939

Immediate cause of death Carcinoma of ovary — Duration 2 yrs (?)

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Carcinoma of ovary

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney Mayer, M. D.
Address Johns Hopkins Hospital Date signed 7/17/39

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 59786

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 dys
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1619 Llewelyn Av (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME John Zang
(b) If veteran, name war
(c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Single
(b) Name of husband or wife
(c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) 6-6-39
8. AGE: Years — Months 1 Days 11 If less than one day hr. — min.
9. Birthplace Balt. Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Joseph Zang
13. Birthplace Md

MOTHER
14. Maiden Name Theresa Schmitt
15. Birthplace Md

16. (a) Informant Record JOHNS HOPKINS HOSPITAL
(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/18/39 (month) (day) (year)
(c) Cemetery or crematory Holy Cross - Mt. R.
Location Frederick Rd.

18. (a) Funeral director George J. Ruth Inc.
(b) Address 1735 Maryland Ave Balto

19. (a) Received by (Registrar) JUL 18 1939 (b) Filed Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1939. at 9 o'cl A M

21. I certify that death occurred on the date above stated, that I attended deceased from July 7 1939. to July 17 1939. and that I last saw him alive on July 7 1939.

Immediate cause of death: Enteritis Nutritional Disturbance Diarrhea — Duration: 10 dys
Due to
Due to
Other Conditions Prematurity
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ethel Halbe M. D.
Address Baltimore
Date signed 7/17/39

787

HEALTH DEPARTMENT—CITY OF BALTIMORE

59787

CERTIFICATE OF DEATH

126

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hosp St., 9-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mr Thomas J. Connolly

If U. S. Veteran specify WAR

(a) Residence: No. 1614 Lamont Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	w	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Connolly

6. DATE OF BIRTH (month, day, year) 3/13/1886

7. AGE Years	Months	Days	If LESS than 1 day, Hrs. or min.
53 ~~55~~	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W.P.A.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Andrew Connolly

14. BIRTHPLACE (city or town) (State or country) Washington, D. C.

MOTHER

15. MAIDEN NAME Bridget (Kelly)

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Genevieve Connolly.

(Address) 1614 Lamont Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 5/20/39, 19

19. UNDERTAKER George J. Kuth Inc

(Address) 1125 Hartford Ave

20. FILED JUL 18 1939, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-17-1939

22. I HEREBY CERTIFY, That I attended deceased from 7-15, 1939, to 7-17, 1939

I last saw him alive on 7-17, 1939. Death is said to have occurred on the date stated above, at 4 32 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia due to acute urinary retention	7-12-39
Broncho-pneumonia	7-15-39
Other contributory causes of importance: Hydrops of gall bladder & cholelithiasis	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M. R. Turner M. D.

(Address) St. Joseph's Hosp.

9788

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 59788

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 202 Rutledge Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 Wks

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Roscoe London 6603 1/2
(If outside city or town limits, write RURAL and give town)
(d) Street No. 23
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John H Denton
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. Single.
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 29. 1878

8. AGE: Years 61 Months 5 Days 18 If less than one day hr. min.

9. Birthplace Calvert Co Md
(Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business Farm.

MOTHER / FATHER
12. Name John H Denton
13. Birthplace Md
14. Maiden Name Eliza Monnett
15. Birthplace Md

16 (a) Informant John H. Denton
(b) Address 202 Rutledge Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 18 39 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Baltimore Md
18 (a) Funeral director Hudson Cole
(b) Address 1219 W Baltimore

Filed JUL 18 1939 (Registrar) Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1939. at 2:30 P.M.
21. I certify that death occurred on the date above stated, that I attended deceased from 6/28/ 1939. to 7/17/ 1939.
and that I last saw him alive on 7/10 1939.
Immediate cause of death Leukemia

Duration about 1 yr

Due to unknown

Due to ----

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations ----
Of autopsy ----

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Geo W. Morgan M.D.
Address 401 E. 25th. Street Date signed 7/17/39.

VS 3

59789

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

167

Registered No. 59789

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 550 O'Donnell St
(c) Hospital or institution: Trinity Cemetery

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town 1805 Frederick Rd (If outside city or town limits, write RURAL and give town)
(d) Street No. 1805 Frederick Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME Frederick W. Lintman

3 (b) If veteran, name war: W

3 (c) Social Security Account No. NONE

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary S

6 (c) If alive, give age: 52 years

7. Birth date of deceased (mo., day, yr.): May 29, 1881

8. AGE: Years: 58 | Months: 1 | Days: 18 | If less than one day: hr. min.

9. Birthplace: Germany (Town, county, and state)

10. Usual Occupation: Retired

11. Industry or business

MOTHER

12. Name: Georg Lintman

13. Birthplace: Germany

FATHER

14. Maiden Name: Catherine Lintman

15. Birthplace: Germany

16 (a) Informant: Mary S Lintman

(b) Address: 1805 Frederick Rd

17 (a) Burial (Burial, cremation, or removal)

(b) Date thereof: July 20 1939 (month) (day) (year)

(c) Cemetery or crematory: London Park

Location: Baltimore Md

18 (a) Funeral director: Lauer (C.C.)

(b) Address: 1219 W. Lombard St

19 (a) Date received by registrar: JUL 18 1939

(b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 7-17- 1939, at 2:30 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Destruction of Brain — Duration: Immediate

Due to: Compound Comminuted fracture of Skull-face

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: Suicide
(b) Date of occurrence: 7-17-39
(c) Where did injury occur? City (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public Cemetery While at work? No (Specify type of place)
(e) Means of injury: Shot-gun

23. Signature: Edward J. Waldeis M.D. Medical Examiner

Date signed

9790

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 166

F 59790
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Pier 5 - Concord & Pratt Sts
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 112 E Fulton St (If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME John Joseph Flynn
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Cecilia M Flynn
6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) May 2 1865

8. AGE: Years 74 | Months 2 | Days 15 | If less than one day hr ... min

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Asst Custom Appraiser retired
11. Industry or business

MOTHER FATHER
12. Name Michael Flynn
13. Birthplace Ireland
14. Maiden Name Elizabeth Cocklin
15. Birthplace Ireland

16 (a) Informant Mrs Cecilia M Flynn
(b) Address 112 E Fulton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20 1939 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Gibson (Col)
(b) Address 127 E Fulton St

19 (a) JUL 18 1939 (Date filed by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-17-39 19 , at 6 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Drowning	?
Due to Depression	?
Due to Pulmonary Tuberculosis	2,3 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 7-11-39
(c) Where did injury occur? Concord & Pratt Sts - (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? from wharf - While at work? no (Specify type of place)
(e) Means of injury water

23. Signature Conrad Aston MD M.D.
Medical Examiner
Date signed 7-17-39

VS 6

59791

HEALTH DEPARTMENT—CITY OF BALTIMORE

F. 59791

CERTIFICATE OF DEATH

√ 186-a

Registered No.

1. PLACE OF DEATH South Balt. Gen. Hosp.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. (Ward) 7 W C

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Carrie Twerker

(a) Residence: No. 626 N. Belnord Ave St., Ward W C
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed.

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Adolph Twerker

6. DATE OF BIRTH (month, day, year) Oct 24 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) 7-14-37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ~~Germany~~ Baltimore

FATHER

13. NAME Peter Tupple

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Gertrude Cyat.

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Minnie Ford Daughter

(Address) 626 N Belnord Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date July 18 1937

19. UNDERTAKER John Ulfelder

(Address) 200 E Orleans St

20. FILED JUL 18 1937 Huntington Williams M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15 1937

22. I HEREBY CERTIFY, That I attended deceased from July 14 1937 to July 15 1937

I last saw her alive on July 14 1937 Death is said to have occurred on the date stated above, at 8 14 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congestive Heart Failure	7-15-37
Fell- Fractured femur	7-13-37
Diabetes	1938
Hypertension Cardio Vascular Disease	1937

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7/13 1937

Where did injury occur? 626 N Belnord Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell in the Bathroom

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John P. Urlock M. D.

(Address) South Balt. Gen Hosp

I caused action, Howard J. Madden M.D.

M. D. B. 1268-9

59792

HEALTH DEPARTMENT—CITY OF BALTIMORE

59792

CERTIFICATE OF DEATH

52

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2706 Manhattan Avenue St., 27 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Caldwell Almy

(a) Residence: No. 2706 Manhattan Avenue St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ada marion Almy.

6. DATE OF BIRTH (month, day, year) may 18 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. mariner capt old Bay line

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Nov 20, 1932

11. Total time (years) spent in this occupation 44

12. BIRTHPLACE (city or town) (State or country) Portsmouth Virginia

MOTHER FATHER

13. NAME Holder Almy

14. BIRTHPLACE (city or town) (State or country) Tiverton Rhode Island

15. MAIDEN NAME Frances A Baker

16. BIRTHPLACE (city or town) (State or country) Barnestable mass

17. INFORMANT Ada Marion Almy
(Address) 2706 Manhattan Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date July 19, 1939

19. UNDERTAKER John Ellicott & Sons
(Address) 1000 Eutaw

Registrar.

20. FILED JUL 18 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from October 1938 to July 16, 1939

I last saw him alive on July 16, 1939 Death is said to have occurred on the date stated above, at 7.55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma left side of face (epithelioma)	1931

Other contributory causes of importance:

Name of operation Excision of Cancer Date of 1931

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) Wm. J. Sullivan M. D.

(Address) 291 Garrison Blvd

9793

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-c F 59793 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3031 Weaver Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3031 Weaver Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 55 years

3 (a) FULL NAME Katharine Kley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Anton Kley

6 (c) If alive, ~~give age~~ years

7. Birth date of deceased (mo., day, yr.) Sept 23 1856

8. AGE: Years 82 | Months 9 | Days 23 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Retired

MOTHER / FATHER

12. Name William Engelen

13. Birthplace Germany

14. Maiden Name Dorothea Voss

15. Birthplace Germany

16 (a) Informant Mrs Elsie A Beck

(b) Address 3031 Weaver Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20 39 (month) (day) (year)

(c) Cemetery or crematory Woodlawn Cem

Location Baltimore Md

18 (a) Funeral director John Ullrich Sons

(b) Address 2655

19 JUL 18 1939 (Date rec'd by registrar) (b) Wilmington Delaware, Md Registrar

VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1939, at 11:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1939 to July 16 1939 and that I last saw h alive on July 16 1939

Immediate cause of death Chronic Myocarditis — Duration 2 years

Due to

Due to

Other Conditions Endocarditis with Congested left foot — Duration 3 weeks
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury None

23. Signature H. L. Cordy M. D.

Address 5706 Harford Rd Date signed 7-17-39

9794

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 59794

CERTIFICATE OF DEATH

✓ 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 508 Richwood Ave. St., 27-10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Annie E. Schroeder

If U. S. Veteran specify WAR

(a) Residence: No. 508 Richwood Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of of the late Gustav F. D.

6. DATE OF BIRTH (month, day, year) Sept.-29-1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78Yrs.	9Mo.	18Days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Conrad Schuchhardt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louisa Messerschmidt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Louisa H. Schroeder

(Address) 508 Richwood Ave.

18. BURIAL, CREMATION, OR REMOVAL Baltimore Cem.--July-19-1939

Place Date 19

19. UNDERTAKER Henry Hoeck & Son

(Address) 1301 E. Eager St.

20. FILED 19 Registrar.

JUL 18 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July-17-1939

22. I HEREBY CERTIFY, That I attended deceased from June, 1939 to July 17, 1939

I last saw her alive on July 16, 1939. Death is said to have occurred on the date stated above, at 7.20 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis generalized with Hypertension	4 Years
Other contributory causes of importance: Cerebral hemorrhage	April 1939

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Henry M. Hexter, M. D.

(Address) 20 E. Preston Street

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59795 CERTIFICATE OF DEATH ✓107-F 59795

Registered No.

1. PLACE OF DEATH Levindale

CITY OF BALTIMORE: (No. Belvedere & Greenspring St. 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. if of foreign birth? 30 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Morris Kasinoff

(a) Residence: No. Greenspring (Usual place of abode) Belvedere Ave St., 27 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Kasinoff

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
96			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Sigmund Kasinoff

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Belvedere Greenspring

18. BURIAL, CREMATION, OR REMOVAL Date 7-18-39 19

Pt Carmel Cem Co

19. UNDERTAKER (Address) 1436 Bolton St

20. FILED JUL 18 1939 Hunter Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) July 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from March, 1930 to July 16, 1939

I last saw h-im alive on July 16, 1939 Death is said to have occurred on the date stated above, at 11:15 A m.

The principal cause of death and related causes of importance were as follows:

Bronch-pneumonia — Date of onset 7-14-39

Hypertension

Arteriosclerosis

Other contributory causes of importance:

Asthma

Chr. Bronchitis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Edmund Levin, M. D.

(Address) Levindale

F 59796

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59796

CERTIFICATE OF DEATH

107-a

Registered No. .....

1. PLACE OF DEATH: Hebrew Home for the Aged - Dyker

CITY OF BALTIMORE: (No. Belvedere Ave & Greenspring St. 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. ... mos. ... da. How long in U. S. If of foreign birth? 17 yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Jacobs

(a) Residence: No. Belvedere & Greenspring St., 27 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) 1924

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Jacob Jacobs

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Celia —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Seymour Husband Son
(Address) Belvedere & Greenspring

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date 7-18- 39

19. UNDERTAKER Jack Levin Inc.
(Address) 1439 E. Baltimore St.

20. FILED JUL 18 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) July 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from 8-28, 1932, to 7-17, 1939.

I last saw h[im] alive on 7-17, 1939. Death is said to have occurred on the date stated above, at 6.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	7-12-39
Post encephalitis Parkinson Syndrome	1924

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edmund Levin M.D.

(Address) Levindale

F 59797

OK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

210-M

F 59797

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Maryland
(c) Hospital or institution City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 7

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 8 Mile House--Philadelphia, Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frdrick ~~Fite~~ Fite

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Clara Virginia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 2, 1862

8. AGE: Years 77 | Months | Days | If less than one day: hr. . min

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Blacksmith

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 19, 1939 (month) (day) (year)
(c) Cemetery or crematory Stablersville, Location Balto Co. Md.

18 (a) Funeral director Ehrenfeld & Son.
(b) Address 3615-17 Ehrenfeld Ave.

19 (a) JUL 18 1939 (Date received by registrar) (b) Hunter for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-16-39 19 , at 4- P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquest) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquest) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fractured skull — Duration: 11 hrs

Due to

Due to

Other Conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 7-15-39
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Road While at work? no (Specify type of place)
(e) Means of injury Automobile struck pedestrian

23. Signature Conrad Antonsen M.D (Medical Examiner)

Date signed 7-16-39

F 59798

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 59798 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital, Balt. Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6703 Fait Ave (If rural give location)
6703
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Leo Stockman

3 (b) If veteran, name war: World War

3 (c) Social Security Account No. 218-05-1026

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Emma Stockman
6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) Oct. 10-1894

8. AGE: Years	Months	Days	If less than one day: hr.	min.
44	9	5		

9. Birthplace Baltimore Md. (Town, county and state)
10. Usual Occupation Motion Picture Operator
11. Industry or business

FATHER 12. Name Charles Stockmann
13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Sarahann Schoor
15. Birthplace Baltimore Md.

16 (a) Informant Emma Stockman
(b) Address 6703 Fait Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 7-19-39 (month) (day) (year)
(c) Cemetery or crematory U.S National Frederick Road
Location Lilly & Zeiler Inc.

18 (a) Funeral director 403 S. Wolfe St.
(b) Address Hunting for Williamsport, Md

19 (a) (Date received by registrar) JUL 18 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-16 1939, at 4:30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-15 1939, to 7-16 1939, and that I last saw h/im alive on 7-16 1939.

Immediate cause of death heart failure — Duration: 2 days.

Due to Coronary sclerosis — Duration: over

Due to — Duration:

Other Conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury

23. Signature T. H. Grundler Jr. M. D.
Address Sinai Hospital Date signed

597993

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 597993

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4328 Falls Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4328 Falls Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mrs. Mary J. Fisher

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Jacob F. Fisher

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 14-1856

8. AGE: Years 82 | Months 11 | Days 2 | If less than one day hr. min.

9. Birthplace Maryland, Pennsylvania
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business —

MOTHER / FATHER

12. Name Samuel Farner

13. Birthplace Pennsylvania

14. Maiden Name Elizabeth Miller

15. Birthplace Pennsylvania

16 (a) Informant Mrs. Phil Sheppard

(b) Address Hanover, Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 19-1939 (month) (day) (year)

(c) Cemetery or crematory New Freedom.

Location York Co. Pennsylvania

18 (a) Funeral director Horace F. Burgee

(b) Address 3631 Falls Road

19 (a) Date received JUL 18 1939 (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1939, at 2 P. M

21. I certify that death occurred on the date above stated, that I attended deceased from June 14 1933 to July 16 1939, and that I last saw h[illegible] alive on July 16 1939.

Immediate cause of death
General arteriosclerosis
Due to senility.

Due to

Other Conditions Fracture

(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

Duration: 3 yrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]

Address 3611 Falls Rd. Balto Date signed July 17 1939

M. D.

VS 3

F 59800

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 59800

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1334 N. Stricker St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 50yr.

2. USUAL RESIDENCE OF DECEASED:

(a) State md (b) County Balto. City

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1334 N. Stricker St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wm. A. Bean

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	Col	married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 8 1888

8. AGE: Years	Months	Days	If less than one day
51	—	9	hr. min.

9. Birthplace md (Town, county, and state)

10. Usual Occupation Porter

11. Industry or business —

FATHER 12. Name Jno. Bean

13. Birthplace md

MOTHER 14. Maiden Name Amanda Brown

15. Birthplace md

16 (a) Informant Mrs. Martha Bean

(b) Address 1334 N. Stricker St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-20-39 (month) (day) (year)

(c) Cemetery or crematory Sacred Heart Cem

Location La Plata - Chas Co. Md.

18 (a) Funeral director Mrs. Frances A. Hemsley

(b) Address 578 N. Biddle St.

19 (a) (Undertaker) (b) Huntingtown Williams, Md. Registrar

JUL 18 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17, 1939, at 4:15 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from June 10 1939, to July 17 1939, and that I last saw him alive on July 12. 1939.

Immediate cause of death: Cancer of Stomach — Duration

Due to

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature H. E. Pelleran M. D.

Address 817 Hamilton Ter Date signed

F 59801

F 59801

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1216-M

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 524 Sanford Place.
(c) Hospital or institution: Union Memorial.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 524 Sandford Place (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George W. Smith
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored.	Married.

6 (b) Name of husband or wife Florence Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mch. 16, 1884.

8. AGE: Years	Months	Days	If less than one day
55	3	28	hr. min

9. Birthplace Virginia. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business City Water Dept

MOTHER
12. Name Jack Smith,
13. Birthplace Virginia.

FATHER
14. Maiden Name Unknown.
15. Birthplace Unknown.

16 (a) Informant Florence Smith, Wife
(b) Address 524 Sanford Place

17 (a) (Burial, cremation, or removal)
(b) Date thereof 7/18/39 (month) (day) (year)
(c) Cemetery or crematory
Location Amelia, Va.

18 (a) Funeral director Thomas E. Kelson,
(b) Address 1303 Pressman Street.

19 (a) (Local registrar) (b) Huntington Williams Md.

JUL 18 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH July.14.1939 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death	Duration
Fracture of skull & ribs	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence July 14, 1939
(c) Where did injury occur? N.W. corner Rogers & Greenspring Ave Balto. (City or Town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public place While at work? Yes (Specify type of place)
(e) Means of injury Automobile

23. Signature Conrad Acton M.D.
Medical Examiner
Date signed July 17, 1939 W. J. Sheridan M. D.

Harten

F 59802

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 F 59802

1. PLACE OF DEATH Maryland General Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Madison Ave & Linden Ave St., (Ward) 13

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mr. Jasper Harten

(a) Residence: No. 1664 W. North Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed, or Divorced~~ (write the word)
male	white	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 5th 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furniture Finishes

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) do

11. Total time (years) spent in this occupation do

12. BIRTHPLACE (city or town) (State or country) Solomon's Island Md.

FATHER

13. NAME George Harten

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth ?

16. BIRTHPLACE (city or town) (State or country) Mt. Vernon

17. INFORMANT Mrs Matilda Marshall

(Address) 1664 W. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date July 19th 1939

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. DATE RECEIVED JUL 18 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/16 , 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 31 , 1938 to 7/16/39 , 19 ....

I last saw h.. alive on 7-16 , 19 39 Death is said to have occurred on the date stated above, at 9.25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Hypertensive Cardio Vascular Renal Disease	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
Yes If so, specify .....

(Signed) W. K. Mansfield M. D.

(Address) Md. Gen Hosp

F 59803

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a F 59803 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3720 Cold Spring Lane
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 76-7-6

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ---
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
d. Street No. 3720 Cold Spring Lane (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carrie Cambre

3 (b) If veteran, name war ---

3 (c) Social Security Account No. ---

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife Adolph Cambre

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 9th 1862

8. AGE: Years 76 | Months 7 | Days 6 | If less than one day: hr. min.

9. Birthplace Fairfield, Iowa (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Home

MOTHER / FATHER

12. Name ? Cauvain

13. Birthplace France

14. Maiden Name Unknown

15. Birthplace unknown

16 (a) Informant Mrs. John R. Lange

(b) Address 3720 Cold Spring Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-18-39. (month) (day) (year)

(c) Cemetery or crematory Woodlawn, Mausoleum

Location Woodlawn Md

18 (a) Funeral director Wm. J. Tickner & Sons.

(b) Address North & Penna Aves.

19 (a) Justice of the Peace Williams, M.D.

(Date rec'd by registrar) JUL 18 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15th 1939. at 10.50 AM

21. I certify that death occurred on the date above stated, that I attended deceased from June 16th 1939. to July 15th 1939. and that I last saw her alive on July 15th 1939.

Immediate cause of death Cerebral Hemorrhage — Duration

2nd attack June 16, 1939.

Due to Cerebral arterio-sclerosis — 1 yr.

Due to

Other Conditions Chr Arthritis — 20 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George H E Cruce.

Address 28 W 25th St Balto Md Date signed 7-15-39

F 59804

F 59804 46436 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53-B Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 844 W. Fayette Street (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine Gehringer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife William (d)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 5-1857

8. AGE: Years 82 | Months 6 5 | Days 12 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER

12. Name ?

13. Birthplace ?

MOTHER

14. Maiden Name ?

15. Birthplace ?

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) July 19th 1939 (Burial) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory New Catholic Cem

Location Baltimore Md

18 (a) Funeral director John J Cowan & Son

(b) Address 901 Hollins St

19 (a) [illegible] (b) Date received by registrar Huntington Williams, MD

JUL 18 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1939, at 12:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-11 1939, to 7-17 1939, and that I last saw her alive on 7-17 1939.

Immediate cause of death: Carcinoma of the Bladder (primary) — Duration unknown

Due to

Due to

Other Conditions Generalized extensive disease — unknown

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible] M. D.

Address Balto City Hosp Date signed 7-17-39

F 59805

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 59805 Registered No. 23

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2435 Lauretta Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eugene Newton Moore (45818)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Katherine

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1, 1900

8. AGE: Years	Months	Days	If less than one day hr.	min.
39	1	17		

9. Birthplace N.J. (Town, county, and state)

10. Usual Occupation Chief Clerk

11. Industry or business

FATHER
12. Name Samuel
13. Birthplace N.Y.

MOTHER
14. Maiden Name Minnie Taylor
15. Birthplace N.Y.

16 (a) Informant Hospital Records
(b) Address

17 (a) Washington Int. (Burial, cremation, or removal) Date thereof July 18 1939 (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director W. W. Deal
(b) Address 4812 Georgia Ave. Wash DC

19 (a) Date received JUL 18 1939 (b) Registrar Interred Williamsport, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18, 1939, at 4:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 20, 1939 to July 18, 1939. and that I last saw him alive on July 18, 1939

Immediate cause of death: Tuberculosis of lungs — Duration: 4 yrs

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations :
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Falconi M. D.
Address Balto. City Hospitals Date signed 7-18-39

F 59806

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1/6-3 Registered No. F 59806

F 59806

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1627 Normal Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. 1627 Normal (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mahlon Briscoe

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Charles Brisco

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan - 17 - 1867

8. AGE: Years 72 Months 6 Days Batts. Md If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

MOTHER / FATHER

12. Name Frederick Heyser

13. Birthplace Baltimore Md

14. Maiden Name Unknown

15. Birthplace Md

16 (a) Informant M. A. Brisco

(b) Address 2325 E Hoffman St

17 (a) (Burial, cremation, or removal) (b) Date thereof 7/20/39 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Baltimore Md

18 (a) Funeral director Wm C Miller Inc

(b) Address 2435 E Oliver St

19 (a) Date received by registrar 7/18/1939 (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1939 4:45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-1 1939 to 7-17 1939 and that I last saw her alive on 7/17 1939

Immediate cause of death

Carcinoma of Stomach

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration 5-1/39

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Mitchell Donnelly M. D.

Address 1327 N Mitchell St Date signed

59807 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 59807

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Gen Hosp 24-38 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Norman B. Hauer

(a) Residence: No. 403 Folsom St., ... Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Della Meyers

6. DATE OF BIRTH (month, day, year) 2-15-1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Frederick Md

FATHER

13. NAME Fritchie H. Hauer

14. BIRTHPLACE (city or town) (State or country) Frederick Md

MOTHER

15. MAIDEN NAME Susan Clabaugh

16. BIRTHPLACE (city or town) (State or country) Frederick Md

17. INFORMANT Miss Catherine Hauer
(Address) 403 Folsom St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem Date 7/19/39

19. UNDERTAKER John J Faley & Sons
(Address) 1138 Fremont St

20. FILED JUL 18 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1939, to July 16, 1939.

I last saw him alive on July 16, 1939. Death is said to have occurred on the date stated above, at 2:00 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7-13
Other contributory causes of importance: Hypertension	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. E. Williams M. D.

(Address) South Balto. Gen. Hosp.

Oh - Conrad Abbott Williams
asst Med Exam

F 59808

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

34-23

Registered No. 59808

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2302 Hunter St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Phillip Singletary (26379)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, (married) widowed, or divorced. Separated

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 15, 1899

8. AGE: Years 49 | Months 6 | Days 28 | If less than one day: hr. min.

9. Birthplace S. Car. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Calvin
13. Birthplace S. Car.

MOTHER
14. Maiden Name Tena Graham
15. Birthplace S. Car.

16 (a) Informant Hospital Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Location

BUREAU OF VITAL STATISTICS JUL 1 1939
Commissioner of Health

18 (a) Funeral director H. A. Moon
(b) Address

19 JUL 18 1939 Huntington Ave. M.T.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13, 1939, at 6:05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 3, 1937 to July 13, 1939, and that I last saw h im alive on July 13, 1939.

Immediate cause of death: Tuberculosis of lungs — Duration: April 1935

Due to

Due to

Other Conditions: Syphilis Generalized arteriosclerosis (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work)
(e) Means of injury

23. Signature Salerno M. D.

Address Balto. City Hospital Date signed 7-13-39

VS 3

M. D. P. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59809

CERTIFICATE OF DEATH

159 F 59809

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1037 N Carey St. 18-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Neff

(a) Residence: No. 1037 N Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Infant

3a. If married, widowed, or divorced: BUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 17-39

7. AGE	Years	Months	Days	If LESS than 1 day, 4 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) 1037 N Carey

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY HOSPITAL SCHOOL Date JUL 18 1939, 19

19. UNDERTAKER'S NAME (Address)

20. Filed JUL 18 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1939

22. I HEREBY CERTIFY, That I attended deceased (from 5 P m July 17-39, 1939 to 9 P m July 17-39, 1939

I last saw her alive on July 17-39, 1939 Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature child	
Footh absent	
Foot presentation	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward A Morgan M. D.

(Address) 1214 N Broadway

9810

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59810

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. [illegible] St. 17 Ward) 6

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

If U. S. Veteran specify WAR [illegible]

2. FULL NAME Robert E. Johnson

(a) Residence: No. Baldwin, Maryland. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If [illegible] HUSBAND of (or) [illegible] of Rachel Johnson. (DIVORCED)

6. DATE OF BIRTH (month, day, year) July 3, 1902

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	37	~~11~~	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pensioned

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baldwin, Maryland.

FATHER

13. NAME Augustin Johnson

14. BIRTHPLACE (city or town) (State or country) Baldwin, Maryland.

MOTHER

15. MAIDEN NAME Amanda Johnson

16. BIRTHPLACE (city or town) (State or country) Winston Salem, North Carolina

17. INFORMANT (Address) Records-U. S. Marine Hospital, Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore National Date 7, 18, 1939

19. UNDERTAKER Robert Brooks & Son (Address) Calhoun & Hollins Sts

20. FILED JUL 18 1939 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1939 to July 16, 1939

I last saw him alive on July 16, 1939. Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac disease, mitral stenosis	25 yrs.
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation [illegible] F. Ha

What test confirmed diagnosis? [illegible] Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. R. Nelson, M. D.

(Address) U. S. Marine Hospital, Baltimore, Md.

Certified & Issued Howard J. Malcolm M.D.

59811 V F 59811

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1325 E. Biddle St. 10-1 Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret Barnes

(a) Residence: No. 1325 E. Biddle St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Claude Barnes

6. DATE OF BIRTH (month, day, year) March 16, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month, day, year) July 14, 1939

11. Total time (years) spent in this occupation 25 yrs.

12. BIRTHPLACE (city or town) (State or country) Front Royal Virginia

MOTHER FATHER

13. NAME Samuel Thompson

14. BIRTHPLACE (city or town) (State or country) Virginia Unknown

15. MAIDEN NAME Margaret Thompson

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Cordelia Grove 39
(Address) 1119 Caroline Street

18. BURIAL, CREMATION, OR REMOVAL Place Carbutus Memorial Date 7-18 1939

19. UNDERTAKER Mrs. P. A. Elliott-Daughter
(Address) 1129 E. Oriole St

20. FILED JUL 19 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1939, to June 30, 1939. I last saw her alive on June 30, 1939. Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis	?
Other contributory causes of importance: Coronary Occlusion	July 15, 39

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James B. Lyle M. D.

(Address) 1741 E. Eager St.

F 59812

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

37

46271 SD

Registered No. F 59812

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1036 Argyle Avenue (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Owen Fuller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Laura

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1869

8. AGE: Years 69 | Months 6 | Days 22 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Janitor

11. Industry or business

FATHER 12. Name Chase

13. Birthplace Baltimore

MOTHER 14. Maiden Name ?

15. Birthplace ?

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-20-39 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn Cem.

Location Balto. Md

18 (a) Funeral director Mrs. Frances A. Hemsley

(b) Address 578 N. Biddle St.

19. (a) JUL 18 1939 (Date received by local registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-17 1939, at 12 40 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-6 1939, to 7-17 1939, and that I last saw h[illegible] alive on 7-16 1939.

Immediate cause of death Uremia — Duration few days

Due to Benign prostatic hypertrophy — Duration ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature L. H. Woodward Jr. M. D.

Address Balto city Hosp. Date signed 7-17-39

VS 3

B 59813

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 59813

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County St Marys
(c) City or town Maranga (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A? years

3 (a) FULL NAME Mary Blackstone
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Female
5. Color or race Black
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-5-39

8. AGE: Years | Months 8 | Days 8 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation
11. Industry or business

MOTHER / FATHER
12. Name Thomas Banko
13. Birthplace Md.
14. Maiden Name Marie Blackstone
15. Birthplace Md

16 (a) Informant Record, JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JUL 18 1939
18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore Huntingtown Williamsport, Md.

19 JUL 18 1939 (Date rec'd by registrar) 4932

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1939 at 5 20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 3 1939 to July 13 1939. and that I last saw her alive on July 13 1939.

Immediate cause of death: Bacillary dysen — Duration: 1 month

Due to Flexner bacillus

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ethel Walker M. D.
Address Baltimore Date signed 7/14/39

VS 3

36577
F 59814

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119

Registered No. F 59814

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Whitemarsh (If outside city or town limits, write RURAL and give town)
Street No. Ebenezer + Carrington Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jimmy Fourth Bragg.
3 (b) If veteran, name war
(c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-4-39

8. AGE: Years | Months | Days 9 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation
11. Industry or business

MOTHER / FATHER
12. Name George Bragg
13. Birthplace W. Va.
14. Maiden Name Eloie Fortman
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JUL 18 1939
Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address Huntington, Williams Mfg. Co.

19 (a) JUL 18 1939 (Date rec'd by registrar) (b) (Registrar) 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1939 at 10-45 a M

21. I certify that death occurred on the date above stated; that I attended deceased from July 13 1939 to July 14 1939 and that I last saw him alive on July 14 1939

Immediate cause of death: Diarrhea (non-specific) — Duration: 1 day

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ethel Walker M. D.
Address Baltimore Date signed 7/19/39

VS 3

F 59815

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

120

F 59815

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital (Street) Balt. (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Daniel Joseph Sinnott — If U. S. Veteran specify WAR .....

(a) Residence: No. 4108 Newton Ave (Usual place of abode) St. Balt. Ward. Md. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 16 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balt. Md.

FATHER

13. NAME John Edward Sinnott

14. BIRTHPLACE (city or town) (State or country) Balt. Md.

MOTHER

15. MAIDEN NAME Elizabeth Marie Tooley

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place St. Charles Lwood, Md. Date July 20 1939

19. UNDERTAKER C. Vernon Lemmon (Address) Fourth Ave.

20. FILED JUL 18 1939 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18 1939

22. I HEREBY CERTIFY, That I attended deceased from July 17 1939 to July 18 1939

I last saw him alive on July 16 1939 Death is said to have occurred on the date stated above, at 10 29 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Enteritis of undetermined Cause	7/14/39
Other contributory causes of importance: Bronchopneumonia	7/17/39
Cardiac Failure	7/18/39

Was an operation performed? Yes Date of 7/17/39

For what disease or injury? Intussusception Ileocolic

Name of operation Laparotomy

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Raymond Lepin M. D.

(Address) Mercy Hospital

Call—Dr. Harry Kane

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 59816 30 F 59816

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteers of Amer. St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George Washington Wilson Mardinocchi

(a) Residence: No. 1518 Park Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Estelle Dorothy Miller

6. DATE OF BIRTH (month, day, year) Feb 22 1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Countersman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel Restaurant

10. Date deceased last worked at this occupation (month and year) Jan 10. 1939

11. Total time (years) spent in this occupation 7 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Ettore Mardinocchi

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Elizabeth Maltani

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mrs Dorothy Mardinocchi

(Address) 1518 Park Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date July 19 1939

19. UNDERTAKER Joseph E. Lynch

(Address) 1628 Fallsway

20. FILED JUL 18 1939 Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1939 to July 16, 1939

I last saw him alive on July 16, 1939. Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
T.B. Kidney (right)	Jan 1939
T.B. Cystitis	"

Other contributory causes of importance:

Amyloid osis

Secondary Anemia

Was an operation performed? Yes Date of May 1939

For what disease or injury? T.B. Cystitis

Name of operation Hyp. Suprapubic Cystotomy

What test confirmed diagnosis? Clin. Was there an autopsy? Yes No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward McDermott M.D.

(Address) 7 E. Mt. Vernon Pl.

Dec. 20 Amended to Yes

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59817

CERTIFICATE OF DEATH

50

F 59817

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 9-S Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Catherine Teresa Crockett

(a) Residence: No. 2109 Boone St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert Carey

6. DATE OF BIRTH (month, day, year) July 11 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57		6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) West Hartlepool England

FATHER

13. NAME John J. Dunn

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Bolger

16. BIRTHPLACE (city or town) (State or country) New York City

17. INFORMANT Miss I. Kelly

(Address) 605 Eastern Ave Balto

18. BURIAL, CREMATION, OR REMOVAL

Place Catholic Date 7/20/37

19. UNDERTAKER Mary M. Kirkpatrick

(Address) 39 E 22nd St.

20. FILED JUL 18 1937 Registrar for Baltimore City

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937 to July 17, 1937

I last saw h alive on July 17, 1937. Death is said to have occurred on the date stated above, at 2:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast and subsequent widespread dissemination	Appox 3 years 1936

Other contributory causes of importance:

Was an operation performed? Yes Date of 1937

For what disease or injury? Carcinoma of Breast

Name of operation Radical Mastectomy

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph E. Schenthal M. D.

(Address) Mercy Hospital

F 59818

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 ✓

Registered No. F 59818

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 33rd & Calvert St.

(c) Hospital or institution: Union Memorial Hospital

(d) Length of stay in hospital or inst. (~~yrs., mos.~~ or days) 2

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 3514 Buena Vista. ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Thomas McDonough.

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-10-4973

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Vera Carrie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 9-1886

8. AGE: Years 53 | Months | Days 7 | If less than one day: hr. min.

9. Birthplace: Baltimore (Town, county, or state)

10. Usual Occupation: Carpenter

11. Industry or business:

MOTHER / FATHER

12. Name: Patrick McDonough

13. Birthplace: Baltimore Md.

14. Maiden Name: Mary E. Hanley

15. Birthplace: Ireland

16 (a) Informant: John McDonough.

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 19-39 (day) (year)

(c) Cemetery or crematory: Holy Cross

Location: Harford Road

18 (a) Funeral director: John A. Moran

(b) Address: 3000 E. Balto. St.

19 JUL 18 1939 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1939, at 5:23 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 14 1939, to July 16 1939, and that I last saw h im alive on July 16 1939.

Immediate cause of death: Lobar Pneumonia, Left Upper — Duration: 3 days

Due to

Due to

Other Conditions: Rheumatic Heart Disease

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature S. D. Sunday, M. D.

Address Union Memorial Date signed 7/16/39

VS 8

F 59819

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-B

Registered No. F 59819

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address W. Fayette St.
(c) Hospital or institution: Bon Secour
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 71 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 2516 E. Chase St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Huth
3 (b) If veteran, name of war
3 (c) Social Security Account No.
4. Sex male
5. Color or race white
6 (a) Single, married, widowed, or divorced. married
6 (b) Name of husband or wife Ada Huth
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov. 22-1867
8. AGE: Years 71 Months 7 Days 28 If less than one day hr. min.
9. Birthplace Balto. Md.
10. Usual Occupation Night Watchman
11. Industry or business P. Ice. Plant Co.
12. Name Don't. Know
13. Birthplace " "
14. Maiden Name " "
15. Birthplace " "
16 (a) Informant Mrs Addie Huth
(b) Address 2516 E. Chase St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20-39 (month) (day) (year)
(c) Cemetery or crematory Holy Red. Location Belair Rd.
18 (a) Funeral director John A. Moran
(b) Address 3000 E. Balto. St.
19 JUL 18 1939 (Date received by registrar) Hunter Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 · 1939 at 3 P. M
21. I certify that death occurred on the date above stated; that I attended deceased from 7-14 1939 to 7-17 1939 and that I last saw him alive on 7-17 1939

Immediate cause of death: intestinal obstruction — Duration
Due to: omental adhesions
Due to:
Other Conditions: arteriosclerotic cardiovascular disease
(Include pregnancy within 3 months of death)
Major findings:
Of operations: omental adhesions
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Chas B. Marsh M.D.
Address 801 N. Longwood Date signed 7/17/39

VS 3

3937

F 59820

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

23 Registered No. F 59820

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 Mo 23 Days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Glyndon (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME SAMUEL MACK
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: MALE | 5. Color or race: BLACK | 6 (a) Single, married, widowed, or divorced: SINGLE
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 4/22/20
8. AGE: Years 19 yrs. | Months 2 | Days 28 | If less than one day hr. min.
9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

MOTHER / FATHER
12. Name NORRIS MACK
13. Birthplace Md.
14. Maiden Name Nellie Scott
15. Birthplace VA.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20 39 (Month) (day) (year)
(c) Cemetery or crematory Mt. Pleasant.
Location Md.

18 (a) Funeral director J. H. Cline & Son
(b) Address Reisterstown, Md. Funeral Home Williamsport, Md.

19 JUL 18 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1939. at 5:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1939. to July 18 1939. and that I last saw him alive on July 18 1939.

Immediate cause of death: Pulmonary Tuberculosis

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: 6 - Weeks

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John C. Krumeich M.D.
Address Johns Hopkins Hosp. Date signed 7/18/39

VS 3

F 59821

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131

F 59821
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1512 Fulmor
(c) Hospital or institution: Good Shepherd Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Virginia (b) County Lancaster Co Va
(c) City or town R.F.D. (If outside city or town limits, write RURAL, and give town)
(d) Street No. 313 N Bruce St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma Webster

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race negro | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Harry Webster.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 7 1887

8. AGE: Years 51 | Months 9 | Days | If less than one day hr. min.

9. Birthplace Balto md
(Town, county, and state)

10. Usual Occupation none
11. Industry or business

FATHER
12. Name Mose Washington
13. Birthplace Balto md

MOTHER
14. Maiden Name Nina Carey
15. Birthplace Balto md

16 (a) Informant R. C. Cook
(b) Address 313 Bruce St

17 (a) (Burial, cremation, or removal) (b) Date thereof July 18, 1939 (month) (day) (year)

(c) Cemetery or crematory Senora
Location Lancaster Co. Va

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St

19 (a) (b) Registrar Katie R. Williams

JUL 19, 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1939, at 3:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 16 1937 to July 17 1939
and that I last saw h alive on July 17 1939.

Immediate cause of death Uremia Coma — Duration 3 da

Due to Chron Nephritis — 10 yrs

Due to Arteriosclerosis

Other Conditions Eclampsia 56 Weeks.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. C. Boykin M. D.
Address 1512 Fulmor Date signed July 17 1939

GGK

4636 F 59822

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53-E Registered No.

F 59822

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore Maryland

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. 209 S. Caroline St. (If rural give location.)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Mesick

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Daisy

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 68 | Months | Days | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name John

13. Birthplace Md.

MOTHER 14. Maiden Name Caroline Vincent

15. Birthplace Md.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20th 39 (month) (day) (year)

(c) Cemetery or crematory National

Location Frederick Road

18 (a) Funeral director Elroy O'Wilson

(b) Address 1000 Brantley Ave.

19 (a) (Date received by registrar) (b) Registrar's signature

JL 19 1939

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-15 1939, at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-9 1939 to 7-15 1939, and that I last saw him alive on 7-15 1939.

Immediate cause of death: Metastatic carcinoma to abdomen from unknown primary site

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations Metastatic carcinoma

Of autopsy

Duration: ?

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Lee Woodward Jr. M. D.

Address Balto City Hosp. Date signed 7-17-39

59823

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 59823 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2030 E. 30th st.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2030 E. 30th St (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 yrs years

3 (a) FULL NAME Christine Breitenbach

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widowed

6 (b) Name of husband or wife Martin Breitenbach

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 7-1854

8. AGE: Years	Months	Days	If less than one day: hr.	min.
84	11	5		

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation none

11. Industry or business

MOTHER / FATHER

12. Name — Stahlman

13. Birthplace Germany

14. Maiden Name Unknown

15. Birthplace "

16 (a) Informant Mrs. Harry O'Diezing

(b) Address 300 E. University Pkwy

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Oak Lawn

Location Catonsville Co.

18 (a) Funeral director Philip Herwig Sons

(b) Address 2016 Eleanor St.

19 (a) JUL 19 1939 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

(b) Date filed

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1939, at 11 A M

21. I certify that death occurred on the date above stated, that I attended deceased from June 5 1939 to July 16 1939 and that I last saw her alive on June 16 1939.

Immediate cause of death
Coronary Thrombosis

Due to Age, Infirmities

Due to Arterio Sclerosis

Other Conditions Myocarditis

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

Duration
July 16, 1939

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. L. Freeman M. D.

Address 4858 Harford Rd Date signed

F 59824

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59824

CERTIFICATE OF DEATH

√23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2363 McCulloh St. 13-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Mamie Spriffs

(a) Residence: No. 2363 McCulloh St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 8-11-1899

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
39	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George Spriffs

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mattie Smith

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Marie Johnson

(Address) 2363 McCulloh St

18. BURIAL, CREMATION, OR REMOVAL

Place Eutaw Memorial Date July 19 1939

19. UNDERTAKER Archibald A Gaddis

(Address) 2101 McCulloh St.

20. FILED ... 19... ... Registrar.

JUL 19 1939 Baltimore, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-16-1939

22. I HEREBY CERTIFY, That I attended deceased (from 6-28-1939 to 7-16-1939

I last saw her alive on 7-16-1939. Death is said to have occurred on the date stated above, at 6.25 P m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset 3 mo.

Other contributory causes of importance: Unknown

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

(Signed) Harry A Hanemann M. D.

(Address) 1029 Stricker St

59825

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54

F45 59825
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1956 3417 Chestnut Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Perry Franklin Goodman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Carrie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/29/75

8. AGE: Years 63 | Months 8 | Days 19 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Odd Jobs

11. Industry or business

FATHER 12. Name Wm. Other Goodman

13. Birthplace Md.

MOTHER 14. Maiden Name Elmore Borden

15. Birthplace Ohio

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20-39 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Woodlawn Md.

18 (a) Funeral director Geo. L. Beyer Jr

(b) Address 1512 Stockton St

19 (a) JUL 19 1939 (Registrar) (b) Huntington Williamsport, Md.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-18 1939, at 1:15 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-26 1939, to 7-18 1939, and that I last saw him alive on 7-17 1939.

Immediate cause of death: Hypertensive & arteriosclerotic Cardiovascular disease — Duration: ?

Due to

Due to

Other Conditions: Perirectal abscess, Diabetes mellitus (Include pregnancy within 3 months of death) — Duration: ?

Major findings: Of operations Perirectal abscess

Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L K Woodward Jr M. D.

Address Balto city Hosp Date signed 7-18-39

F 59826

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1174 F 59826 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 45 W West St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Walter Leroy Lane

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: C

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 9, 1908

8. AGE: Years 30 | Months 10 | Days 8 | If less than one day hr min

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Isaac Lane

13. Birthplace Va

MOTHER 14. Maiden Name Annie Wright

15. Birthplace Va

16 (a) Informant Annie Wright Lane

(b) Address 46 W West St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-19-39 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location Balto Md

18 (a) Funeral director Isaac L. Brown Sons

(b) Address 105 W Monument St

19 (a) Date received by registrar 7-19-1939 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-16-39 19 , at 2:25 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Stabwound of heart — Duration

Due to

Due to

Other Conditions: Alcoholism (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence 7-16-39
(c) Where did injury occur? 843 W. West St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? In street (Specify type of place) While at work? no
(e) Means of injury Stabbing Pocket knife

23. Signature Conrad Acton M.D. Medical Examiner

Date signed 7-16-39

59827 F 59827

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. 427 Maude Ave St. 25-J Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George A. Feathers — If U. S. Veteran specify WAR

(a) Residence: No. 427 Maude Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary C. Feathers

6. DATE OF BIRTH (month, day, year) June 14, 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) 1922

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George W. Feathers

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah Reynolds

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mary C. Feathers
(Address) 427 Maude Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem. Date July 19, 39

19. UNDERTAKER John C. Stricker
(Address) Pratt & Stricker Sts

20. FILED JUL 19 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 25 1939 to July 16 1939

I last saw him alive on July 16 1939 Death is said to have occurred on the date stated above, at 8.45 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart failure	
	2 days
Other contributory causes of importance: Hypertension,	

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) Samuel Ruben M. D.

(Address) 203 Patapsco ave

59828

F 59828

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 94-B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves.
(c) Hospital or institution: St. Agnes' Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 25 da

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Frd.
(c) City or town Emmitsburg (If outside city or town limits, write RURAL and give town)
(d) Street No. St. Joseph's College (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Sister Gertrude Sullivan

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 26, 1857

8. AGE: Years	Months	Days	If less than one day
81	9	27	hr. min.

9. Birthplace Canada (Town, county, and state)

10. Usual Occupation Sister of Charity

11. Industry or business Teaching

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant St. Agnes Hospital Record
(b) Address Caton - Wilkens Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 19, 1939 (month) (day) (year)
(c) Cemetery or crematory St. Joseph's College
Location Emmitsburg Md.

18 (a) Funeral director Martin Gaithersburg
(b) Address 1827 W. North Ave. Balto. Md.

19 (a) [illegible] (Date rec'd by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-23 1939 to 7-18 1939.
and that I last saw her alive on 7-18 1939.

Immediate cause of death	Duration
Coronary Embolism	
Due to Pneumonia - right leg	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature Geo. Gavatos M. D.
Address 101 W. Read St. Date signed 7-18-39

9829 E 59829

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1103 Brentwood Avenue St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. 5 mos. 8 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

If U. S. Veteran specify WAR

2. FULL NAME Isabelle M. McClary

(a) Residence: No. 1103 Brentwood Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George R. McClary

6. DATE OF BIRTH (month, day, year) Feb. 9, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0027

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Robert A. Stewart

14. BIRTHPLACE (city or town) (State or country) -------- Wales

MOTHER

15. MAIDEN NAME Ellen Enright

16. BIRTHPLACE (city or town) (State or country) -------- Ireland

17. INFORMANT George R. McClary
(Address) 1103 Brentwood Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 7/20 19 39

19. UNDERTAKER Henry H. Meyer & Son
(Address) 503 N. Eutaw St.

20. FILED JUL 19 1939 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-17-1939

22. I HEREBY CERTIFY, That I attended deceased from 1-31-1939 to 7-17-1939

I last saw her alive on 7-16-1939 Death is said to have occurred on the date stated above, at 5:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular-renal disease	1929
Other contributory causes of importance:	
Pulmonary Embolus	7-17-39

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. B. Ephraim M. D.

(Address) 2802 Harford Ave

59830 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 59830

CERTIFICATE OF DEATH

X/108

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp.) (Ward) 19-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 25 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

Not resident of Baltimore

If U. S. Veteran specify WAR .....

2. FULL NAME Janet Lewis

(a) Residence: No. Fork, Md St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug. 31, 1938

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	0	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Fork, Md.

FATHER

13. NAME Edward E. Lewis

14. BIRTHPLACE (city or town) (State or country) Govans, Md.

MOTHER

15. MAIDEN NAME Ella M. Pace

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Father - Edward E. Lewis

(Address) Fork, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Fork M. E. Cem. Date July 20 1939

19. UNDERTAKER Clarence E. Arthur

(Address) FORK Md.

FILED JUL 19 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1939 to July 18, 1939

I last saw her alive on July 18, 1939 Death is said to have occurred on the date stated above, at 2.07 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	July 2
with Empyema	

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Myron G. Tiffett M. D.

(Address) Sydenham Hosp.

Approved by: Howard J. Welles Medical Examiner M.O.

Mason

F 59831

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-S F 59831 Registered No.

1. PLACE OF DEATH: 408 N Bruce St
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town 408 N. Bruce St. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Martha Jane Mason

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: James Mason

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1889

8. AGE: Years 50 | Months | Days | If less than one day hr. min.

9. Birthplace Essex Co. Va (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant James Jones
(b) Address 1613 Ramsdale Ave

17 (a) (Burial, cremation, or removal)
(b) Date thereof July 21, 1939 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 3221 Schroeder St

19 (a) (Date received by registrar) JUL 19 1939
(b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1939, at 1 P M

21. I certify that death occurred on the date above stated, that I attended deceased from July 15 1939 to July 18 1939 and that I last saw h[illegible] alive on July 17 1939.

Immediate cause of death
Cardiac Renal
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy.

Duration: 3 days

over

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Hagerty M.D.
Address 12 W Read St Date signed 7/19/39

832

HEALTH DEPARTMENT—CITY OF BALTIMORE

59832

CERTIFICATE OF DEATH

93-c.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1806 Bolton St. 14-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rebecca W. Coburn

If U. S. Veteran specify WAR .....

(a) Residence: No. 1806 Bolton St., ... Ward ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Solomon Coburn

6. DATE OF BIRTH (month, day, year) Nov. 30, 1845

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	93	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Michael's Md.

FATHER

13. NAME John Sewell Blades

14. BIRTHPLACE (city or town) (State or country) St. Michael's Md.

MOTHER

15. MAIDEN NAME Charlotte Summers

16. BIRTHPLACE (city or town) (State or country) Salisbury Md.

17. INFORMANT Mrs. Helen S. Krebs
(Address) 1806 Bolton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem'ty Date July 19 19 39

19. UNDERTAKER GEORGE J. SMITH
(Address) 1900 Eutaw Place

JUL 19 1939

Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-17, 19 39

22. I HEREBY CERTIFY, That I attended deceased from July 4, 19 39 to July 17, 19 39

I last saw h[er] alive on July 11, 19 39 Death is said to have occurred on the date stated above, at 7:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	7/4/39
Other contributory causes of importance: Arterio Sclerosis &	
Chr. Myocarditis	1930

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? physical diagnosis Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify ...

(Signed) E. B. Culver Rawlings M. D.

(Address) 1900 Eutaw Place

59833 F 59833

HEALTH DEPARTMENT—CITY OF BALTIMORE

59833

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH Enroute to hospital Maryland General (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward) 28

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Florence Spencer

(a) Residence: No. 5500 Norwood Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George E. Spencer

6. DATE OF BIRTH (month, day, year) April 9 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Edward Leland

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Emma Gulki

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Grace E Bigham (Address) 5500 Norwood Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Cem Date July 21, 1939

19. UNDERTAKER Thompson & Son (Address) 3615-17 Eastern Ave

20. FILED July 19 1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18, 1939

I HEREBY CERTIFY, That I attended deceased from July 17 1939 to July 18. 1939

I last saw her alive on July 17 1939 Death is said to have occurred on the date stated above, at 8:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio-vascular disease.	1936
Other contributory causes of importance: Diabetes Mellitus	1936

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John H Barnsley M. D.

(Address) 1531 E North Ave

Howard J. Madeira M.D.
Chief Medical Examiner

9834

OK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V 48486 F 59834

95-B Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore Maryland

(c) Hospital or institution: Baltimore City Hospitals & 8 days

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Mo.

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2729 St. Paul St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Blanche P. Miller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: James A. Miller Unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-30-1856

8. AGE: Years 83 | Months 0 | Days 17 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name ? Bryor Richard Pryor

13. Birthplace Baltimore Md.

MOTHER

14. Maiden Name Sarah White

15. Birthplace Philadelphia Pa.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal)

(b) Date thereof July 20, 1939 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cemetery

Location Baltimore, Md.

18 (a) Funeral director [illegible]

(b) Address 1603 N. Baltimore St. Hunting[illegible] Indiana, Md.

19 JUL 19 1939 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1939, at 11:55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-9 19 39, to 7-17 19 39, and that I last saw h[illegible] alive on 7-17 1939.

Immediate cause of death: Bronchopneumonia

Due to: Hypertensive cardiovascular disease

Due to:

Other Conditions: general arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy arteriosclerosis, enlarged heart, pneumonia

Duration: 2 days. unknown. unknown.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible] M. D.

Address Balto City Hosp. Date signed 7-18-39

59835

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

59835 46535 SD

95-P

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs.

19-1

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1533 Edmondson Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Addison Hester Cook

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Married Separated

6 (b) Name of husband or wife Moses Cook

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/11/69

8. AGE: Years 70 | Months 3 | Days 8 7 | If less than one day: hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business Private family

FATHER
12. Name Nathaniel Evans
13. Birthplace Maryland

MOTHER
14. Maiden Name Martha Sims
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal)
(b) Date thereof 6-21-39 (month) (day) (year)
(c) Cemetery or crematory Arlington Cemetery
Location Arlington Md

18 (a) Funeral director Hattie R. Williams
(b) Address 3229 Reisterstown Rd

19 1939 (Date filed by registrar) Hattie R. Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-18 1939, at 5:30 A M

21. I certify that death occurred on the date above stated, that I attended deceased from 7-14 1939, to 7-18 1939, and that I last saw h[er] alive on 7-18 1939.

Immediate cause of death: Hypertensive Cardiovascular Disease — Duration: 6 years

Due to

Due to

Other Conditions: Colloid goitre — 49 years

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Murray Clotz M. D.
Address Balto City Hosp Date signed 7-18-39

VS 3

F 59836

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

23 Registered No. F 59836

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1347 Ward St. (If rural give location)
(e) If foreign born, how long in U. S. A? years

3 (a) FULL NAME Alpheus Brown (46251)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Separated

6 (b) Name of husband or wife Alelie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 28, 1916

8. AGE: Years	Months	Days	If less than one day
23	2	20	hr. . min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name William Brown
13. Birthplace Va.

MOTHER
14. Maiden Name Elsie Thompson
15. Birthplace Md.

16 (a) Informant Hospital Records
(b) Address

17 (a) Mt Auburn (Burial, cremation, or removal) (b) Date thereof July 21-39 (month) (day) (year)
(c) Cemetery or crematory
Location Balto.

18 (a) Funeral director James A Hayes
(b) Address 142 W Lib St

19 JUL 19 1939 (Date received by local registrar) Huntingtown, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18, 1939, at 4 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 6, 1939. to July 18, 1939, and that I last saw him alive on July 18, 1939.

Immediate cause of death: Tuberculosis of the lungs
Due to: Tuberculosis of meninges
Due to:
Other Conditions
(Include pregnancy within 3 months of death)

Duration: 2 yrs 2 mos

Major findings:
Of operations
Of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Galeman M. D.
Address Balto. City Hospitals Date signed 7-18-39

F 59837

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 59837 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1101 Key Highway
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 922 E. Duncan st (If rural give location)
(e) If foreign born, how long in U. S. A.? 4 yrs years

3 (a) FULL NAME Edward Helowicz (?) Helowicz

3 (b) If veteran, name war

3 (c) Social Security Account No. 221-01-7120

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 22 1920

8. AGE: Years	Months	Days	If less than one day: hr.	min.
18	8	26		

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Cleaner

11. Industry or business Pioneer Service Co

FATHER 12. Name John Helowicz

13. Birthplace Poland

MOTHER 14. Maiden Name Veronica Napora

15. Birthplace Poland

16 (a) Informant Mrs Veronica Helowicz

(b) Address 922 E Duncan st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 21-1939 (month) (day) (year)

(c) Cemetery or crematory St Stanislaus

Location Baltimore md

18 (a) Funeral director Geo A Weber

(b) Address 705 E Oliver Street

(c) Registrar [illegible]

L 19 1939

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-18-39 19 . at 9:55 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Asphyxiation — **Duration**

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 7-18-39
(c) Where did injury occur? bilge compartment B SS, Cassor (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial (Specify type of place) While at work? yes
(e) Means of injury bilge gases

23. Signature Conrad Aeton M.D.
Medical Examiner

Date signed

F 59838

59838 CAUGHMAN

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-13 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 729 Harford Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 729 Harford Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Shirley May Caughman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced —

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of decased (mo., day, yr) Jan. 1939

8. AGE: Years | Months 7 | Days | If less than one day hr. min.

9. Birthplace Balto, Md (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name James F. Caughman

13. Birthplace S. C.

MOTHER 14. Maiden Name Mayola Caughman

15. Birthplace S. C.

16 (a) Informant Mayola Caughman

(b) Address 729 Harford Ave

17 (a) Burial Burial, cremation, or removal (b) Date thereof 7-20-39 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cem.

Location Baltimore a. a. Co. Md

18 (a) Funeral director Pyle & Frank H. Wright

(b) Address 215 N Eldersley St

19 (a) Filed (b) Registrar

L 19 1939

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-18-39 19 , at 3:25 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry find that said decased came to his death on the day stated above.

Immediate cause of death: Dysentery — Duration: 3 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: over

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) (While at work)
(e) Means of injury

23. Signature Conrad Actonsmus M.D.
Medical Examiner

Date signed 7-18-39

F 59839

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 59839

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore Co.
(c) City or town Towson (If outside city or town limits, write RURAL and give town)
(d) Street No. 12 W Pennsylvania Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mrs. Ellar Mae Holland

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Winfield S. Holland

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan. 16, 1872

8. AGE: Years 67 | Months 6 | Days 2 | If less than one day: hr. min.

9. Birthplace Sunny Brook, Balto. Co., Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name Simon De Mott
13. Birthplace Frederick Co., Md.

MOTHER
14. Maiden Name Rebecca Sutton
15. Birthplace Sunnybrook, Balto. Co., Md.

16 (a) Informant Mr. Carroll B. Holland
(b) Address 12 W. Penna. Ave., Towson.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20, 1939 (month) (day) (year)
(c) Cemetery or crematory Crestmont Grove
Location ~~Sunnybrook~~, Md.

18 (a) Funeral director John Burns' Sons
(b) Address Towson, Md.

(b) Huntington for Williams, Md.

JUL 19 1939 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18th 1939, at 12:05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 17th 1939, to July 18th 1939, and that I last saw her alive on July 16th 1939.

	Duration
Immediate cause of death: Ruptured abdominal aneurysm	2 days
Due to: Arteriosclerosis	years
Due to: Hypertension	years
Other Conditions: Arteriosclerotic & hypertensive heart disease (Include pregnancy within 3 months of death.)	3 years

Major findings:
Of operations
Of autopsy Ruptured abd. aneurysm

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ferdinand E. Chetard, M.D.
Address Union Memorial Hosp. Date signed 7-18-39

VS 3

F 59840

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-D

Registered No. F 59840

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 707 Reservoir St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 707 Reservoir St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Belle Heim

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife | 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/29/1872

8. AGE: Years	Months	Days	If less than one day hr.	min.
67	3	20		

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

MOTHER / FATHER
12. Name Charles G. Heim
13. Birthplace Frederick, Md.
14. Maiden Name Bessie Nicodemus
15. Birthplace Va.

16 (a) Informant Mr. Frank L. Heim
(b) Address 6406 Pinehurst Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/20/1939 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemy.
Location Frod. Ave. Balto. Md.

18 (a) Funeral director John O. Mitchell & Son Inc.
(b) Address 1900 Eutaw Place

19 JUL 19 1939 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19, 1939, at a.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1938. to July 19 1939, and that I last saw her alive on July 19 1939.

Immediate cause of death — Duration

Carcinoma of rectum — 3 years

Due to

Due to

Other Conditions Peritoneal metastases,

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis P. Hamburger M. D.
Address 1207 Eutaw Place Date signed

VS 3

GK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-B 45009 Registered No.

F 59841 F 59841

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 806 N Carey St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Grace Davenport

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	Colored	Widow

6 (b) Name of husband or wife Raymond
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-18-03

8. AGE: Years	Months	Days	If less than one day hr.	min.
35	10	0		

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Thomas Conoway
13. Birthplace Va.

MOTHER
14. Maiden Name Ida Norris
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/19/39 (month) (day) (year)
(c) Cemetery or crematory Fredericksburg, Va
Location Va
18 (a) Funeral director Thos. E. Kelson
(b) Address 1303 Pressman St

19 JUL 19 1939 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-18 1939, at 11 12 M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-23 1939, to 7-18 1939.
and that I last saw h[illegible] alive on 7-18 1939.

Immediate cause of death Subphrenic abscess, right — Duration: few weeks
Due to Empyema with pneumothorax — few weeks
Due to Ruptured duodenal ulcer — 2 months

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Ruptured duodenal ulcer. Subphrenic abscess.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 7-18-39

VS 3

345-576
5.9842

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46-D Registered No. F 5.9842

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Charles Co
(c) City or town Marbury (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William O'Brien
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Mary Maud
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-18-73

8. AGE: Years 65 | Months 7 | Days 1 | If less than one day hr. min.

9. Birthplace New York (Town, county, and state)
10. Usual Occupation Retired Civil Service
11. Industry or business post

MOTHER / FATHER
12. Name James O'Brien
13. Birthplace Baltimore
14. Maiden Name Marg. McShane
15. Birthplace Baltimore

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/19/39 (month) (day) (year)
(c) Cemetery or crematory Washington D. C.
Location Fredericksburg Va
18 (a) Funeral director Chas. G. Brauer & Son Inc
(b) Address 115 N. Milk Royal Ave Huntington Williamsport, Md.
19 (Signature and address of registrar) JUL 19 1939 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1939 3:10 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from July 13 1939 to July 19 1939 and that I last saw him alive on July 19 1939.

Immediate cause of death Carcinoma of rectum with peritonitis — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings: Of operations Peritonitis
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature James M. Mason III M. D.
Address Johns Hopkins Hospital Date signed 7-19-39

VS 3

59843

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V 131

F 59843

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1833 N. Chester st

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

8 W (d) Street No. 1833 N. Chester st (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Katherine M. Schildt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) ~~Single, married~~, widowed, ~~or divorced~~: Widowed

6 (b) Name of husband ~~or wife~~: Vinton F. Schildt

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 31st 1868

8. AGE: Years 70 | Months 10 | Days 17 | If less than one day: hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business Self

MOTHER | FATHER

12. Name Frederick Gross

13. Birthplace Germany

14. Maiden Name Elizabeth Mohr

15. Birthplace Germany

16 (a) Informant Elizabeth K. Schildt

(b) Address 1833 N. Chester st

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 7/20/39 (month) (day) (year)

(c) Cemetery or crematory Balto

Location Balto Md

18 (a) Funeral director William Bork

(b) Address 1217 St Paul st

19 (a) (Date rec'd by registrar) (b) Registrar

JUL 20 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18th 1939, at 4:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/12 1939 to 7/18 1939, and that I last saw her alive on 7-18 1939.

Immediate cause of death

Myocardial Degeneration — Duration: 4 day

Due to Chronic Int Nephritis — 6 years

Due to

Other Conditions Mitral Stenosis — X years

(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide None

(b) Date of occurrence None

(c) Where did injury occur? None (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? No (Specify type of place) While at work?

(e) Means of injury None

23. Signature Edward Mueller M. D.

Address 1510 N Broadway Date signed 7-19-39

F 59844

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 59844 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4012 Boarman Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town City of Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4012 Boarman Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME Frank Maranto

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) ~~Single, married~~ widowed, or ~~divorced~~ Widowed

6 (b) Name of ~~husband or~~ wife Mary Maranto

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) July 8th 1887

8. AGE: Years 52 | Months 0 | Days 10 | If less than one day hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Baker

11. Industry or business Self

FATHER 12. Name Joseph Morante
13. Birthplace Italy

MOTHER 14. Maiden Name Concetta Piazza
15. Birthplace Italy

16 (a) Informant Samuel Maranto
(b) Address 4010 Boarman Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 7/21/39 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) Hunter Williams, M.D. Registrar
(Date received by registrar)

JUL 20 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18th 1939 at 1:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1939 to July 18, 1939 and that I last saw him alive on July 17 1939.

Immediate cause of death Carcinoma of Sigmoid with metastases

Duration 6 mos

Due to

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma of Sigmoid.

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lawrence M. Sena M. D.
Address 104 W. Madison St Date signed 7/18/39

F 59845

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 59845 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard Greene & Ts
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days) 13 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1836 Lowman St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

X

3 (a) FULL NAME McClinton Foy

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Married

6 (b) Name of husband or wife Theresa

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day: hr.	min.
48	7	?		

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation Laborer ?

11. Industry or business

MOTHER / FATHER

12. Name Premie Foy

13. Birthplace North Carolina

14. Maiden Name ?

15. Birthplace

16 (a) Informant Son

(b) Address 1836 Lowman St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 7-20-39 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn Cem

Location Baltimore Md

18 (a) Funeral director Adolphus Halsted

(b) Address 908 Druid Hill Ave

19 (a) (Date received) (Registrar) (Local registrar)

1 — 111 — 338

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1939, at 2:20 A M

21. I certify that death occurred on the date above stated, that I attended deceased from June 19 1939, to July 16 1939, and that I last saw him alive on July 15 1939.

Immediate cause of death Cerebral hemorrhage, secondary to hypertensive cardio-vascular disease

Due to Pneumonia, bilateral

Due to

Other Conditions Jacksonian epilepsy

(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy Y

Duration ?

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. D.

Address Date signed

59846

HEALTH DEPARTMENT—CITY OF BALTIMORE

59846

CERTIFICATE OF DEATH

122-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balt. Gen. Hosp. St., 25th Ward)

Length of residence in city or town where death occurred 58 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME: Francis A. Kelley (Frank A. Kelley)

If U. S. Veteran specify WAR .....

(a) Residence: No. 2906 Hollins Ferry Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of Alice M. Kelley

6. DATE OF BIRTH (month, day, year) January 16th 1881

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	58	6	2 0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John H. Kelley

14. BIRTHPLACE (city or town) (State or country) Boston, Mass

MOTHER

15. MAIDEN NAME Pauline Muhl

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Alice M. Kelley
(Address) 2906 Hollins Ferry Road

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date July 21st 1939

19. UNDERTAKER Wm. J. Tickner & Sons.
(Address) North & Penna Aves.

FILED JUL 20 1939 Hunter [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18th, 1939

22. I HEREBY CERTIFY, That I attended deceased from 7-12, 1939 to 7-18, 1939

I last saw him alive on 7-18, 1939 Death is said to have occurred on the date stated above, at 9.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	7-11-39

Other contributory causes of importance:
Hemiplegia

Was an operation performed? Orchiectomy, Removal of Epididymis Date of 7-13-39

For what disease or injury? Chronic Prostatitis

Name of operation Hemiplegia left, Orchiectomy, removal of Epididymis

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Eugene R Cross, M. D.

(Address) South Baltimore General

F 59847

F 59847

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

184 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital 25
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard
(c) City or town Ellicott City Md (Rural)
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 1/2 mile W. Ellicott City Route 40
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME ~~Husband of Anna~~ Wm H. Mitchell

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5, 1925

8. AGE: Years 14 | Months 1 | Days 15 | If less than one day hr min

9. Birthplace Howard Co., Md. (Town, county, and state)

10. Usual Occupation Student

11. Industry or business

FATHER 12. Name Wade H Mitchell
13. Birthplace Md

MOTHER 14. Maiden Name Hazel Porter
15. Birthplace Md

16 (a) Informant Wade H Mitchell
(b) Address Ellicott City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 22 1939 (mo.) (day) (year)
(c) Cemetery or crematory St Johns
Location (Near) Ellicott City Md

18 (a) Funeral director J. C. Higinbotham
(b) Address Ellicott City Md.

7 20 1939 Hunter Williams M.D. Registrar
(Date received by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-20-39 19 ..., at 1:20 A M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death: Hemorrhage — Duration: 11 hrs.
Due to: Shotgun wound of buttock
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? Probably Accident
(b) Date of occurrence 7-19-39
(c) Where did injury occur? Ellicott City, Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Outdoors (Specify type of place) While at work)
(e) Means of injury Shotgun Exploded while

23. Signature Conrad Acton MD
Medical Examiner
Date signed 7-20-39

Marich

59848

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 210-GF 59848

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Sq. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1142 Druid Pk. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

21 W

3 (a) FULL NAME Ruth Marich (Marich)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 22, 1935

8. AGE: Years	Months	Days	If less than one day: hr	min
4	2	18		

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Michel Marich
13. Birthplace Md

MOTHER 14. Maiden Name Irene Kwartz
15. Birthplace Baltimore Md.

16 (a) Informant Chester Rean, Jr.
(b) Address 1142 Druid St.

17 (a) Cedar Hill (Burial, cremation, or removal) (b) Date thereof 7-21-39 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location

18 (a) Funeral director Ambrose, Inc.
(b) Address 1617 W. Cross St.

JL 20 1939 (Registrar) Huntington Williams (Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-18-39 19 , at 11:55 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Shock — Contusion of back Avulsion of intestine — Duration 12 hours

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 7-17-39
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury Run over by a motor truck

23. Signature Conrad Acton, M.D. Medical Examiner

Date signed 7-18-39

F 59849

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59849

CERTIFICATE OF DEATH

x / 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hosp St. 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 8 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Cordelia A. Dawson

If U. S. Veteran specify WAR None

(a) Residence: No. 510 [illegible] D. St. Sparrows Point Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed or divorced WIFE of Thomas Walton Dawson

6. DATE OF BIRTH (month, day, year) July 26 - 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	11	23 = 25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Johnstown Penna.

FATHER

13. NAME John H. McCauley

14. BIRTHPLACE (city or town) (State or country) Relay Md.

MOTHER

15. MAIDEN NAME Abigail McCauley Powell

16. BIRTHPLACE (city or town) (State or country) Branch Church Penna

17. INFORMANT Thomas W. Dawson (husband)

(Address) 510 D St Sparrows Point

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 7-21 1939

19. UNDERTAKER STEWART & MOWEN COMPANY

(Address) (W. F. WOODEN SUC.) 700 W. NORTH AVENUE

Filed JUL 20 1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-19-1939

22. I HEREBY CERTIFY, That I attended deceased from 7-11-39 19 to 7-19-39 19

I last saw her alive on 7-19-1939 Death is said to have occurred on the date stated above, at 5:40 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	
Arteriosclerosis	
Other contributory causes of importance: Chronic Degenerative Myocarditis	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? NPH Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. R. Turner M. D.

(Address) St. Josephs Hosp

59850

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 - C 46 E 4 59850 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 hrs.

(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1168 McElderry Street (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Stokes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Jane (d)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/9/~~80~~ 1857

8. AGE: Years ~~58~~ 81 Months 9 Days 9 If less than one day hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business W.P.A.

FATHER

12. Name Jerry Stokes

13. Birthplace North Carolina

MOTHER

14. Maiden Name Betty Kate

15. Birthplace North Carolina

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal)

(b) Date thereof July 21 (month) (day) 1939 (year)

(c) Cemetery or crematory Mt Auburn Cem

Location Mt Winans

18 (a) Funeral director Edward C Wilson

(b) Address 1000 Brantley

19 (a) (b)

JUL 20 1939

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-18 1939, at 6-25 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-17 1939, to 7-18 1939, and that I last saw h(e)r alive on 7-17 1939.

Immediate cause of death: Carcinoma prostate with urinary retention & uremia

Duration: ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature L K Woodward Jr M. D.

Address Balto City Hosp Date signed 7-18-39

59851

HEALTH DEPARTMENT—CITY OF BALTIMORE

59851

CERTIFICATE OF DEATH

x 1100

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General Hospital 16-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME David Craig

If U. S. Veteran specify WAR

(a) Residence: No. 252 St. Helena Ave St., Ward. St. Helena Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or ~~WIFE of~~) Minnie L. Craig

6. DATE OF BIRTH (month, day, year) July 18 - 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67		—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hospital

10. Date deceased last worked at this occupation (month and year) 1938

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) W. Virginia

FATHER

13. NAME Wm. E. Craig

14. BIRTHPLACE (city or town) (State or country) W. Va.

MOTHER

15. MAIDEN NAME Eliz. Pointer

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Minnie L. Craig
(Address) 252 St. Helena Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Meadowridge Date July 21 1939

19. UNDERTAKER John G. Crumbley
(Address) Essex Md.

20. FILED JUL 20 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1939 to July 18, 1939.

That saw him alive on July 18, 1939. Death is said to have occurred on the date stated above, at 9:17 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	
Thrombophlebitis	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) M. Shear, M. D.

(Address) W Balto

V8 8

F 59852

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 59852

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert Sts
(c) Hospital or institution Union Memorial Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 39

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2538 Calverton Hgts. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Howard Patterson Jones

3 (b) If veteran, name war —
3 (c) Social Security Account No. 212-16-0335

4. Sex M
5. Color or race W
6 (a) Single, married, widowed, or divorced. married
6 (b) Name of husband or wife Mary Jones
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) May 1861

8. AGE: Years 78 Months 2 Days 10 If less than one day hr. min.

9. Birthplace Edmonds (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business —

MOTHER / FATHER
12. Name Thomas H. Jones
13. Birthplace Edmonds
14. Maiden Name Lucy Ames
15. Birthplace Edmonds

16 (a) Informant Mary E. Jones
(b) Address 2538 Calverton Hgts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 23 39 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md

18 (a) Funeral director Wilson & Son
(b) Address 1217 E. Fayette St.

19 (Date received by Registrar) JUL 20 1939 Hunter Jon Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19th 1939, at 1:30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 15th 1939, to July 19th 1939, and that I last saw him alive on July 19th 1939.

Duration 14 hours

Immediate cause of death Cerebral hemorrhage

Due to hypertension and arteriosclerosis

Due to —

Other Conditions Cardiac hypertrophy

(Include pregnancy within 3 months of death)

Major findings:
Of operations none done
Of autopsy none obtained

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ferdinand Chatard M. D.
Address Union Memorial Hosp Date signed July 19th 39
Howard J. Healdes M.D. - Chief Med. Res. for C. Townsend

853

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59853

CERTIFICATE OF DEATH

124-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1206 N. Gay St. St., 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Annie E. Heil

(a) Residence: No. 1206 N. Gay St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of John C. Heil

6. DATE OF BIRTH (month, day, year) Nov 8 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Peter Scheidegger

14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER

15. MAIDEN NAME Justina Rippele

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John C. Heil

(Address) 1206 N. Gay St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oakland Date 7-21-39

19. UNDERTAKER Windell E. Humphreys.

(Address) 1201 N. Broadway

JUL 20 1939 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18, 1939.

22. I HEREBY CERTIFY, That I attended deceased from July 38 to July 18, 1939

I last saw h[illegible] alive on July 17, 1939 Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophic cirrhosis of liver	1.8 years
(Duration)	
Other contributory causes of importance:	
Toxic.	

Was an operation performed? Yes. Date of 1938

For what disease or injury? Exploratory Operation

Name of operation Exploratory Operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) Albert E. Sikaney, M. D.

(Address) 2939 Fait Ave City

(OVER)

F 59854

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13

F 59854 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2516 Mc Elderry St

(c) Hospital or institution: ✓

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 2516 Mc Elderry St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wm James Kelso

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-07-7149

4. Sex M. 5. Color or race White 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband ~~or wife~~ of Emma Kelso

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 16. 1876

8. AGE: Years 69 Months 6 Days 3 If less than one day hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Watchman

11. Industry or business Balto Copper Works

MOTHER / FATHER

12. Name Wm Kelso

13. Birthplace Balto Md

14. Maiden Name Frances Ayres

15. Birthplace Balto Md.

16 (a) Informant Emma Kelso

(b) Address 2516 McElderry St

17 (a) 7/23 - (Burial, cremation, or removal) (b) Date thereof 7-22-39 (month) (day) (year)

(c) Cemetery or crematory Western Cemetery

Location Balto Md.

18 (a) Funeral director Geo. H. Leimbach

(b) Address 2514 Eastern Ave

19 (a) 7-20-1939 (Signature of registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1939 at 6 45 M

21. I certify that death occurred on the date above stated, that I attended deceased from Sept 1938 to July 19 1939 and that I last saw h alive on July 18 1939

Immediate cause of death Myocardial Insufficiency — Duration 1 yr

Due to

Due to

Other Conditions Chr. Bright's Disease — Duration 1 yr.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Thos. E. Wilson M. D.

Address 3 W. Biddle Date signed 7-19-39

F 59855

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-D

Registered No. B 59855

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State ..... (b) County .....
(c) City or town ..... (If outside city or town limits, write RURAL and give town)
(d) Street No. 2001 W. Lexington St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Christopher Lynam

3 (b) If veteran, name war: —

3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary E. Lastman

6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) Sept 12. 1874

8. AGE: Years	Months	Days	If less than one day: hr.	min.
64	10	7		

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Machinist

11. Industry or business R.R. Railroad

FATHER
12. Name John Lynam
13. Birthplace Ireland.

MOTHER
14. Maiden Name Annie Conner
15. Birthplace Ireland.

16 (a) Informant Mrs Mary E. Lynam
(b) Address 2001 W. Lexington St

17 (a) Burial (Burial, cremation, or removal)
(b) Date thereof 7 (month) 24 (day) 1939 (year)
(c) Cemetery or crematory New Cathedral
Location Pulaski Hwy & Edwards Lane

18 (a) Funeral director John F. Howard & Sons
(b) Address 846 Baltimore St.

19 JUL 20 1939 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1939, at 11:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/8 1939, to 7/19/1939, and that I last saw him alive on 7/19/1939.

Immediate cause of death Intestinal obstruction

Due to Carcinoma of Rectosigmoid.

Due to .....

Other Conditions Arteriosclerotic & Chronic Nephritis (Include pregnancy within 3 months of death)

Major findings: (1) Of operations Carcinoma of Recto-Sigmoid (2) Adhesions.

Of autopsy Paralytic Ileus.

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....

23. Signature S. G. Conaghan M. D.
Address University Hosp. Date signed 7/20/39

VS 3

F 59856

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B

Registered No. F 59856

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 W. Lombard St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1213 W Lombard St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wm J. Holland

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Anna M Spalt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 15, 1892

8. AGE: Years	Months	Days	If less than one day
47	3	4	hr min

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Officer
11. Industry or business Balto. Police Dept

FATHER
12. Name Timothy Holland
13. Birthplace Balto Md

MOTHER
14. Maiden Name Julia E Tierney
15. Birthplace Ireland

16 (a) Informant Mrs Anna M. Holland
(b) Address 1213 W. Lombard St

17 (a) (Burial, cremation, or removal) (b) Date thereof 7/22/39 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location

18 (a) Funeral director John J Cowan & Son
(b) Address 24 Collins St

19 (a) JUL 20 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-19-39 19 . at 11:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary sclerosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
Y.
1

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Conrad Acton M.D.
Medical Examiner
Date signed 7-20-39

VS 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

59857

CERTIFICATE OF DEATH

131 F 59857

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6009 Prescott Ave St. 27-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. 1 mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Sarrah Lee

(a) Residence: No. 6009 Prescott Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced (HUSBAND of) (or) WIFE of Randolph Lee

6. DATE OF BIRTH (month, day, year) 6/14/1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year) 5 1939

11. Total time (years) spent in this occupation 0037

12. BIRTHPLACE (city or town) (State or country) Caroline Co. Va.

FATHER

13. NAME Daniel Banks

14. BIRTHPLACE (city or town) (State or country) Caroline Co. Va.

MOTHER

15. MAIDEN NAME Lisa Banks

16. BIRTHPLACE (city or town) (State or country) Caroline Co

17. INFORMANT Ema Burkett

(Address) 6009 Prescott Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Caroline Co Va Date July 21 1939

19. UNDERTAKER Charles H Burkett

(Address) 522 Lawrence Ave

20. JUL 20 1939 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19 1939

22. I HEREBY CERTIFY, That I attended deceased from May 5 1939 to July 19 1939

I last saw her alive on July 9 1939 Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	1939
Acute Intestinal Nephritis	1939
Other contributory causes of importance: Acute Cardiac Dilitation	1939

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) B. F. Bishop M. D.

(Address) 501 Shenandoah Ave

✓ 44930-

F 59858

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

23 Registered No. F 59858

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 59 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1705 McCulloh St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Lord (Lloyd) (44930)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 30, 1918

8. AGE: Years	Months	Days	If less than one day hr.	min.
20	9	18		

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation H.W. 070

11. Industry or business

FATHER
12. Name Edward
13. Birthplace Md.

MOTHER
14. Maiden Name Verta Fleet (D)
15. Birthplace Md.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-21-39 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Park.
Location Baltimore, Md.

18 (a) Funeral director Mrs. Geo. A. Holland
(b) Address 1631 Druid Hill Ave.

19 JUL 20 1939 (Date received by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18, 1939, at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 25, 1939, to July 18, 1939. and that I last saw h er alive on July 18, 1939.

Immediate cause of death Tuberculosis of Lungs — Duration 3 mos

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address Balto. City Hospitals Date signed 7-18-39

VS 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

59859 95-B F 59859

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2415 Maryland Avenue St. 12-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Mary A. McDivit

If U. S. Veteran specify WAR .....

(a) Residence: No. 2415 Maryland Avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

6. DATE OF BIRTH (month, day, year) --------

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	---	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Adams County Pennsylvania

FATHER

13. NAME Joseph McDivit

14. BIRTHPLACE (city or town) (State or country) -------- Pennsylvania

MOTHER

15. MAIDEN NAME Mary J. Diffendal

16. BIRTHPLACE (city or town) (State or country) ---------- Maryland

17. INFORMANT Dr. Harry N. McDivit
(Address) 102 E. 25th Street

18. BURIAL, CREMATION, OR REMOVAL
Place St. Joseph's Date 7/21 1939

19. UNDERTAKER Henry H. Myers & Son
(Address) 503 W. Saratoga St.

20. FILED JUL 20 1939 Wilmington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from ..... 1925 to July 19 1939

I last saw her alive on July 17, 1939 Death is said to have occurred on the date stated above at 11 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Thrombosis	July 15 1939
Other contributory causes of importance: Cardio vascular disease	Gradual

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) George W. Fritsche M. D.

(Address) 2430 Mary Land Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59860

CERTIFICATE OF DEATH

H6-B F 59869

Registered No. 4314

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No.) St. 2 7 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward E. Schlotter

If U. S. Veteran specify WAR

(a) Residence: No. 528 Chatteau Dr St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary Schlotter

6. DATE OF BIRTH (month, day, year) Dec. 6 - 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME August Schlotter

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Minnie Ash

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary E. Hellmuth

(Address) 3828 Ave Essex Md.

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Date 7/24 1939

19. UNDERTAKER John G. Connelly

(Address) Essex Md.

20. FILED JUL 20 1939 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 4th, 1939, to July 19, 1939

I last saw ~~him~~ alive on July 19, 1939 Death is said to have occurred on the date stated above, at 7.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Stomach	
Secondary Anemia	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. Sodaro M. D.

(Address) 4624 York Road.

V6 9

F 59861

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

Registered No. F 59861

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3635 Greenmount Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Havre de Grace (If outside city or town limits, write RURAL and give town)
(d) Street No. 303 S Union Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Blayton Vandiver

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Murray Vandiver
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 23-1857

8. AGE: Years	Months	Days	If less than one day
82	0	27	hr. min.

9. Birthplace Phila. Pa. (Town, county and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name Blayton
13. Birthplace

MOTHER 14. Maiden Name
15. Birthplace Baltimore

16 (a) Informant Mrs. Irene Stevens.
(b) Address 3635 Greenmount ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-22-39 (month) (day) (year)
(c) Cemetery or crematory Angel Hill Cem. Location Havre de Grace Md.

18 (a) Funeral director Pennington & Son
(b) Address Havre de Grace Md

19 JUL 20 1939 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-20- 1939, at 4.22 P.M

21. I certify that death occurred on the date above stated, that I attended deceased from 19.. , to 19 , and that I last saw h alive on 19 .

Immediate cause of death Chronic Myocarditis — Duration over 1 Year

Due to Generalized Arterio-Sclerosis

Due to Chronic Nephritis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Malone M. D.
Address Date signed 7-20-39

(over)

VS 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59862

CERTIFICATE OF DEATH

130

F 59862

1. PLACE OF DEATH Mercy Hospital

Registered No.

CITY OF BALTIMORE: (No. Carlton St. 41 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 3 mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lewis Weems

If U. S. Veteran specify WAR

(a) Residence: No. 69 Clay St. St., Annapolis Ward, Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced (HUSBAND of) (or) WIFE of: Edna Weems

6. DATE OF BIRTH (month, day, year) July 6, 1901

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	0	14 13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Lewis Weems

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Georganna Kemp

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Edna Weems

(Address) 69 Clay St.

18. BURIAL, CREMATION, OR REMOVAL

Place Bruce Hill Date July 23 1939

19. UNDERTAKER J. B. Johnson

(Address) Annapolis

20. JUL 20 1939 [illegible] for Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1939, to July 20, 1939

I last saw him alive on July 20, 1939. Death is said to have occurred on the date stated above, at 12:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute Nephritis	2 weeks
Uremia	3 days
Cardiac Failure	1 day
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. Edmon Mullen M. D.

(Address) Annapolis

F 59863

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 59863 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Catonsville (If outside city limits or town limits, write RURAL and give town)
(d) Street No. 33 Bishop Ln (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Christopher F. Schatz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Annie R Schatz

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 13 1871

8. AGE: Years 62 | Months 8 | Days 22 | If less than one day: hr. min

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Sheet Metal Worker

11. Industry or business

FATHER 12. Name George Schatz
13. Birthplace Germany

MOTHER 14. Maiden Name Margaret Beyard
15. Birthplace Germany

16 (a) Informant Mrs Annie R Schatz
(b) Address 33 Bishop Ln

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 24 39 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem
Location Baltimore Md

18 (a) Funeral director George L Farley
(b) Address Catonsville Md

19 (a) [illegible] (Signature of registrar)

JUL 21 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-20- 1939, at 12 Noon M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Cerebral Hemorrhage — Duration: about 1/2 hr.

Due to: Fractured base of skull

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 7-20-39
(c) Where did injury occur? City (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Roof of house While at work? yes (Specify type of place)
(e) Means of injury Fall from roof

23. Signature Howard J. Madeira M.D
Medical Examiner
Date signed 7-20-39

59864

HEALTH DEPARTMENT—CITY OF BALTIMORE

59864

CERTIFICATE OF DEATH

X/138

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hosp 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 21 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Burmeister

If U. S. Veteran specify WAR

(a) Residence: No. Freeland Beach Curtis Bay

(Usual place of abode) St. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ophelia Burmeister

6. DATE OF BIRTH (month, day, year) Apr 25 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Frederick Burmeister

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Pauline Fahrd

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Frank Burmeister

(Address) Stoney Creek Md

18. BURIAL, CREMATION, OR REMOVAL St Augustine Elkridge 1/22 1939

19. UNDERTAKER Geo A Tapley

(Address) Linthicum + Laytetts

20. FILED 1939 Hunter Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-19-39, 19

22. I HEREBY CERTIFY, That I attended deceased from 6-25-39, 19 to 7-19-39, 19

I last saw h alive on 7-19-39, 19 Death is said to have occurred on the date stated above, at 6:05 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Acute Myocarditis (? Subacute?)	7-12-39
Arteriosclerosis	?
Atrophic Prostatitis	?
Other contributory causes of importance: Post operative uremia	4-20-39

Was an operation performed? Date of 04-21

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

24. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. R. Turner, M. D.

(Address) St. Joseph's Hosp.

V9 9

59865 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 59865

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp. St., 9-b Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Reynolds

If U. S. Veteran specify WAR .....

(a) Residence: No. 1822 E. 28 St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	unmarried

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 7-19-1939

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John D. Reynolds

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary Mulligan

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mr. John D. Reynolds (Address) 1822 E. 28th St.

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Cemetery Date July 22, 1939

19. UNDERTAKER Edmund W. Coughlin & Son (Address) 924 E. Fayette St.

JY 21 1939 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-19, 1939

22. I HEREBY CERTIFY, That I attended deceased from 7-19, 1939, to 7-19, 1939

I last saw her alive on 7-19, 1939. Death is said to have occurred on the date stated above, at 11:35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity 6½ months fetus	7-19-39

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) M. P. Tumpt M. D.

(Address) St. Joseph's Hosp.

F 59866

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46458 F 59866
Registered No. 54

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 548 W. Mulberry Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Vanessa Brown (Watts)

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Female
5. Color or race Colored
6 (a) Single, married, widowed, or divorced. ~~Single~~ Married

6 (b) Name of husband or wife Hugh Watts
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 29, 1891

8. AGE: Years ~~29~~ 37 | Months 10 | Days 20 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name James Brown (d)
13. Birthplace Maryland

MOTHER
14. Maiden Name Lucy Toyer
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal)
(b) Date thereof 7-22-39 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Balto Co. Md.

18 (a) Funeral director A. Halstead
(b) Address 918 Druid Hill Ave.

19 (Date received by registrar) JUL 21 1939 (b) [illegible] Williamson M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-19 1939, at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-12 1939, to 7-19 1939, and that I last saw her alive on 7-19 1939.

Immediate cause of death Abscess right axilla + shoulder — Duration over 1 wk.
Due to
Due to
Other Conditions Diabetes mellitus + acute nephritis — ?
(Include pregnancy within 3 months of death)

Major findings:
Of operations Abscess rt axilla + shoulder
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Brumbaugh Jr. M. D.
Address Balto City Hosp. Date signed 7-21-39

F 59867

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

184

F 59867
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1618 Calhoun st
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1618 N Calhoun st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lillian Leong Morton

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced child

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr) 4-21-1931

8. AGE: Years 8 | Months 2 | Days 28 | If less than one day hr min

9. Birthplace Halifax County Va (Town, county, and state)

10. Usual Occupation School

11. Industry or business

FATHER
12. Name Thomas Morton
13. Birthplace Va

MOTHER
14. Maiden Name Lillie Bruce
15. Birthplace Va

16 (a) Informant Thomas Morton
(b) Address 1618 Calhoun st

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-22-39 (month) (day) (year)
(c) Cemetery or crematory South Boston Cem
Location South Boston Va.

18 (a) Funeral director William A Jackson
(b) Address 916 Penna Ave

16 21 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-19-39 19 , at 6:45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to h[illegible] death on the day stated above.

Immediate cause of death: Bullet wound of brain — Duration: 30 min

Due to

Due to

Other Conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 7-19-39
(c) Where did injury occur? in front of 1618 Calhoun St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? on street (Specify type of place) While at work? no
(e) Means of injury Revolver shot at car thief

23. Signature Conrad Acton Jr M.D. Medical Examiner
Date signed 7-20-39

VS 6

F 59868

F 59868

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46652 SD
Registered No. 95-B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2104 E. Pratt street
(If rural give location)
(e) If foreign born, how long in U. S. A.? 45 years

3 (a) FULL NAME Michael Paszkiewicz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Elizabeth Paszkiewicz

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 29 1874

8. AGE: Years 64 | Months 9 | Days 21 | If less than one day: hr. min.

9. Birthplace: Poland (Town, county, and state)

10. Usual Occupation: Tailor

11. Industry or business: Self

FATHER
12. Name: Anthony Paszkiewicz
13. Birthplace: Poland

MOTHER
14. Maiden Name: Mary Piekielek
15. Birthplace: Poland

16 (a) Informant: records
(b) Address: Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 7-24-39 (month) (day) (year)
(c) Cemetery or crematory: Holy Rosary Cem
Location: Baltimore County

18 (a) Funeral director: John M Weber
(b) Address: 401 E. Chester Street Huntingtown Williamsport, Md.

19 (a) (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1939, at 11 00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-18 1939, to 7-20 1939, and that I last saw h im alive on 7-20 1939.

Immediate cause of death: Hypertensive cardiovascular disease
Due to: Cerebral hemorrhage

Duration: 1 year, 2 weeks

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. Innes Dawson M. D.
Address Balto City Hosp. Date signed 7-20-39

VS 3

F 59869 HEALTH DEPARTMENT—CITY OF BALTIMORE F 59869

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 20 Balto Gen'l Hospital St. 25-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Michael Stankiewicz 705-09-2786

(a) Residence: No. 1619 Cherry St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosalia Stankiewicz

6. DATE OF BIRTH (month, day, year) Nov 11 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Car Repairman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. O. R.R.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Peter Stankiewicz

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Anastasia Zosith

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Rosalia Stankiewicz
(Address) 1619 Cherry Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross A A County July 22 1939

19. UNDERTAKER John M Welby
(Address) 404 S. Chester St

21. FILED JUL 21 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-18, 1939

22. I HEREBY CERTIFY, That I attended deceased from 6-22- 1939, to 7-18- 1939

I last saw him alive on 7-18- 1939. Death is said to have occurred on the date stated above, at 1:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	
Rt. hemiplegia	
Enlarged Prostate	over

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Eugene R Cramer M. D.

(Address) Local Baltimore General

39870 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 39870

CERTIFICATE OF DEATH

✓131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St., ... Ward)

Length of residence in city or town where death occurred 5 yrs. 4 mos. 22 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Lessie E Brooke

(a) Residence: No. 2634 Guilford Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Charles Brooke

6. DATE OF BIRTH (month, day, year) Feb. 27, 1881

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
58	4	2022	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) July 1939

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Henry Gaither

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Myra E. Mackenzie

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mr. Charles Brooke

(Address) 2634 Guilford Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem Date July 22, 1939

19. UNDERTAKER John O. Mitchell & Sons Sons.

(Address) 1900 Eutaw Place

20. FILED ..... [illegible], Registrar.

JUL 21 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1939, to July 19, 1939

I last saw h[illegible] alive on July 19, 1939. Death is said to have occurred on the date stated above, at 2:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	[illegible] days
Other contributory causes of importance: Hypertension Cardio-Arteriosclerosis	[illegible] years

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) D. M. Gaither, M. D.

(Address) Church Home & Infirmary

F 59871

59871

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

210-M Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fairmount Lead
(c) Hospital or institution: Sauer Balto. Gen Hosp

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town (If outside city or town limits, write RURAL and give town)
Street No. 1506 W. 36th St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Daniel M. Merlmelstein

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-10-9555

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day hr.	min.
19				

9. Birthplace Balto Md. (Town, county, state)

10. Usual Occupation School Boy

11. Industry or business

MOTHER / FATHER

12. Name Benj. Merlmelstein

13. Birthplace Russia

14. Maiden Name Dora Merofsky

15. Birthplace Russia

16 (a) Informant Benj. Merlmelstein

(b) Address 1506 W. 36th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-24-39 (month) (day) (year)

(c) Cemetery or crematory Rosedale

Location Philadelphia Rd & Hamilton Ave.

18 (a) Funeral director Jack Lewis Inc

(b) Address 1439 E. Balto St

19 (a) (Date rec'd by registrar) (b) Registrar

JUL 25 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-20-39 19 , at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 19 7/26/39 19 and that I last saw h alive on July

Immediate cause of death Multiple fractures

Due to Hemorrhage

Due to Laceration of Liver & Rt Kidney

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 7-20-39
(c) Where did injury occur? (City or town) County (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? —
(e) Means of injury Automobile Accident

23. Signature Howard J. Maldeis M. D.

Address Date signed 7-21-39

F 59872

F 59872

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1607 N. Bentalou

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days

(e) Length of stay in Baltimore (yrs., mos., or days) 36

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1607 N Bentalou ch (If rural give location)

(e) If foreign born, how long in U. S. A.? Almost 33 years

3 (a) FULL NAME Louis Pritzker

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Esther Pritzker

6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 65 Months Days If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Asst Supt

11. Industry or business Sport Goods

MOTHER / FATHER

12. Name Unknown

13. Birthplace Russia

14. Maiden Name Unknown

15. Birthplace Russia

16 (a) Informant wife

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-21-39 (month) (day) (year)

(c) Cemetery or crematory Harmony Hebrew

Location Baltimore Md

18 (a) Funeral director Jos. L. Levin Inc

(b) Address 1439 E. Baltimore

19 (a) July 21 1939 (b) Registrar Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1939 at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 20 1938, to July 21 1939, and that I last saw him alive on July 21 1939.

Immediate cause of death Coronary Thrombosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Jack D. Edelman M.D.

Address 1515 N Bentalou Date signed 7/24/39

59873

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

134

45946 59873 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore Maryland

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Mo. 18 yrs.

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1804 S. Charles St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James O'Neill

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Abbie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-7-67

8. AGE: Years	Months	Days	If less than one day hr.	min.
72	0	13		

9. Birthplace Michigan (Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER

12. Name William

13. Birthplace Michigan

MOTHER

14. Maiden Name Elizabeth Macdonald

15. Birthplace Michigan

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 7/22/37 (month) (day) (year)

(c) Cemetery or crematory, St. Paul's cem Location Carroll Ave

18 (a) Funeral director J. Thos. E. O'Neill Jr. & Co.

(b) Address 2435 E. Oliver St

19 (a) (b)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-20 1937, at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-24 1937, to 7-20 1937, and that I last saw h(im) alive on 7-20 1937.

Immediate cause of death	Duration
Post operative shock & hemorrhage	few hours
Due to Rt. renal calculus with hydronephrosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations Rt renal calculus with hydronephrosis

Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature L. H. Woodworth M. D.

Address 6 E. Lexington St. Date signed 7-20 37

59874 ✓ F 59874

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1557 Abbott Stan Dr
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1557 Abbottson St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sadie Frances Hallings

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	Married

6 (b) Name of husband or wife Geo W Hallings 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/6/1880

8. AGE: Years	Months	Days	If less than one day hr.	min.
59	3	8		

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business None

FATHER
12. Name Irving Pickard
13. Birthplace Maryland

MOTHER
14. Maiden Name Anna Lambert
15. Birthplace Maryland

16 (a) Informant Mr D Hallings
(b) Address 1557 Abbottston

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/22/39 (month) (day) (year)
(c) Cemetery or crematory Maryland
Location Parkwood Perry Hall Md

18 (a) Funeral director D. Bailey & Sons
(b) Address 1318 Light St.

19 (a) [illegible] (Date rec'd by registrar) [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19, 1939, at 4:15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1934 to July 19, 1939, and that I last saw h.e alive on July 19, 1939.

Immediate cause of death	Duration
Chronic Myocarditis	4 yrs
Due to Diabetes Mellitus	6 yrs
Due to	
Other Conditions Chronic Appendicitis Diabetic Mellitus (Include pregnancy within 3 months of death)	

Major findings: Of operations Chronic Appendicitis June 14, 1939
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Wolfe M. D.
Address 1331 S. North Ave Date signed 7-20-39.

59875

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97 ✓ Registered No. F 59875

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Alhambra Apt. Lodge Alley near Linden Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 195 Alhambra Apt. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jacob Federlicht

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Belle Federlicht

6 (c) If alive, give age 84 years

7. Birth date of deceased (mo., day, yr.) June 12, 1851

8. AGE: Years	Months	Days	If less than one day
88	1	8	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and State)

10. Usual Occupation Retired

11. Industry or business

FATHER

12. Name Abram Federlicht

13. Birthplace Bavaria

MOTHER

14. Maiden Name Rose Finstein

15. Birthplace Bavaria

16 (a) Informant Mr. Chas. Federlicht

(b) Address Alhambra Apt.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 23 1939 (month) (day) (year)

(c) Cemetery or crematory Chevt Shalom

Location Balto. Md.

18 (a) Funeral director Harry Sonnenstrahl

(b) Address 702 Eutaw Place

19 (a) 7-21-1939 (Date rec'd by Registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1939, at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 17 1939 to July 20 1939.

and that I last saw him alive on July 20 1939.

Immediate cause of death: Generalized Arteriosclerosis

Due to Senility

Due to

Other Conditions Gangrene

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration: 10 yrs 10 yrs 3 days

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. Wm. Primakoff M. D.

Address Temple Hills Md. Date signed

VS 3

59876

F 59876

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

210-M Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3815 Callaway ave
(c) Hospital or institution: South Balto. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town) 3815 Callaway Ave
(d) Street No. 3815 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hannah R. Zaresnitz
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: S.
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 8 1922

8. AGE: Years 16 | Months 8 | Days 12 | If less than one day: hr. min

9. Birthplace Balto. Md. (Town, county and state)
10. Usual Occupation School.
11. Industry or business

FATHER
12. Name Morris Zaresnitz
13. Birthplace Russia

MOTHER
14. Maiden Name Sarah Wellechester
15. Birthplace Russia

16 (a) Informant Morris Zaresnitz
(b) Address 3815 Callaway ave.

17 (a) Burial (Burial, cremation, or removal)
(b) Date thereof 7/21/39 (month) (day) (year)
(c) Cemetery or crematory Hebrew Washington Blvd.
Location Washington Blvd.

18 (a) Funeral director Sol Levinson Bros
(b) Address 1924-26 W Pratt St

19 JUL 21 1939 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-20- 1939, at 8.20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Broken neck - fractured atlas
Due to: Multiple fractures & skeletal bones
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Major findings Of operations
Of autopsy as above 7-20-39

Duration: Instant

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 7-20-39
(c) Where did injury occur? A. A. County - (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work?
(Specify type of place)
(e) Means of injury automobile

23. Signature Howard J. Malden M.D.
Medical Examiner
Date signed 7-21-39

59877

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

F 59877 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (WOODLAWN) (If outside city or town limits, write RURAL and give town)
(d) Street No. 6732 Windsor Mill Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Emma B. Greene

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. MARRIED

6 (b) Name of husband or wife — GREEN

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 2/8/1859

8. AGE: Years 81 Months 5 Days 11 If less than one day hr. min.

9. Birthplace SPOTSYLVANIA CO., VIRGINIA (Town, county, and state)

10. Usual Occupation HOUSEKEEPER

11. Industry or business

MOTHER | FATHER

12. Name JOHN OLIVER

13. Birthplace

14. Maiden Name CATHERINE — —

15. Birthplace

16 (a) Informant JOSEPH O. HANNIBAL

(b) Address 6732 WINDSOR MILL Rd.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7/22/39 (month) (day) (year)

(c) Cemetery or crematory WOODLAWN CEMETERY

Location WOODLAWN, MARYLAND

18 (a) Funeral director Wm. Burns Bradley

(b) Address 1922 W. NORTH AVE.

19 (a) Huntington Williams, M.D. Registrar

(Date rec'd by registrar) JUL 21 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/19 1939, at 3:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/11 1939, to 7/19 1939, and that I last saw her alive on 7/19 1939.

Immediate cause of death cerebral hemorrhage Duration 8 days

Due to Hypertensive cardio-vascular disease

Due to

Other Conditions F. of Rt forearm due to fall which occurred at time of RI (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: 8 days over

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. Bernard Brack M. D.

Address 11 East Chase St. Date signed 7-19-39

F 59878

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

23

F 59878 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 7 West West St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6 Mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 7 West West St. (If rural give location)
(e) If foreign born, how long in U. S. A.? -- years

3 (a) FULL NAME John Lee Seymour

3 (b) If veteran, name war ---

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Mabel Gaither

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) April 8, 1867

8. AGE: Years	Months	Days	If less than one day
72	3	11	hr. min.

9. Birthplace Talbot Co., Maryland.
10. Usual Occupation Farmer
11. Industry or business Farm

MOTHER / FATHER

12. Name Thomas H. Seymour
13. Birthplace Talbot Co. Md.

14. Maiden Name Frances Anne Neal
15. Birthplace Talbot Co., Md.

16 (a) Informant Thomas H. Seymour
(b) Address 1507 Jackson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22, '39 (month) (day) (year)
(c) Cemetery or crematory Meadowridge Cemetery
Location Elkridge, Md.

18 (a) Funeral director W. Howard Evans
(b) Address 1400 South Charles St.

(c) Date received by Registrar JUL 21 1939 Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1939, at 4:30 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from July 5 1939 to July 19 1939.
and that I last saw him alive on July 18 1939.

Immediate cause of death Acute dilatation of heart — Duration 2 days

Due to

Due to

Other Conditions Pulmonary Tuberculosis (Duke.)
(Include conditions, if any, which gave rise to the above cause, stating the underlying cause last.)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. B. Campbell M.D.
Address 1644 Hanover St Date signed 7/20/39

59879

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B

F 59879 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 219 E. Redwood St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 137 S. East ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Samuel Marshall Sanders

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-03-4172

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Catherine Brown Sanders

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 26 1872

8. AGE: Years	Months	Days	If less than one day
67	3	23	hr. min.

9. Birthplace Charlottesville Va (Town, county, and state)

10. Usual Occupation Night Watchman

11. Industry or business Ins. Co

FATHER 12. Name Samuel Saunders
13. Birthplace Ills.

MOTHER 14. Maiden Name Susie Harris
15. Birthplace Va.

16 (a) Informant Wife Catherine B. Saunders
(b) Address 137 East ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 7-22-39 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Odonnell st

18 (a) Funeral director Frank V. Pipitone
(b) Address 2818 E. Balto St

19 (a) Date received JUL 21 1939 (b) Registrar Huntington Williams Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-19-39 19 , at 9:20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Sclerosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence 7-19-39
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Conrad Acton M.D.
Medical Examiner

Date signed 7-20-39

F 59880

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C

F 59880 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address ~~City Hospital~~

(c) Hospital or institution: ~~Catonsville Hospital~~

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ..... (b) County .....

(c) City or town ~~Balto~~ (If outside city or town limits, write RURAL and give town)

(d) Street No. 4601 Frankford Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Hugh R Mathaney Jr.

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-03-2654

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Cora A. Mathaney

6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Nov 2 1879

8. AGE: Years	Months	Days	If less than one day
59	8	18	hr. ..... min.

9. Birthplace Balto City Md. (Town, county, and state)

10. Usual Occupation Foreman 8082

11. Industry or business Alcohol Plant

FATHER 12. Name James F Mathaney

13. Birthplace Balto Md

MOTHER 14. Maiden Name M E Layhe

15. Birthplace Md.

16 (a) Informant Hugh R. Mathaney Jr.

(b) Address 4601 Frankford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24 39 (month) (day) (year)

(c) Cemetery or crematory Mt. Carmel

Location Baltimore Md

18 (a) Funeral director Frederick Lauchheimer Sons

(b) Address 7401 Belair Road

19 (a) [illegible] (Local registrar) Hunting for Williams M.D.

JUL 21 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1939, at 5 15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 7 1939 to July 20 1939, and that I last saw h im alive on July 15 1939.

Immediate cause of death Acute Dilatation Heart

Due to Myocarditis

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy .....

Duration
May 7/39

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature H Standing M. D.

Address 4610 Belair Rd Date signed July 20/39

Howard J. Standing M.D. medical Examiner

59881

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 59881 / 53-F Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1843 Hanover St.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 56 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)
23-2 (d) Street No. 1843 Hanover St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Adolph Selters

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 705-[illegible]-0042

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Minnie Krause

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 25 1883

8. AGE: Years 56 | Months 3 | Days 25 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Brakeman

11. Industry or business B & O R.R.

FATHER
12. Name Not Known
13. Birthplace Not Known

MOTHER
14. Maiden Name Not Known.
15. Birthplace Not Known.

16 (a) Informant Mrs Viola D Swilley
(b) Address 1843 Hanover St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24 1939 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Balto Md.

18 (a) Funeral director Bernard C Harle
(b) Address 121 E. West St.

19 (a) [illegible] Registrar
(Date received by registrar) JUL 21 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20th 1939, at 1.40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1939 to July 20 1939 and that I last saw him alive on July 20 1939.

Immediate cause of death: Toxemia from Cancer of pelvis

Duration: over

Due to

Due to

Other Conditions: metastasis to Lungs.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel Rubin M. D.
Address 203 Patapsco Ave Date signed 7/21/39

59882 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 59882

CERTIFICATE OF DEATH

94-B

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balte Gen St., 28-4 Ward)

Length of residence in city or town where death occurred 6 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Samuel H Horn

(a) Residence: No. 4312 Flowerton Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Horn

6. DATE OF BIRTH (month, day, year) Dec. 19 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor (Painting)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME George E. Horn

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Margaret Black

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. Sarah Horn (Address) 4312 Flowerton Rd

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Cem Date July 24 19 39

19. UNDERTAKER Wilson Stuckey & Son (Address) North & Penna Ave

JUL 21 1939 19.

Registrar

Hamilton Williams, M.D.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) July 21 1939

22. I HEREBY CERTIFY, That I attended deceased from July 12 1939 to July 21 1939

I last saw him alive on July 21 1939. Death is said to have occurred on the date stated above, at 1.55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	7-12-39
Decomposition	
Other contributory causes of importance: Bronchopneumonia	7-19-39

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Eugene Evans M. D

(Address) South Baltimore Island

VS 3

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 59883 / 131 Registered No. F 59883

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Maryland
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 922 N. Caroline St. (If rural give location)
(e) If foreign born, how long in U. S. A? ... years

3 (a) FULL NAME George Butler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) Aug. 6, 1890

8. AGE: Years 48 | Months 11 | Days 12 | If less than one day: hr. ... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Charles Butler
13. Birthplace Va.

MOTHER
14. Maiden Name Sarah Bush
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 23-1939 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem.
Location Brooklyn, Anne Arundel Co. Md

18 (a) Funeral director By Ernest Manuel K. Knight
(b) Address 1218 N. Eden & Elderry St

(a) Filed JUL 21 1939 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1939, at 12:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-7 1939, to 7-18 1939.
and that I last saw h[im] alive on 7-18 1939.

Immediate cause of death — Duration
Hypertensive Cardiovascular disease — 1 year
Arteriolar nephrosclerosis & uremia — 1 year
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Enlarged heart, scarred kidneys.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature G. M. Magaziner M. D.
Address Balt City Hosp's Date signed 7-19-39

VS 3

F 59884

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 59884

1. PLACE OF DEATH:
(a) Baltimore City, Maryland (948)
(b) Street address 948 W. Franklin
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Warner

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 63 | Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director
(b) Address

19 (a) JUL 21 1939 (Date rec'd by registrar)

UNIVERSITY MEDICAL SCHOOL JUL 21 1939

Commissioner of Health

Per H. A. Moore

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-16-39 19 , at 5:15 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (or Inquiry) thereon and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Syphilitic arthritis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Conrad Octon M.D.
Medical Examiner
Date signed 7-16-39

T. H. Williams, M.D.

VS 6

F 59885

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B 46457 SD

Registered No. F 59885

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Western Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 724 Washington Blvd. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

21-1

3 (a) FULL NAME Henry Snyder

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 8, 1879

8. AGE: Years 60 | Months 4 | Days 12 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Sells fresh vegetables

11. Industry or business

FATHER

12. Name Andrew Snyder

13. Birthplace Baltimore

MOTHER

14. Maiden Name Grace (Augusta) Snive

15. Birthplace Baltimore

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 7-22-39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Balto

Location Balto Md.

18 (a) Funeral director William Cook

(b) Address 1217 St. Paul St

19 (a) JUL 21 1939 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-20 1939, at 6 34 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-12 1939 to 7-20 1939 and that I last saw h[illegible] alive on 7-20 1939.

Immediate cause of death Coronary Occlusion — Duration: A few minutes

Due to

Due to

Other Conditions Hemorrhoids

(Include pregnancy within 3 months of death)

Major findings:

Of operations Hemorrhoids

Of autopsy Coronary Sclerosis marked

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature L. K. Woodward M. D.

Address Balto City Hosp. Date signed 7-20-39

F 59886

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B

Registered No. F 59886

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2501 Allendale Rd.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

Street No. 2501 Allendale Rd (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank O Compton

3 (b) If veteran, name war (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Lucy

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 17 1873

8. AGE: Years 65 | Months 7 | Days 3 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Supt. Engineering Dept

11. Industry or business Construction

FATHER 12. Name Wilson Compton

13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Lucy Stuart

15. Birthplace Baltimore Md

16 (a) Informant Mrs Lucy Compton

(b) Address 2523 Homeland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22 39 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore Md

18 (a) Funeral director Wilson Coy

(b) Address 1217 E Fayette

19 JUL 21 1939 (Date rec'd by registrar) Hunter-Williams Mt

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1939, at 5:24 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 1938 to July 20 1939 and that I last saw h live on 7/20 1939

Immediate cause of death Coronary Thrombosis

Due to Bronchial Asthma

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature C. Holmes M. D.

Address 4710 Liberty Hts Date signed 7/20/39

VS 3

59887

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

66-B

Registered No. F 59887

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Owings Mills (If outside city or town limits, write RURAL and give town)
Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME. Alice Edna Shipley
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	M.

6 (b) Name of husband or wife Edgar B. Shipley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 3, 1884

8. AGE: Years	Months	Days	If less than one day hr.	min.
54	8	14		

9. Birthplace New Market Frd. Co. Md. (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business Home

FATHER
12. Name E. Etchison
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah Bayard
15. Birthplace Frd. Co. Md.

16 (a) Informant Edgar Shipley
(b) Address Owings Mills
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24, 1939 (month) (day) (year)
(c) Cemetery or crematory Morgan Chapel Cemy
Location Day Md.
18 (a) Funeral director C. M. Waltz
(b) Address Winfield Md.
19 JUL 21 1939 (Registrar's signature) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1939, at 3 o'c P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 16 1939, to July 21 1939, and that I last saw her alive on July 21 1939.

Immediate cause of death	Duration
Circulatory Failure	2 days
Due to Cerebral Vascular accident (?) over	2 days
Due to Hypertension or Hemorrhage or Thrombosis	2 days (?)
Other Conditions Hypertension, Hypertensive C.V. disease (Include pregnancy within 3 months of death)	Years (?)

Major findings of operations: Adenomatous goiter
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ernest S. Dyer, M. D.
Address University Hosp. Date signed 7/21/39

V2 8

B 5282

B 59888

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 59888

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State D.C (b) County
(c) City or town Washington (If outside city or town limits, write RURAL and give town)
(d) Street No. 601 Columbia Rd. N.W. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Richard Hill

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: Hilda Hill

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/12/06

8. AGE: Years 32 | Months 33 | Days 1 | If less than one day: hr. 1 min.

9. Birthplace MARYLAND (Town, county, and state)

10. Usual Occupation Secretary

11. Industry or business

MOTHER / FATHER

12. Name Daniel Hill

13. Birthplace Maryland

14. Maiden Name Margaret Peck

15. Birthplace New York

16 (a) Informant Records JOHNS HOPKINS HOSPITAL

16 (b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 22 39 (month) (day) (year)

(c) Cemetery or crematory Union Bethel

Location Frederick Co. Md.

18 (a) Funeral director Wm. Geo. H. Holland

(b) Address 1631 Druid Hill Ave.

19 JUL 21 1939 (Date rec'd by registrar) Huntington Williams Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1939, at 9:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 26 1939. to July 19 1939. and that I last saw him alive on July 19 1939.

Immediate cause of death	Duration
PULMONARY EMBOLUS	5 min.
Due to THROMBOPHLEBITIS	3 wks.
Due to MYELOID LEUKEMIA	4½ yrs.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John C. Hammeier M.D.

Address Johns Hopkins Hosp Date signed 7/19/39

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59889

CERTIFICATE OF DEATH

95-B F 59889

Registered No.

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. ~~3027 W. Lanvale~~ Calvert St. 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George W. Crist

If U. S. Veteran specify WAR

(a) Residence: No. 3027 W. Lanvale St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Anna Crist

6. DATE OF BIRTH (month, day, year) Oct. 19, 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME George Crist

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Julia Davis

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Anna Crist

(Address) 3027 W. Lanvale St.

18. BURIAL, CREMATION, or REMOVAL Place Mt. Olive Rem. Date 7/24 1939

19. UNDERTAKER Mrs. Mary A. Faulkner

(Address) 2829 Kayton Ave

20. FILED JUL 21 1939 Clinton Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1939 to July 20, 1939

I last saw him alive on July 20, 1939 Death is said to have occurred on the date stated above, at 11:55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic C. V Disease	5 yrs
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S Edwin Weller M. D.

(Address) 1119 N Broadway

OCCUPATION is very important. See instructions on back of certificate.

V8 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59890

CERTIFICATE OF DEATH

46 F 59890

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1819 Westphal Place (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME August Metzler

If U.S Veteran specify WAR ...

(a) Residence: No. 1816 Byrd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 24, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Adam Metzler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Zang

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Henry Baer

(Address) 1836 Byrd St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date 7/24/39

19. UNDERTAKER D. J. McCauley

(Address) 130 S. East Ave

Huntington Indiana, M.D.

JUL 21 1939

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1939.

22. I HEREBY CERTIFY That I attended deceased from March 1, 1939 to July 20, 1939.

I last saw him alive on July 20, 1939. Death is said to have occurred on the date stated above, at 9.50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Esophagus.	Not Known

Other contributory causes of importance: Chronic Starvation

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Xray, Fluoroscopy, Bronchoscopy. Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) J. Edward Norris, M.D.

(Address) 107 East West, street

(OCCUPATION is very important. See instructions on back of certificate.)

TAYLOR

F 59891

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54 B

Registered No. F 59891

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1701 Lenden Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town 1701 Lenden Ave (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nellie Taylor

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Re	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 1879

8. AGE: Years 60 | Months — | Days 15 | If less than one day: hr. min.

9. Birthplace Ft. Crogan, Johnston Co. (Town, county and state)
10. Usual Occupation Laundress
11. Industry or business

MOTHER / FATHER

12. Name John Brooks
13. Birthplace Raleigh Co, NC
14. Maiden Name Dale
15. Birthplace Ft. Lincoln, Johnston Co

16 (a) Informant John Taylor
(b) Address 1019 Eutaw

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 22 39 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem
Location Baltimore Md.

18 (a) Funeral director Mrs Wm. A. Holland
(b) Address 1631 Druid Hill Ave.

19 Registered JUL 21 1939 Hunting for Williams MD

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/19/39 19 8:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/18/39 to 7/19/39 and that I last saw h[illegible] alive on 7/19/39

Immediate cause of death Cerebral Thrombosis

Due to Uremic Poisoning

Due to —

Other Conditions Cardiac Decompensation

(Include pregnancy within three months of death)

Major findings of operations

Of autopsy —

Duration: 3 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. Lee Ellis M. D.
Address 724 Park Ave. Date 7/19/39

VS 3

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59892

CERTIFICATE OF DEATH

F 59892

REGISTERED NO. 131

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1014 Bentalou ST. 16-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sarah E Wheeler

(a) RESIDENCE NO. 1014 N Bentalou ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W	Widow

3a If married, widowed, or divorced: HUSBAND of (or) WIFE of Cale S Wheeler

6 DATE OF BIRTH (month, day, and year) 2/26-1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	4	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Annapolis Md

PARENTS

10 NAME OF FATHER John Cavanaugh

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Hogerty

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Michael J Wheeler

(Address) 1014 N Bentalou

15 JUL 21 1939 Hunter for Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-19-39

17 I HEREBY CERTIFY, That I attended deceased from 1932 to 7-19 1939,

that I last saw h alive on 7-14 1939

and that death occurred, on the date stated above, at 7:15 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis Senility

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Clinical

(Signed) Ch Wedig, M. D.

19 (Address) 4000 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL 7/22/39

20 UNDERTAKER C H Wedig

ADDRESS 4000 Edmondson

Important. See instructions on back of certificate.

F 59893

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

23

Registered No. F 59893

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 161 da
(e) Length of stay in Baltimore (yrs., mos., or days) 53 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. Homeless (2028 Herbert st) (If rural give location)
(e) If foreign born, how long in U. S. A? years

(41825)

3 (a) FULL NAME Michael McCarty
3 (b) If veteran, name war
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 7, 1886

8. AGE: Years	Months	Days	If less than one day
53	3	13	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation None Street Paver
11. Industry or business Balto. Transit Co

FATHER
12. Name John McCarty
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Louise Duipiton (D'Briton)
15. Birthplace Ireland

16 (a) Informant Hospital Records and
(b) Address Katie Dolan 2028 Herbert st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/24/39 (month) (day) (year)
(c) Cemetery U. S. National
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 22 St Paul Street

19 (a) JUL 22 1939 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20, 1939, at 1:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 9, 1939, to July 20, 1939, and that I last saw him alive on July 20, 1939.

Immediate cause of death: Tuberculosis of lungs — Duration: Sept. 1925

Due to

Due to

Other Conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Galesi M. D.
Address Balto. City Hospital Date signed 7-20-39

VS 3

F 59894

BALTIMORE CITY HEALTH DEPARTMENT 46-B

CERTIFICATE OF DEATH

Registered No. F 59894

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1838 Dover st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 10

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
Street No. 1838 Dover st (If rural give location)
(e) If foreign born, how long in U. S. A.? 10 years

3 (a) FULL NAME John Mueller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) ~~Single~~, married, ~~widowed, or divorced~~ Married

6 (b) Name of ~~husband or~~ wife Eva Mueller

6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) Aug 14th 1861

8. AGE: Years 77 | Months 11 | Days 6 | If less than one day: hr. min.

9. Birthplace Hungary (Town, county, and state)

10. Usual Occupation Machinist

11. Industry or business Button Factory

FATHER 12. Name Christopher Mueller

13. Birthplace Hungary

MOTHER 14. Maiden Name Elizabeth Lofing

15. Birthplace Hungary

16 (a) Informant Jacob Mueller

(b) Address 192 Frederick Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 7/22/39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Meadow Ridge

Location Washington Blvd Md

18 (a) Funeral director William Cook

(b) Address 12 [illegible] Williams, Md

19 JUL 22 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20th 1939, at 6 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 17 1939 to July 20 1939.
and that I last saw him alive on July 19 1939

Immediate cause of death: Carcinoma of Stomach — Duration: about 1 year

Due to

Due to Chronic Phlebitis — Duration: 1 day

Other Conditions of aged veg

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. G. Mayr M. D.

Address 1416 Eutaw St Date signed 7-21-39

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

59895

CERTIFICATE OF DEATH

131 F 59895

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 14 Glendower Rd St. 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. 6 mos. 27 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Samuel Thomas Edel Jr.

If U. S. Veteran specify WAR NONE.

(a) Residence: No. 14 Glendower Rd. St., 15 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Sarah E. Edel

6. DATE OF BIRTH (month, day, year): Dec 23-1865

7. AGE: Years 73 | Months 6 | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired Odd

10. Date deceased last worked at this occupation (month and year): 1928

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Samuel T. Edel

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER

15. MAIDEN NAME: Eliza J. Kot

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Mr. Alfred T. Edel (Son)

(Address) 14 Glendower Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place: Druid Ridge Date: July 24-39

19. UNDERTAKER: STEWART & MOWEN COMPANY

(Address) (W. F. WOODEN SUC.) 109 W. NORTH AVENUE

20. JUL 22 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 14 1939 to July 20, 1939

I last saw h— alive on —, 19—. Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Arteriosclerosis	
Other contributory causes of importance, Nephritis	over

Was an operation performed? — Date of —

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ira E. Whitehill M. D.

(Address) 230 E. Lanvale St.

OCCUPATION is very important. See instructions on back of certificate.

F 59896

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-3 Registered No. F 59896

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Calvert & 33rd Sts.

(c) Hospital or institution: Union Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 wks

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 4805 Roland Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** William Whitfield Cator

3 (b) If veteran, name war: none

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mabel B. Cator

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) July-8-1864

8. AGE: Years 75 | Months 0 | Days 12 | If less than one day: hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

MOTHER / FATHER

12. Name Robinson Cator

13. Birthplace Dorchester Co. Md.

14. Maiden Name Caroline Patterson

15. Birthplace Dorchester Co. Md.

16 (a) Informant Horace T. Cator - (son)

(b) Address Pittsburgh Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-22-39 (month) (day) (year)

(c) Cemetery or crematory Greenmount

Location Balto Md.

18 (a) Funeral director STEWART & MOWEN COMPANY

(b) Address (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

19 (a) JUL 22 1939 (Date rec'd by Reg.) (b) Registered by Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1939, at 8.45P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 17 1939 to July 20 1939, and that I last saw him alive on July 20 1939.

Immediate cause of death: Coronary Occlusion — Duration: 10 yrs.

Due to: Arteriosclerotic Heart Disease

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy — none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide none

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Ferdinand E. Cluteau M. D.

Address Union Memorial Hosp Date signed July 20 '39

VS 3

F 59897

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 57-C F 59897

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Franklin Square Hosp.
(c) Hospital or institution: above
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 22 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1604 W. Pratt (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert H. Ferguson.
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced~~
Male	W.	S.

6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 26 1937

8. AGE: Years	Months	Days	If less than one day: hr.	min.
1	9	25		

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name William Ferguson
13. Birthplace Phila. Pa.

MOTHER
14. Maiden Name E. Stella Beatz
15. Birthplace Balto Md.

16 (a) Informant William Ferguson
(b) Address 1604 W. Pratt St

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 7/24/39 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Baltimore Md

18 (a) Funeral director Wilson Co
(b) Address 1365 Fond St

19 JUL 22 1939 (Date rec'd by registrar) Hunting for Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/21 1939, at 4:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/13 1939, to 7/21 1939, and that I last saw him alive on 7/21 1939.

Immediate cause of death Cardiac Decompensation.
Due to ~~Pneumonia~~ ~~Diphtheria~~
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nathan Weil M. D.
Address Franklin Sq Hosp Date signed 7/24/39

59898

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

F 59898

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene St.
(c) Hospital or institution: Univ. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 723 S. Milton Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Graff

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex: Male | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Estelle

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 5, 1890

8. AGE: Years 49 | Months 3 | Days 16 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Produce Business

11. Industry or business

MOTHER / FATHER

12. Name Jacob Graff

13. Birthplace Balto, Md

14. Maiden Name Ferguson

15. Birthplace Balto, Md.

16 (a) Informant Estelle Graff

(b) Address 723 S. Milton Ave.

17 (a) Oak Lawn (Burial, cremation, or removal) (b) Date thereof July 25/39 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn

Location Eastern Ave.

18 (a) Funeral director Charles E. Schimunek

(b) Address 2603 E. Madison St.

JUL 22 1939

(b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1939, at 12 45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 12 1939, to July 21 1939, and that I last saw him alive on July 12 1939.

Immediate cause of death Cerebral Edema
Uremia

Due to Malignant Hypertension — Duration: 2 yrs (?)

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature G. Henry Haase M. D.

Address Univ. Hosp. Date signed 7/21/39

59899

HEALTH DEPARTMENT—CITY OF BALTIMORE

59899

CERTIFICATE OF DEATH

24

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Mercy Hospital
CITY OF BALTIMORE: (No. ..... St. Ward)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Russell Carsley Jr. If U. S. Veteran specify WAR .....

(a) Residence: No. 218 N. Chapel St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed,~~ or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 3 1931

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	8	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~N~~
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

FATHER

13. NAME Russell Carsley
14. BIRTHPLACE (city or town) Texas
(State or country)

MOTHER

15. MAIDEN NAME Margaret Sullivan
16. BIRTHPLACE (city or town) Balto.
(State or country) Md.

17. INFORMANT Russell Carsley
(Address) Father

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date July 24 1939

19. UNDERTAKER Martin F. E. Dippold
(Address) 37 S. Carey

20. FILED JUL 22 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1939 to July 21, 1939
I last saw h~~im~~ alive on July 20, 1939 Death is said to have occurred on the date stated above, at 9:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Tuberculous meningitis	5 days
Respiratory failure	
Other contributory causes of importance	

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? Spinal fluid Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Howard A. Cooper M. D.
(Address) Mercy Hospital

OCCUPATION is very important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

V8 8

F-59900
F 59900

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131

Registered No. F-59900
F 59900

1. PLACE OF DEATH: Baltimore Md
(a) Baltimore City, Maryland
(b) Street address 516 Brune st
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 516 Brune st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Miriam Ringold

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F

5. Color or race Col

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Charles Ringold

6 (c) If alive, give age unknown years

7. Birth date of deceased (mo., day, yr.) 7-26-1888

8. AGE: Years 50 Months 11 Days 26 If less than one day hr min

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business —

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Diaretta Blue
(b) Address 1535 Division st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-24-39 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location A. A County Md

18 (a) Funeral director William A Jackson
(b) Address 916 Pennsylvania ave

JUL 22 1939
(Date rec'd by registrar)

(b) [illegible] Williams
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-21- 1939, at 3 a. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Myocardial Failure	
Due to Chronic bronchial nephritis	
Due to Edema, Congestion of all viscera	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Mueller M.D
Medical Examiner

Date signed 7-21-39

VS 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59901

CERTIFICATE OF DEATH

Social Sec. No. 212-05-0943

172-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hosp. (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry B. Harrison

If U. S. Veteran specify WAR .....

(a) Residence: No. 6 Ashbourne Rd St., Ward Halethorpe, Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie

6. DATE OF BIRTH (month, day, year) Aug 1, 1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cable splicer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C. & P. Telephone Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Harrison

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary Luckett

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs Minnie Harrison

(Address) 6 Ashbourne Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date July 24 1939

19. UNDERTAKER F. Vernon Kirkner

(Address) 2201 Edmondson Ave.

20. FILED Huntington Williams JUL 22 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1939 to July 21, 1939

I last saw him alive on July 21, 1939 Death is said to have occurred on the date stated above, at 6:52 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Duodenal Ulcer	1929
Intestinal Obstruction	7-18-39

Other contributory causes of importance:

Was an operation performed? Yes Date of June 30, 1939

For what disease or injury? Duodenal Ulcer

Name of operation Posterior Gastro-Enterostomy

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John W. Scott M. D.

(Address) Maryland General Hosp.

OCCUPATION is very important. See instructions on back of certificate.

59902

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 Registered No. F 59902

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1245 W. Cross St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1245 W. Cross St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) **FULL NAME** Charles T Stallings

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife. Florence

6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) July 24, 1872

8. AGE: Years 66 67 | Months 11 | Days 25 | If less than one day hr. ..... min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Retired Police Office

11. Industry or business

FATHER 12. Name Peter Stallings

13. Birthplace Balto.

MOTHER 14. Maiden Name Lillie M. Moore

15. Birthplace Balto.

16 (a) Informant Mrs Florence Stallings

(b) Address 1245 W. Cross St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22 1939 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Baltimore Md.

18 (a) Funeral director H. Hermon Kuhn

(b) Address 2301 Edmondson Ave.

(Signature of Funeral Director) per Williams Registrar

JUL 22 1939

(Date Received by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1939 at 6 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1936 to July 19 1939 and that I last saw h alive on July 17 1939.

Immediate cause of death
Endocarditis
Myocarditis

Duration 3 yr 10 yrs

Due to

Due to

Other Conditions Chronic Glomerulo nephritis 10 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. W. Bosselman M. D.

Address 4213 Frederick Ave Date signed 7/19/39

F 59903

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59

Registered No. F 59903

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Monument & Rutland ave.

(c) Hospital or institution: Sinai Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 days

(e) Length of stay in Baltimore (yrs., mos., or days) all of life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3301 Auchentoroly Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mrs. George Pohlman

3 (b) If veteran, name war	3 (c) Social Security Account No.
male	✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	married

6 (b) Name of husband or wife Ida V. Pohlman

6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) July 2 1871

8. AGE: Years	Months	Days	If less than one day
68	—	19	hr. ..... min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Engineer.

11. Industry or business Penna. R.R.

FATHER 12. Name John Pohlman

FATHER 13. Birthplace Germany.

MOTHER 14. Maiden Name Mary Bopp.

MOTHER 15. Birthplace Md.

16 (a) Informant Mr. Albert A. Getz.

(b) Address 123 W. Susquehanna Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24 1939 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge.

Location Pikesville, Md.

18 (a) Funeral director Rhenovitch Son.

(b) Address 1515-17 Chestnut Ave

(c) Filed JUL 22 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1939, at 3 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 25 1939, to July 21 1939. and that I last saw him alive on July 21, 1939.

Immediate cause of death	Duration
respiratory & circulatory failure	
Due to toxemia	
Due to Septicemia and acute purulent meningitis (staph.)	5 days 1 day 2 mos.
Other Conditions arterio-sclerosis C-V disease; osteomyelitis diabetes	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy acute purulent meningitis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....

(e) Means of injury .....

23. Signature J. Elliott Reid M. D.

Address Sinai Hospital Date signed 7/21/39

VS 3

F 59904

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 59904 Registered No. 92

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1705 N. Carolina St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 80

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1705 N Carolina St (If rural give location)
(e) If foreign born, how long in U. S. A.? 89 years

3 (a) FULL NAME George Eugene Lang

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Theresa Lang
6 (c) If alive, give age 79 years

7. Birth date of deceased (mo., day, yr.) July 10 1860

8. AGE: Years	Months	Days	If less than one day: hr.	min.
84	0	0		

9. Birthplace Philadelphia Pa (town, county, and state)
10. Usual Occupation Clerical Work
11. Industry or business

MOTHER | FATHER
12. Name George A Lang
13. Birthplace Germany
14. Maiden Name Margaret Wachter
15. Birthplace Germany

16 (a) Informant Mrs Theresa Lang
(b) Address 1705 N Carolina St

17 (a) (Burial, cremation, or removal) (b) Date thereof July 24 39 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director Wilmot
(b) Address 2008 Eutaw

19 (a) JUL 22 1939 (b) Huntington Williams MD

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1939, at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 16 1939, to July 20 1939, and that I last saw h[illegible] alive on July 20 1939.

Immediate cause of death Dilatation of heart — Duration: 1 day

Due to Chronic valvular disease of heart — Duration: 17 yrs

Due to —

Other Conditions Stone in ureter, bladder

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John M Sunderson M. D.
Address 1714 N Caroline St Date signed July 22

F 59905

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 59905

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wilkens & Caton Aves.

(c) Hospital or institution: St. Agnes' Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 31 da.

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3705 Liberty Hgts Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Archibald M. Sorell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 18, 1879

8. AGE: Years	Months	Days	If less than one day: hr.	min.
60	—	3		

9. Birthplace Boston, Mass. (Town, county, and state)

10. Usual Occupation Doctor M.D.

11. Industry or business

FATHER

12. Name Unknown

13. Birthplace "

MOTHER

14. Maiden Name Unknown

15. Birthplace "

16 (a) Informant St. Agnes Hospital Records

(b) Address Caton & Wilkens Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24, 1939 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Baltimore Md.

18 (a) Funeral director Martin Fahey & Sons

(b) Address 1827 W. North Ave.

(Date received by Registrar) JUL 22 1939 (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21. 1939. at 6:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 20. 1939. to July 21. 1939. and that I last saw him alive on July 21. 1939.

Immediate cause of death

Acute bacterial endocarditis

Due to - Pyelo-nephritis

Due to - Calculus in left ureter and in right kidney

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Stone in L. Ureter, & in Rt. Kidney. Vegetations on Mitral & Aortic

Duration 30 days (approximate)

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Charles J. Lewis M. D.

Address St Agnes' Hosp Date signed 7-24-39

F 59906

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

95-B

F 59906 Registered No.

1. PLACE OF DEATH: 2518 Edmondson Ave.
(a) Baltimore City, Maryland
(b) Street address 2518 Edmondson Ave.
(c) Hospital or institution: No.
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County .....
(c) City or town BALTIMORE CITY (If outside city or town limits, write RURAL and give town)
(d) Street No. 2518 EDMONDSON AVE. (If rural give location)
(e) If foreign born, how long in U. S. A.? ****** years

3 (a) FULL NAME ....J. CALVIN MORGAN ....

3 (b) If veteran, name war NO.

3 (c) Social Security Account No. NO.

4. Sex MALE

5. Color or race WHITE

6 (a) Single, married, widowed, or divorced. MARRIED

6 (b) Name of husband or wife MARIE A. MORGAN

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAY..5..1885

8. AGE: Years .. 54 .. Months 2 Days 14 If less than one day --- hr. ---- min.

9. Birthplace BALTIMORE..MARYLAND.. (Town, county, and state)

10. Usual Occupation ATTORNEY AT LAW..

11. Industry or business LAW FIRM.

FATHER
12. Name JAMES MORGAN...
13. Birthplace MARYLAND

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace MARYLAND

16 (a) Informant MRS. MARIE A. MORGAN (WIFE)
(b) Address 2518 EDMONDSON AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7/21/39.. (month) (day) (year)
(c) Cemetery or crematory LOUDON PARK
Location 3801 FREDERICK AVE.

18 (a) Funeral director Huntington Williams, Inc.
(b) Address 1300 EUTAW PLACE.. C

19 (a) Filed (Date) JUL 22 1939 (b) [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH .. JULY 19..1939 . at 3:20 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/15 1939 to 7/19 1939 and that I last saw him alive on 7/18 1939.

Immediate cause of death Cerebral hemorrhage — Duration 10 days

Due to Arteriosclerotic cardiovascular disease.

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Theodore E Stacy M. D.
Address 3804 EDMONDSON AVE. Date signed 7/ /39
DR. STACY..

OGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 59907 — 349-95B — Registered No. F 59907

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Maryland
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-2
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1421 Bruce St. (If rural give location)
(e) If foreign born, how long in U. S. A.? , years

3 (a) FULL NAME Charles Diggs

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife unknown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15, 1864

8. AGE: Years	Months	Days	If less than one day
75	4	4	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation unknown
11. Industry or business

FATHER
12. Name Harry Diggs
13. Birthplace Md.

MOTHER
14. Maiden Name Martha Coates
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Int Auburn (Burial, cremation, or removal) (b) Date thereof 7/24/39 (month) (day) (year)
(c) Cemetery or crematory Int. Auburn
Location

18 (a) Funeral director Thos. E. Kelson
(b) Address 1303 Presstman St.

19 JUL 22 1939 (Date rec'd by registrar) Hunter Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-19- 1939, at 8:38 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-11- 1938, to 7-19- 1939, and that I last saw h[illegible] alive on 7-19- 1939.

Immediate cause of death: Congestive failure — Duration ? —

Due to: Arteriosclerotic H. Dis. — Duration ? —

Due to: — Duration [illegible]

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. K. Edwards Jr. M. D.
Address Bal to. City Hosp Date signed 7-22-39

VS 3

Sauer

HEALTH DEPARTMENT—CITY OF BALTIMORE

59908 59908

CERTIFICATE OF DEATH

√23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 731 Mt. Lowell St., 21-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. 4 mos. 25 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME William F. Sauer

If U. S. Veteran specify WAR .....

(a) Residence: No. 731 Mt. Lowell St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feby 26th 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Frederick W Sauer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sophia Wagner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Cline E Sauer
(Address) 731 Mt Lowell St

18. BURIAL, CREMATION, OR REMOVAL
Place Union-Protestant Date 7/24/ 1939

19. UNDERTAKER John J Convention
(Address) 901 Baltimore St

20. FILED ..... 19... Registrar.

JUL 23 1939 Thurston Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/21/ 1939

22. I HEREBY CERTIFY, That I attended deceased from 7-22-39, 19... to 7-22-39, 19...

I last saw h— alive on 7-22, 1939. Death is said to have occurred on the date stated above, at 5 1 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis	
Other contributory causes of importance: Tuberculosis of larynx	
Pulmonary	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John J Kane, M. D.

(Address) 710 Wolfe St

OCCUPATION is very important. See instructions on back of certificate.

F 59909

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59909

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1160 Ward St. 21-2 Ward)

Length of residence in city or town where death occurred 46 yrs. 6 mos. 10 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Agnes Gentile

(a) Residence: No. 1160 Ward St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Richard P. Gentile

6. DATE OF BIRTH (month, day, year) Jan 12 1893

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
46	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 23

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME John T. Lyons

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Mary A. Hutman

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mr Richard T. Gentile

(Address) 1160 Ward St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem. Date 7/24, 1939

19. UNDERTAKER John Lowney & Son

(Address) 901 Fulton St.

FILED JUL 23 1939, 19... Registrar.

Hunter's Point, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/21, 1939

22. I HEREBY CERTIFY, That I attended deceased from 6/22, 1939 to 7/21, 1939

I last saw her alive on 7/21, 1939. Death is said to have occurred on the date stated above, at 4:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other contributory causes of importance	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Albert J. Glass M. D.

(Address) 826 Walk. Blvd.

OCCUPATION is very important. See instructions on back of certificate.

V.S.

59910

HEALTH DEPARTMENT—CITY OF BALTIMORE

59910

CERTIFICATE OF DEATH ✓ x 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St. 28-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 3 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James F. Connor

If U. S. Veteran specify WAR .....

(a) Residence: No. 3640 N. 18th St. St., Phila. Penna. Ward. Phila. Pa.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Tyrrell Connor 1870

6. DATE OF BIRTH (month, day, year) Oct. 3- ~~1869~~

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68 ~~69~~	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Textile Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila. Pa.

FATHER

13. NAME John Connor

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Elizabeth Cavanaugh

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Philadelphia, Pa. Date July 22dn 19 39

19. UNDERTAKER Wm. J. Tickner & Sons

(Address) North & Penna Aves.

20. FILED ..... 19 .....

Registrar

JUL 23 1939 ~~H. Tuttle~~ S. K. Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1937 to July 22, 1939

I last saw him alive on July 22, 1939. Death is said to have occurred on the date stated above, at 6.45a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis with psychosis	2 yrs.
Right hemiplegia	
Cerebral hemorrhage	1 da.

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify.

(Signed) Edward P. Connor

(Address) 3326 Fredonia Ave

OCCUPATION is very important. See instructions on back of certificate.

F 59911

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

492-aF 59911 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Gailford
(c) Hospital or institution: Union Memorial
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 ds
(e) Length of stay in Baltimore (yrs., mos., or days) 15 ds.

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County
(c) City or town Philadelphia, (If outside city or town limits, write RURAL and give town)
Street No. 4800 Wolcott St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Shaffner Lukens

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Edith Ball Lukens

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 12, 1897

8. AGE: Years 42 | Months 1 | Days 9 | If less than one day hr. min.

9. Birthplace Coatesville, Pa. (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business

MOTHER / FATHER

12. Name Nathan Lukens

13. Birthplace Pa.

14. Maiden Name Grace Vondeuer

15. Birthplace Pa.

16 (a) Informant Hosp-Records

(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-22-39 (month) (day) (year)

(c) Cemetery or crematory Location Philadelphia Pa

18 (a) Funeral director Wm. Pickard & Sons

(b) Address North & Pa Aves.

19 (a) Registrar

(Date filed by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1939. at 10 P. M

21. I certify that death occurred on the date above stated, that I attended deceased from 7/15 1939. to 7/21 1939. and that I last saw him alive on 7/21 1939.

Immediate cause of death Cardiac failure — Duration 2 years

Due to Mitral stenosis

Due to

Other Conditions Pulmonary Congestion Asthma (Include pregnancy within 3 months of death)

Major findings: Of operations Congestive failure, Pulmonary congestion

Of autopsy Mitral Stenosis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury S D Survey

23. Signature Jno. Frederick Hospital M. D.

Address 7/22/39 Date signed

Gelwick

59912 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 59912

CERTIFICATE OF DEATH

√159

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Mercy Hospital St. 23-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Joseph Gelwick

(a) Residence: No. 19 E. Barney St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) July 15, 1939

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Gelwick

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Margaret Smith

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs. John Gelwick

(Address) 19 E. Barney St.

18. BURIAL, CREMATION, OR REMOVAL

Place Forrest Lawn Date 7/24/39 19

19. UNDERTAKER J. J. McCully

(Address) 130 E. Fort Ave.

20. FILED ..... 19.. ..... (Registrar.)

JUL 23 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-22, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 21 (1939), 19.39. to July 22 (1939) 19.39.

I last saw h... alive on July 22, 1939. Death is said to have occurred on the date stated above, at 5 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Convulsions.	July 15
Other contributory causes of importance	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. A. Doub, M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 59913

F 59913

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 129

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd + Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Harford
(c) City or town Jarrettsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles H. Amrein

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 11, 1863

8. AGE: Years 75 | Months 10 | Days 12 | If less than one day hr. min.

9. Birthplace Maryland. (Town, county, and state)

10. Usual Occupation retired -

11. Industry or business

MOTHER | FATHER

12. Name Mr Henry Amrein

13. Birthplace Germany

14. Maiden Name Margaret Knipp

15. Birthplace Maryland.

16 (a) Informant Mrs Chas. Grund

(b) Address Jarrettsville md.

17 (a) [illegible] (Burial, cremation, or removal) (b) Date thereof July 26-39 (month) (day) (year)

(c) Cemetery or [illegible] Location Jarrettsville Md

18 (a) Funeral director [illegible] & Son

(b) Address Jarrettsville md

(a) Local Registrar [illegible]

JUL 23 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1939, at 3.20 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from July 21 1939 to July 23 1939, and that I last saw him alive on July 23 1939.

Immediate cause of death Peritonitis — Duration 10 days.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations abdominal Abscess

Of autopsy [illegible]

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. Leduard E. Chatard

Address Union Memorial Hosp. Date signed 7-23-39

VS 3

59914

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 59914 Registered No. 209-A

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Sparrows Point (If outside city or town limits, write RURAL and give town)
(d) Street No. 1011 J St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George W Miles
3 (b) If veteran, name war
3 (c) Social Security Account No. 218-05-9717

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept 14 1915

8. AGE: Years	Months	Days	If less than one day: hr.	min.
23	10	8		

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Bethlehem Steel

FATHER
12. Name Isaiah Miles
13. Birthplace Va

MOTHER
14. Maiden Name Queenie Jones
15. Birthplace Va

16 (a) Informant Harvey Jones
(b) Address 103 S. Walnut Ave Turners St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 26 39 (month) (day) (year)
(c) Cemetery or crematory Chief Corner Stone
Location Goochland Co Va

18 (a) Funeral director Samuel W Chase Son
(b) Address 63[illegible] N Gilmor St

JUL 23 1939 (Date received by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-22-39 19 , at 5:30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Hemorrhage accidental
Due to: Compound fracture L. femur
Due to: R. tibia and fibula

Duration: 2 hours -

Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 7-22-39
(c) Where did injury occur? Turner station (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Street car tracks While at work? no (Specify type of place)
(e) Means of injury Street car

23. Signature Conrad Acton M.D. Medical Examiner
Date signed 7-22-39

F 59915

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59915

CERTIFICATE OF DEATH

✓ 95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hosp. St. 2-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4/4 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Rosenlund

If U. S. Veteran specify WAR .....

(a) Residence: No. 2033 Flint St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cath. F.

6. DATE OF BIRTH (month, day, year) Aug 13-1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Fred. W.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dont. Know

16. BIRTHPLACE (city or town) (State or country) " — "

17. INFORMANT Mrs Alberta Hafka

(Address) 2033 Flint St.

18. BURIAL, CREMATION OR REMOVAL

Place Oak Lawn Date July 24 1939

19. UNDERTAKER John A. Jordan

(Address) 3000 E. Baltimore St.

20. FILED ..... 19 .....

JUL 23 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1939 to July 21, 1939

I last saw him alive on July 21, 1939. Death is said to have occurred on the date stated above, at 6:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerotic Cardio-Vascular disease	?
Gangrene left foot	7/11/39

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. R. Turnpst, M. D.

(Address) St. Josephs Hosp.

OCCUPATION is very important. See instructions on back of certificate.

59916

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59916

CERTIFICATE OF DEATH

124-a

1. PLACE OF DEATH St. Joseph's Hospital

CITY OF BALTIMORE: (No. Caroline & Oliver St St. 6-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael I. Woods

If U. S. Veteran specify WAR

(a) Residence: No. 2730 E. Baltimore St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	~~Married~~ Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah C.

6. DATE OF BIRTH (month, day, year) Dec. 4-1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stencil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. G. F. W. Doorman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Michael H. Woods

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Rose A. Cassilly

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT James L. Woods
(Address) 1908 E. Fairmount Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mem. Balto. Date July 26- 1939

19. UNDERTAKER John M. A. Moran
(Address) 3000 E. Balto. St.

20. FILED 19 Witness

JUL 23 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-22 1939

22. I HEREBY CERTIFY, That I attended deceased from July 18th 1939 to July 22nd 1939

I last saw him alive on July 22 1939 Death is said to have occurred on the date stated above, at 11:35 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of the liver	July 4 '39
	CCW
Other contributory causes of importance:	
Severe Jaundice & Ascitis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. P. Cannon M. D.

(Address) St. Joseph's Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 59917

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Dr Zinberg

46-a

F 59917 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4100 Eastham Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4100 Eastham Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME Louis (Lazar) Baklor
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced Widower
6 (b) Name of husband or wife Fannie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 70 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

MOTHER / FATHER
12. Name Joseph Baklor
13. Birthplace Russia
14. Maiden Name Unkown
15. Birthplace Russia

16 (a) Informant Dr Max K. Baklor
(b) Address 2203 Eutaw Pl.

17 (a) Burial. (Burial, cremation or removal) (b) Date thereof 7-23-39 (month) (day) (year)
(c) Cemetery or crematory Sterling Run
Location
18 (a) Funeral director Jack Lewis
(b) Address 2100 Eutaw Pl.
19 (a) [illegible] (Registrar) Martin J. Williams M.D. (Coroner)

JUL 23 1939
VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-22-39 1939 at P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/2 1939, to 7/22 1939.
and that I last saw him alive on 7/22 1939.

Immediate cause of death: Carcinoma Esophagus — Duration 51-139?
Due to
Due to
Other Conditions Hypertension — 1938
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. Zinberg M. D.
Address 2324 Eutaw Date signed 7/23/39

59918

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48

F 59918

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1341 S. Clinton St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County -

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1341 S. Clinton St. (If rural give location)

(e) If foreign born, how long in U. S. A.? - years

3 (a) FULL NAME Margaret Lewis

3 (b) If veteran, name war -

3 (c) Social Security Account No. -

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband ~~or wife~~ Leo H. Lewis

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Feb 5 - 1882

8. AGE: Years	Months	Days	If less than one day
57	5	16	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

MOTHER / FATHER

12. Name Peter O'Brien

13. Birthplace Baltimore, Md.

14. Maiden Name Elizabeth Browning

15. Birthplace Baltimore, Md.

16 (a) Informant Joseph E. Lewis

(b) Address 1341 S. Clinton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24, 1939 (month) (day) (year)

(c) Cemetery or crematory Cathedral Cemt.

Location Edmondson Ave.

18 (a) Funeral director Geo. W. Zirkler

(b) Address 1737 E. Eager St.

19 (a) [illegible] (b) [illegible] Registrar

JUL 24 1939

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1939 at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1938 to July 21 1939. and that I last saw h[illegible] alive on July 20 1939.

Immediate cause of death

Carcinoma of Uterus

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations None.

Of autopsy None.

Duration

7-15-38

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide None.

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible] M. D.

Address 842 S. Eastern Ave. Date signed 7-22-39.

F 59919

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C

F 59919 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1017 S. Paca St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 1017 S. Paca St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Heine Kamp

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed

6 (b) Name of husband ~~or wife~~ Anthony H. Heine Kamp

6 (c) If ~~wife~~, give age years

7. Birth date of deceased (mo., day, yr.) Mar 5th 1867

8. AGE: Years 72 | Months 4 | Days 16 | If less than one day: hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business Self

FATHER 12. Name Frederick Cramer

13. Birthplace Germany

MOTHER 14. Maiden Name Katherine Burkard

15. Birthplace Balto Md

16 (a) Informant David Cramer

(b) Address 1102 Beaumont Ave

17 (a) Burial (Burial, ~~cremation~~, or removal) (b) Date thereof 7/25/39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Loudon Park

Location Balto Md

18 (a) Funeral director William Cook

(b) Address 1217 St. Paul St

19 (a) (b) Registrar

(Date received by registrar) JUL 25 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21st 1939, at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 9 1939 to July 21 1939. and that I last saw h er alive on July 21 1939.

Immediate cause of death Bronchopneumonia — Duration: 12 days.

Due to Respiratory infection.

Due to

Other Conditions Chronic Myocarditis Chronic Cardiac Valvular disease.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Solomon Sherman M. D.

Address 1814 Eutaw Place Date signed 7-22-39

59920

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-aF 59920 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore Stemmers Run
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4 East Lovanna Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Funke

3 (b) If veteran, name war NO

3 (c) Social Security Account No. 215-05-9084

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Conta Funke
6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Oct 13, 1872

8. AGE: Years	Months	Days	If less than one day
66	9	8	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

BROTHER | FATHER
12. Name Henry Funke
13. Birthplace Germany
14. Maiden Name Elizabeth Unknown
15. Birthplace Germany

16 (a) Informant Conta Funke
(b) Address Stemmers Run Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/24/39 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 127 St. Paul St

(a) Registered by (Registrar) (b) Registrar

JUL 23 1939

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1939, at 6 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 20 1939, to July 21 1939, and that I last saw him alive on July 21 1939

Immediate cause of death	Duration
Paralytic ileus	2 days
Due to Strangulated femoral hernia Gangrene, portion of ileum	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings: Of operations Strangulated femoral hernia c gangrene of ileum
Of autopsy Fecal + paralytic ileus

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Stephen Lee Haynes M. D.
Address University Hosp Date signed 7-22-39

F 59921

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 59921 Registered No. 95-3

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 7- Homewood apts (If rural give location) Charles St.
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Margaret B. Smith

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widow

6 (b) Name of husband or wife Dr. Geo. C. Milton Smith
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug. 11, 1878

8. AGE: Years	Months	Days	If less than one day: hr.	min.
60	11	11		

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Manager Dining Room
11. Industry or business

MOTHER / FATHER
12. Name —
13. Birthplace —
14. Maiden Name —
15. Birthplace —

16 (a) Informant Mrs. F. A. Canty
(b) Address 4209 Blackburn Lane
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24/1939 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location End. Ave. Balto. Md.
18 (a) Funeral director John O. Mitchell & Sons Inc.
(b) Address 1900 Eutaw Place.
19 (a) Date received by registrar JUL 23 1939 (b) [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1939, at 6.06 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1939, to July 22 1939, and that I last saw her alive on July 21 1939.

Immediate cause of death	Duration
Cardiac Failure	2 mo.
Due to Hypertensive Cardiovascular Disease	3 yrs.
Due to Arteriosclerosis	10 yrs.
Other Conditions —	

(Include pregnancy within 3 months of death.)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature Stuart D. Sunday M.D.
Address Union Memorial Hosp. Date signed 7/22/39

F 59922

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131 ✓ F 59922 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 711 W 39th St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME GEORGE OLIVER REESE

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-07-6779

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	married

6 (b) Name of husband or wife Eliza E. Reese
6 (c) If alive, give age 79 years

7. Birth date of deceased (mo., day, yr.) June 6, 1890

8. AGE: Years	Months	Days	If less than one day: hr.	min.
48	11	16		

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Card Grinder
11. Industry or business Mt Vernon Mills

MOTHER / FATHER
12. Name Wm A. Reese
13. Birthplace Md.
14. Maiden Name Jane Butler
15. Birthplace Md.

16 (a) Informant Eliza E. Reese
(b) Address 711 W 39th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 25, 1939 (month) (day) (year)
(c) Cemetery or crematory St. Mary's Hampden
Location Roland Ave.

18 (a) Funeral director Edmondson
(b) Address 3615-17 Eastern Ave.

(c) Registrar (b) Date received JUL 23 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1939, at 6:50 PM

21. I certify that death occurred on the date above stated, that I attended deceased from July 16 1939, to July 22 1939, and that I last saw h im alive on July 22 1939.

Immediate cause of death UREMIA — Duration 2 weeks

Due to HYPERTENSIVE VASCULAR DISEASE

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ferdinand E. Chatard M. D.
Address Union Memorial Hosp. Date signed 7-27-39

59923 | HEALTH DEPARTMENT—CITY OF BALTIMORE | F 59923

CERTIFICATE OF DEATH

✓ 158

1. PLACE OF DEATH Hospital for Women of Maryland — Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ____ St. ____ Ward) 12-1

Length of residence in city or town where death occurred ____ yrs. ____ mos. 12 ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Baby Girl Bradley — If U. S. Veteran specify WAR ____

(a) Residence: No. Hospital for Women of Md. Ward ____ 204 Ridgemede Rd
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Infant

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ____

6. DATE OF BIRTH (month, day, year) July 11-1939

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
		12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Hosp. Women Md.

FATHER

13. NAME Mr. Robt E. Bradley

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Adelaide Feggmeier

16. BIRTHPLACE (city or town) (State or country) Cumberland, Md

17. INFORMANT mother Mrs. Robert Bradley
(Address) 204 Ridgemede Road

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date July 24 1939

19. UNDERTAKER Henry W. Meagerlon
(Address) 605 N. Calvert St.

20. FILED JUL 24 1939 19__ [illegible] Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23 1939

22. I HEREBY CERTIFY, That I attended deceased from July 11 1939 to July 23 1939
I last saw her alive on July 23 1939. Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Sudden death~~, ~~undetermined~~	
Asphyxia ? Prematurity ? Pulmonary atelectasis.	
Other contributory causes of importance:	

Was an operation performed? No Date of ____

For what disease or injury? ____

Name of operation ____

What test confirmed diagnosis? ____ Was there an autopsy? ordered

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of Injury ____

Nature of Injury ____

24. Was disease or injury in any way related to occupation of deceased? ____
If so, specify ____

(Signed) Richard W. Wortzmeyer, M. D.

(Address) Womans Hospital

F 59924

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 59924 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1723 W. Lexington
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1723 W Lexington (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ransom Sutton

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	B	Married

6 (b) Name of husband or wife Ella Sutton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 5 87

8. AGE: Years	Months	Days	If less than one day
52	-	15	hr. min.

9. Birthplace Harford Co. Md (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name Ransom Sutton
13. Birthplace Harford Co. Md

MOTHER
14. Maiden Name Laura
15. Birthplace Harford Co Md

16 (a) Informant Ella Sutton
(b) Address 1723 N Lexington St

17 (a) (Burial, cremation, or removal) (b) Date thereof July 24, 1939 (month) (day) (year)
(c) Cemetery or crematory Western Star
Location Catonsville, Md

18 (a) Funeral director Mr Katie R. Williams
(b) Address 3221 N. Schroeder St.

19 (a) (Filed) (b) Registered by registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-29 1939, to 5-14 1939, and that I last saw him alive on 6-14 1939.

Immediate cause of death Chronic Pancreatitis - cholangeitis - enterocolitis

Duration 2

Due to

Due to

Other Conditions Severe Jaundice

(Include pregnancy within 3 months of death)

Major findings:
Of operations Cholecystgastrostomy
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward F. Cotton M. D.
Address Univ. Hosp. Date signed

Conrad Cotton, Med-Asst Med. Examiner
J. Lossman - Secretary

24 1939

VS 3

M. D. B. 1268-9

F 59925

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59925

CERTIFICATE OF DEATH

√131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1322 Stockton St. 15-1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Thomas

(a) Residence: No. 1322 Stockton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm. H. Thomas

6. DATE OF BIRTH (month, day, year) — 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md.

FATHER

13. NAME Joseph Carter

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Wm H. Thomas
(Address) 1322 Stockton St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date July 25 39

19. UNDERTAKER T. E. Kelton
(Address) 1303 Presstman st.

JUL 21 1939

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22 1939

22. I HEREBY CERTIFY, That I attended deceased from July 16 1939 to July 21 1939

I last saw her alive on July 21 1939. Death is said to have occurred on the date stated above, at 7.45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I. Myocarditis	?
	1
	Four

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ? 19..

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ?

Manner of injury ?

Nature of injury ?

24. Was disease or injury in any way related to occupation of deceased? No If so, specify) No

(Signed) John Eckenrode M. D.

(Address) 318 Dennis Ave

59926

HEALTH DEPARTMENT—CITY OF BALTIMORE E59926

CERTIFICATE OF DEATH

92-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1618 N. Washington St., 8-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Emma Virginia Schuchardt

(a) Residence: No. 1618 N. Washington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced (or) WIFE of Charles Julius Schuchardt

6. DATE OF BIRTH (month, day, year) Feb 17 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William Kaser

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mr Brown

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT (Address) Charles J. Schuchardt 1618 N. Washington St

18. BURIAL, CREMATION, OR REMOVAL Place London Pk Date July 24 1939

19. UNDERTAKER (Address) Philip J. Stelwagon Sons 2016 Eutaw St

20. FILED ... Registrar.

JUL 24 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21 1939

22. I HEREBY CERTIFY, That I attended deceased from July 14 1939 to July 21 1939. I last saw her alive on July 21 1939. Death is said to have occurred on the date stated above, at 10:28 A.M.

The principal cause of death and related causes of importance were as follows:

Rheumatic Cardiovascular Disease, Mitral Stenosis Decompensation; Amsterdam Fibrolation

Date of onset 1926 April 1939

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Helen F. Maginnis, M. D.

(Address) 1445 N. Gay St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 59927

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a

F 59927 Registered No.

1. PLACE OF DEATH
(a) Baltimore City, Maryland
(b) Street address 1801 N. Bentalou st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1801 N Bentalou st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie R. Puretz
3 (b) If veteran, name war —
3 (c) Social Security Account No. —
4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Herman
6 (c) If alive, give age 68 years
7. Birth date of deceased (mo., day, yr.)
8. AGE: Years 60 Months Days If less than one day hr. min.
9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Home stife
11. Industry or business

FATHER 12. Name Jacob Kress
13. Birthplace Russia

MOTHER 14. Maiden Name Dena
15. Birthplace Russia

16 (a) Informant Husband
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-24-39 (month) (day) (year)
(c) Cemetery or Location Hebrew Friendship Balto Md

18 (a) Funeral director Louis Levin Jos
(b) Address 1439 E. Balto st

(a) Filed JUL 24 1939 (Registrar) Baltimore Md. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1939. at 3:30 P M

21. I certify that death occurred on the date above stated, that I attended deceased from Sept. 1937 to July 21 1939, and that I last saw her alive on July 21 1939.

Immediate cause of death: Cerebral hemorrhage. — Duration 10 days.
Due to Hypertension
Due to
Other Conditions Generalized arteriosclerosis (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. A. Silver M. D.
Address 3703 Gwynn Oak Ave Date signed July 21, 1939 M. D.

Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

59928 HEALTH DEPARTMENT—CITY OF BALTIMORE 59928

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Levindale

CITY OF BALTIMORE: (No. Belvedere & Greenspring St., 27 Ward)

Length of residence in city or town where death occurred 38 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Jack Lipman

(a) Residence: No. Belvedere & Greenspring St., 27 Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ...

6. DATE OF BIRTH (month, day, year) ...

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Moses Lipman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Getta

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sigmund Feinblatt

(Address) Belvedere & Greenspring

18. BURIAL, CREMATION, OR REMOVAL Date 7-24-39

Acha Sorial

19. UNDERTAKER Jos. Levy Inc

(Address) 1376 Baltimore St

20. FILED ... Registrar.

JUL 24 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from March, 1930 to July 23, 1939.

I last saw him alive on July 23, 1939. Death is said to have occurred on the date stated above, at 10:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	7-18-39
Paralysis agitans-Parkinsonian type	
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H Edmund Levin M. D.

(Address) Levindale

State CAUSE OF DEATH in plain terms, so that it may be properly coded. OCCUPATION is very important. See instructions on back of certificate.

59929 HEALTH DEPARTMENT—CITY OF BALTIMORE 59929

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Balt General Hosp (St.) (Ward) 27

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Lillie Hinton

If U. S. Veteran specify WAR

(a) Residence: No. 9 W. York (Usual place of abode) St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Bl.	M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Hinton

6. DATE OF BIRTH (month, day, year) 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Danville Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Sue Johnson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Charles Hinton (Address) 9 W. York St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date July 26/39

19. UNDERTAKER James Costopes (Address) 142 upshur

FILED JUL 24 1939 Hunting for Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23 1939

22. I HEREBY CERTIFY, That I attended deceased from July 11 1939 to July 23 1939

I last saw her alive on July 23 1939 Death is said to have occurred on the date stated above, at 1.00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Unknown	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R E Williams M. D.

(Address) South Balt Gen. Hosp.

State CAUSE OF DEATH in plain terms so that it may be properly OCCUPATION is very important. See instructions on back of certificate.

V0 B

F 59930

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-B

Registered No. F 59930

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 829 Leadenhall St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 15 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 829 Leadenhall St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Arizona Mack

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Fe	Col	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 30, 1904

8. AGE: Years	Months	Days	If less than one day
35	—	22	hr. — min.

9. Birthplace Charleston S.C. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business —

FATHER
12. Name Henry Mack
13. Birthplace S.C.

MOTHER
14. Maiden Name Ruth Shivers
15. Birthplace S.C.

16 (a) Informant Sister (Mrs. Turner)
(b) Address 112 W. Hamburg St

17 (a) Shipped (Burial, cremation, or removal) (b) Date thereof 7/24/39 (month) (day) (year)
(c) Cemetery or crematory Charleston S.C.
Location —

18 (a) Funeral director Isaiah L. Bowers Son
(b) Address 1617 Montgomery St

19 (a) JUL 24 1939 (date registered) (b) — (Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1939, at 6:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 20 1939, to July 22 1939, and that I last saw her alive on July 22 1939.

Immediate cause of death	Duration
Acute Intestinal Obstruction	2 days
Due to Not determined	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) — (County) — (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury —

23. Signature D J Carroll M. D.
Address 911 Warner St Date signed 7/24/39

Print age is especially important. Physicians: please write the causes of death clearly and legibly.

F 59931 HEALTH DEPARTMENT—CITY OF BALTIMORE 59931

CERTIFICATE OF DEATH

54-P

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St. 1-1 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR

2. FULL NAME Mrs. Edith Mitchell

(a) Residence: No. 719 E. Ellwood Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Cedric Mitchell

6. DATE OF BIRTH (month, day, year) April 8-1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) Sept 1938 / 1 mo. ago

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER
13. NAME George Summers
14. BIRTHPLACE (city or town) (State or country) md.

MOTHER
15. MAIDEN NAME T. Williams
16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Father (Cedric)
(Address) 719 E. Ellwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date July 24, 1939

19. UNDERTAKER Henry Sander & Sons Inc. Geo. F. Sander
(Address) Baltimore St & Broadway

FILED July 24 1939 Hunter for Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-21-39

22. I HEREBY CERTIFY, That I attended deceased from 7-17-39, 19... to 7-21-39, 19...
I last saw her alive on July 21, 19 39 Death is said to have occurred on the date stated above, at 1 PM.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Brain Tumor	June, 1939
	own

Other contributory causes of importance:

Was an operation performed? yes If so, what was the diagnosis? Brain Tumor
For what disease or injury? Brain Tumor
Name of operation Craniotomy - 7/20/39
What test confirmed diagnosis? ... Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) D. F. Schaeffer M. D.
(Address) Mercy Hosp.

VS 8

JUL 24 1939

M. D. F. 1268-9

F 59932

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59932

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 930 W. Franklin St. 18-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie Dryden Hopkins

(a) Residence: No. 930 W Franklin St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: colored

5. Single, Married, Widowed, or Divorced (write the word): married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Harry Hopkins

6. DATE OF BIRTH (month, day, year): April 27, 1888

7. AGE: Years 51 | Months 2 | Days 2 25 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 1937

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Annapolis Md

FATHER

13. NAME: John ~~Dryden~~ Dryden

14. BIRTHPLACE (city or town) (State or country): Pokomoke city Md.

MOTHER

15. MAIDEN NAME: Eliza Cromwell

16. BIRTHPLACE (city or town) (State or country): annapolis md.

17. INFORMANT (Address): Harry Hopkins 930 W. Franklin St

18. BURIAL, CREMATION, OR REMOVAL

Place: Annapolis Md Date: July 25 39

19. UNDERTAKER (Address): Mrs Francis A. Wembley 525 St. Paul

JUL 24 1939 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7.22.39 , 19

22. I HEREBY CERTIFY, That I attended deceased from 4.21.38 , 19 , to 7.22.39 , 19

I last saw her alive on 7.22.39 , 19 . Death is said to have occurred on the date stated above, at 4p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma uterus	about 4.21.38
metastatic Carcinoma	about April 38

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? Biopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) James M. Fair M. D.

(Address) 4001 N. Carrollton Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATIONS is very important. See instructions on back of certificate.

F 59933

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 157-C

F 59933

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1605 N Port Pl (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joan Eva Debaufre

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/28/39

8. AGE: Years — Months 4 Days 5 If less than one day hr. min

9. Birthplace Balt Md (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Thomas Debaufre
13. Birthplace Md

MOTHER
14. Maiden Name Blanch Bergan
15. Birthplace Md

16 (a) Informant Thomas Debaufre
(b) Address 1605 N Port Pl

17 (a) (Burial, cremation, or removal)
(b) Date thereof 7/25/39 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location

18 (a) Funeral director John G. Miller Jr.
(b) Address 2433 E. Oliver St

19 (a) (Date rec'd by registrar) JUL 24 1939 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-23-39 19 , at 6:15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to [illegible] death on the day stated above.

Immediate cause of death: Myocarditis, acute Streptococcal —
Due to —
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy as above

Duration: P

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Conrad Acton M.D. Medical Examiner
Date signed 7-24-39

VS 8

Please correct errors in especially important. Physicians: please write the causes of death clearly and legibly.

F 59934

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 59934 (duplicate)

Registered No. 59934

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore City Hospitals

(c) Hospital or institution: Eastern Avenue

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Baltimore

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1001 Linden Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? Life years

3 (a) **FULL NAME** Robert Brown

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-033889

4. Sex Male.

5. Color or race Black

6 (a) Single, married, widowed, or divorced. M.

6 (b) Name of husband or wife Sadie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 22, 1903

8. AGE: Years 35 | Months 7 | Days — | If less than one day: hr. min.

9. Birthplace St Matthews. S. Car (Town, county, and state)

10. Usual Occupation Barber

11. Industry or business

FATHER 12. Name William

13. Birthplace S. Car.

MOTHER 14. Maiden Name Ellen Zeigler

15. Birthplace S. Car.

16 (a) Informant Ruth Brown

(b) Address 1001 Linden ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 7-27-39 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location Brooklyn

18 (a) Funeral director Adolphus Halstead

(b) Address 918 Lund Hill ave

(Undertaker or Undertaking Co.)

19 (Date received by registrar) (Registrar)

JUL 24 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1939, at 6 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 11 1939 to July 22 1939 and that I last saw h alive on July 22 1939.

Immediate cause of death Tuberculosis of the lungs. — Duration Jan. 1939

Due to

Due to

Other Conditions Partial Pneumothorax Spontaneous

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Dalessa M.D.

Address Baltimore City Hosp Date signed July 22 1939

Physicians: please write the causes of death clearly and legibly. Exact age is especially important.

F [redacted] 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

23

F [redacted] 3935

Registered No. [redacted]

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 939 Shields Pl

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city limits, write RURAL and give town)

(d) Street No. 939 Shields Pl (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bernard Hall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 28, 1917

8. AGE: Years	Months	Days	If less than one day
21	11	19	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Stevedore

11. Industry or business

FATHER 12. Name unknown

13. Birthplace

MOTHER 14. Maiden Name Mary Kent

15. Birthplace Washington D.C.

16 (a) Informant William M. Hall

(b) Address 906 Druid Hill Ave

17 (a) Mt Auburn (Burial, cremation, or removal) (b) Date thereof 7-24-39 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Westport

18 (a) Funeral director Adelphus Halstead

(b) Address 918 Druid Hill Ave.

19 (a) 7-24 1939 (Date filed by registrar) Hunter Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1939 at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 17 1939 to July 17 1939.

and that I last saw h[illegible] alive on July 17 1939.

Immediate cause of death

Pulmonary T.B.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No

Duration

Feb 1939

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [illegible] M. D.

Address 756 [illegible] Date signed

HEALTH DEPARTMENT—CITY OF BALTIMORE 59936

CERTIFICATE OF DEATH

59936 ✓ 27-12 293-C

Registered No. .....

1. PLACE OF DEATH 6000 Belleau Ave

CITY OF BALTIMORE: (No. Edgewood Sanitarium St., 27-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran, specify WAR .....

2. FULL NAME William L. Reed Jr

(a) Residence: No. 1001 Overbrook Rd St., ... Ward. Balto Co Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie E Reed

6. DATE OF BIRTH (month, day, year) June 6 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel & Tacker Co

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William L Reed

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Russell M Cole

(Address) 1001 Overbrook Rd Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date July 25 1936

19. UNDERTAKER Wm Cook & Son

(Address) 1217 E Fayette St

20. FILED JUL 24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1936, to July 23, 1936.

I last saw him alive on July 21st, 1936. Death is said to have occurred on the date stated above, at 3 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	
	1931

Other contributory causes of importance

Arteriosclerosis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Edward Robertson M. D.

(Address) 6100 York Road

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

9937

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

49-a

46787 SD

Registered No. F 59937

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10½ hrs

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1180 Hamburg Street (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah Parker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife George

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10, 1861

8. AGE: Years 78 | Months 1 | Days 13 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state) Md

10. Usual Occupation O.A.P. at Home

11. Industry or business Self

FATHER

12. Name Irvin

13. Birthplace ?

MOTHER

14. Maiden Name ?

15. Birthplace ?

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/25/39 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Balto., Md.

18 (a) Funeral director William Cook

(b) Address 1217 St. Paul St.

19 JUL 24 1939 (b) Hunter Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-23 1939 at 3.35 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-22 1939 to 7-23 1939 and that I last saw her alive on 7-22 1939.

Immediate cause of death	Duration
Carcinoma ovary with extensive abdominal metastases	?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy see above

PHYSICIAN

(Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature L. T. Woodward Jr. M. D.

Address Balto City Hosp. Date signed 7-25-39

Howard J. Madden M D.

MRS. CAMILLE STEPHENS

HEALTH DEPARTMENT—CITY OF BALTIMORE

59838 — CERTIFICATE OF DEATH — 46-E — 59938

1. PLACE OF DEATH: Baltimore, Maryland — Registered No.

CITY OF BALTIMORE: (No. 2058 Druid Pk. Drive St., 13 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 83 yrs. 8 mos. 22 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME: Camille Stephens — If U.S. Veteran specify WAR ___

(a) Residence: No. 2058 Druid Park Drive St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a. If married, widowed, or divorced — ~~HUSBAND~~ of (or) WIFE of: William F. Stephens

6. DATE OF BIRTH (month, day, year): Oct. 30, 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: George Berry.

14. BIRTHPLACE (city or town) (State or country): England.

MOTHER

15. MAIDEN NAME: Elizabeth Berry.

16. BIRTHPLACE (city or town) (State or country): Maryland.

17. INFORMANT (Address): Manilla Stephens (daughter) 2058 Druid Pk. Drive.

18. BURIAL, CREMATION, OR REMOVAL — Place: Woodlawn — Date: July 26, 39

19. UNDERTAKER (Address): Horace F. Kargin 3631 Fallsway

20. JUL 24 1939 Huntington Williams Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1939 to July 22, 1939

I last saw h[illegible] alive on July 22, 1939. Death is said to have occurred on the date stated above, at 9:25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver.	March 1939
Intestinal obstruction →	July 1939.
Other contributory causes of importance: Generalized Arteriosclerosis.	?

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clin. Was there an autopsy? No

21. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arthur Kargin M. D.

(Address) 4309 Marble Hall Road.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 59939

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 59939

1. PLACE OF DEATH: Little Sisters of the Poor
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St.
(c) Hospital or institution. Little Sisters of Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rachel Rhodes

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ----

8. AGE: Years 69 | Months | Days | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name John Rhodes
13. Birthplace Maryland

MOTHER 14. Maiden Name Leya Carroll
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Little Sisters of the Poor

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 25 1939 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
Address 9 Greenmount Ave

JUL 24 1939 (Date rec'd by registrar)

19 (a) Frantz & Williams Undertaker

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-23-39 19 , at 7 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inq (Autopsy or Inquiry) thereon and from the evidence obtained by said Inq (Autopsy or Inquiry) find that said deceased came to h[illegible] death on the day stated above.

Immediate cause of death: Coronary Sclerosis — Duration: 3 days

Due to

Due to

Other Conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Conrad Acton M.D.
Medical Examiner

Date signed 7-24-39

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M. D. B. 1268-9

59940

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59940

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1338 n. Carey St., 15-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah F. Smith

(a) Residence: No. 1338 n. Carey St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	Col.	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. E. Smith

6. DATE OF BIRTH (month, day, year) 10-15-'64

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

FATHER

13. NAME James Hackett

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Eliza Dorsey

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Chas. E. Smith

(Address) 1338 n. Carey St.

18. BURIAL, CREMATION, OR REMOVAL

Place Arlington Cemetery Date July 24 1939

19. UNDERTAKER T. E. Kelson

(Address) 1303 Pennsylvania Ave

JUL 24 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-20- 1939

22. I HEREBY CERTIFY, That I attended deceased from 7-20- 1939 to 7-20- 1939

I last saw h alive on 7-20- 1939 Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7-20
Mitral Insufficiency & Hypertension	2 yrs

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George C. Bagley M. D.

(Address) 1516 N. Mount St.

Howard-Maryland Co. Md.

Chief Medical Examiner

V S 3

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 59941

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131 F 59941 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1434 E Monument St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
Street No. 1434 E Monument St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

10

3 (a) FULL NAME Leroy Levin Wise (Levin Henry Wise)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col	single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 7, 1890

8. AGE: Years	Months	Days	If less than one day
49	—	17 —	hr. min.

9. Birthplace Crisfield Md (Town, county, and state)
10. Usual Occupation Junk dealer
11. Industry or business

FATHER 12. Name John J Wise
13. Birthplace Crisfield Md

MOTHER 14. Maiden Name Maggie ?
15. Birthplace Crisfield Md

16 (a) Informant Annie Steen Clark
(b) Address 1434 E Monument St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24-39 (month) (day) (year)
(c) Cemetery or crematory Pat Cahoon Lyon
Location A A Co Md

18 (a) Funeral director Robert F Williams
(b) Address 25 S Mt Elderry

19 JUL 24 1939 (Date received by registrar) (b) Undertaker's License No.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1939, at 4:20 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 16 1939 to July 21 1939, and that I last saw h alive on July 20 1939.

Immediate cause of death Bronchopneumonia Nephritis (primary Trauma) — Duration 1 yr.
Due to
Due to
Other Conditions Chronic Myocarditis — unknown
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R J Young
Address 1434 E Monument St Date signed 7/22/39

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 59942

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59942

CERTIFICATE OF DEATH

53-E

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 601 E. 37th St. 9-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Isabel Ueber

If U. S. Veteran specify WAR

(a) Residence: No. 601 E. 37th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Frederick G. Ueber

6. DATE OF BIRTH (month, day, year): Nov. 11-1875

7. AGE: Years 63 | Months 8 | Days 12 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: John J. McDonnell

14. BIRTHPLACE (city or town) (State or country): Balto. Md

MOTHER

15. MAIDEN NAME: Emma Jones

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Frederick G. Ueber

(Address) 601 E. 37th St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Pk. Date: 7/25/39

19. UNDERTAKER: Mary F. White

(Address) 401 Edmondson Ave.

20. FILED 19

Registrar.

JUL 24 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1936 to May 22, 1939

I last saw her alive on May 22, 1939 Death is said to have occurred on the date stated above, at 1:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, rt. orbit	1936

Other contributory causes of importance:

Was an operation performed? Yes Date of 1936

For what disease or injury? Same. (removal of eye)

Name of operation: Removal of rt. eye

What test confirmed diagnosis? Lab. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) William N. Dippelle M. D.

(Address) 1326 W. Lombard St.

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 59943

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

121

F 59943 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ~~W. Lafayette St.~~
(c) Hospital or institution: BON SECOURS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 DAYS
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County BALTIMORE
(c) City or town MT. WASHINGTON (If outside city or town limits, write RURAL and give town)
27-15
(d) Street No. 2244 CREST RD (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MRS HENRIETTA G. RINFRET

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: FEMALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: Ludger R. Rinfret

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 27. 1896

8. AGE: Years 42 Months 7 Days 26 If less than one day hr. min.

9. Birthplace N.Y. (Town, county, and state)

10 Usual Occupation N.W.

11 Industry or business

MOTHER | FATHER

12. Name John Chelsey

13. Birthplace N.Y.

14. Maiden Name Harriett Grodzki

15. Birthplace N.Y.

16 (a) Informant Ludger R. Rinfret Jr.

(b) Address 2244 Crest Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/25/39 (month) (day) (year)

(c) Cemetery or crematory St. Mary's

Location Emmitsburg, Md.

18 (a) Funeral director Harry A. Nitsche

(b) Address 4701 Edmondson Ave

19 (a) (Registrar) Registrar

JUL 24 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH JULY 23 1939. at 2.05 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-15 1939. to 7-23 1939. and that I last saw her alive on 7-23 1939.

Immediate cause of death: PULMONARY INFARCT — Duration: 4 HRS.

Due to APPENDICITIS (ACUTE) — 12 HRS

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations ACUTE APPENDIX

Of autopsy NO

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George H. Brouillet M.D. M. D.

Address 101 W. Read St Date signed 7/22/39

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

59944

HEALTH DEPARTMENT—CITY OF BALTIMORE 59944

CERTIFICATE OF DEATH

121

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Ruth Davidson

(a) Residence: No. 2803 Manhattan Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of James D. Davidson

6. DATE OF BIRTH (month, day, year) Jan 15 1905

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
34	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Scott B. Kling

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Adelaide Kelly

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Ruth Davidson
(Address) 2803 Manhattan Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date July 24 1939

19. UNDERTAKER Harry F. Weber & Son
(Address) 2 E Lanvale St

20. FILED JUL 24 1939 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22. 1939

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1939, to July 22, 1939

I last saw her alive on July 22, 1939 Death is said to have occurred on the date stated above, at 3:05 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis following	
acute suppurating appendicitis	
with perforation	July 16
Adynamic Ileus	July 18

Other contributory causes of importance:

Was an operation performed? yes Date of July 16, 1939

For what disease or injury? acute appendicitis

Name of operation appendectomy

What test confirmed diagnosis? operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) William B. Culwell M. D.

(Address) Mercy Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V0 8

F 59945

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X95-B ✓ F 59945 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wilkens & Caton Ave

(c) Hospital or institution: St Agnes' Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Lansdowne (If outside city or town limits, write RURAL and give town)

(d) Street No. 25-1 Hammonds Ferry Rd (If rural give location)

(e) If foreign born, how long in U. S. A.? 58 years

3 (a) FULL NAME Mr William Stanley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Florence Stanley

6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Oct 22. 1863

8. AGE: Years	Months	Days	If less than one day
75	9	1	hr. min.

9. Birthplace England, Europe (Town, county, and state)

10. Usual Occupation Pensioner B & O. R. R. 83

11. Industry or business Conductor

FATHER 12. Name Mr Joshua Stanley

13. Birthplace England

MOTHER 14. Maiden Name Ann

15. Birthplace England

16 (a) Informant Florence V. Stanley

(b) Address Hammonds Ferry Rd. Lansdowne

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 26. 1939. (month) (day) (year)

(c) Cemetery or crematory Cedar Hill

Location Balto Md

18 (a) Funeral director Mr. & Mrs. J. W. Tuffel & Son

(b) Address 601 W. Fayette St

19 JUL 24 1939 (Date received by local registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-23 1939 at 1:55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 20 1939 to July 23 1939 and that I last saw her alive on July 23 1939

Immediate cause of death	Duration
Cardiac Failure	4 days
Due to Degenerative Cardio-vascular Disease	
Due to	
Other Conditions Arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Charles V. Leavitt M. D.

Address St Agnes' Hospital Date signed 7-26-39

VS 3

PLEASE WRITE PLAINLY, with unfading ink. Every question must be answered. Be sure the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 59946

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 59946 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Herring Run + Harford Road
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 37 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 748 Mulberry St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Katie Brown Davis

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-03-1849

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married (separated)

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 13, 1902

8. AGE: Years 37 | Months 4 | Days 8 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Laundress

11. Industry or business at Yale Laundry, Gilmor St

MOTHER / FATHER

12. Name Walter Brown

13. Birthplace Staunton, Virginia

14. Maiden Name Lindy Johnson

15. Birthplace Richmond County, Virginia

16 (a) Informant Lindy Brown (mother)

(b) Address 645 George St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 / 27 / 39 (month) (day) (year)

(c) Cemetery or crematory St Peters

Location Baltimore

18 (a) Funeral director George Lehnert

(b) Address 2101 Eutaw St.

19 (a) (Date rec'd by registrar) JUL 24 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1939, at 8:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 18 1939, to July 21 1939, and that I last saw h[illegible] alive on above date.

Immediate cause of death Pneumonia

Due to Tetanus

Due to Following wound in left thumb

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Compatible with tetanus

Duration: 6 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence July 8 / 39
(c) Where did injury occur? Baltimore, Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Knife or Bottle

23. Signature [illegible] M.D.

Address [illegible] Date signed 7/24/39

Edward L. Maddux M. D.

PLEASE WRITE PLAINLY, WITH INK. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 59947

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59947

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2905 Poplar Terrace St. 15-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Henry Thompson

If U. S. Veteran specify WAR .....

(a) Residence: No. 2905 Poplar Terrace St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ Mildred Thompson

6. DATE OF BIRTH (month, day, year) Aug. 23, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Construction [illegible]

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pneumatic tube Co.

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Lowell Mass.

FATHER

13. NAME James Thompson

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Elizabeth King (?)

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT wife
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date July 25 1939

19. UNDERTAKER Fullerton & Pickney & Son
(Address) North & Pleasant Sts

20. FILED JUL 24 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1937 to July 22, 1937

I last saw him alive on July 20, 1939. Death is said to have occurred on the date stated above, at 7:05 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7/21/39
Other contributory causes of importance: Pulmonary edema	7/22/39

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Daniel R Robinson M. D.

(Address) 2835 Gorsuch Ave Baltimore, Md.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

59948

HEALTH DEPARTMENT—CITY OF BALTIMORE 59948

CERTIFICATE OF DEATH

121

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital 27-10 Ward)

Length of residence in city or town where death occurred 80 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles F. Hevell

If U. S. Veteran specify WAR .....

(a) Residence: No. 514 Willow Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Annie Graham Hevell

6. DATE OF BIRTH (month, day, year) Jan 1, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Ross Hevell

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Anne Thomson

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Graham R. Hevell (Son)
(Address) 514 Willow Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date July 26, 1939

19. UNDERTAKER Fullerton Duckett & Sons
(Address) North & Gilmor Sts

FILED 7-27-39 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/23, 1939

22. I HEREBY CERTIFY, That I attended deceased from 7/21, 1939, to 7/23, 1939

I last saw him alive on 7/23, 1939. Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Appendix & Peritonitis	7/21/39
Other contributory causes of importance: Bronchial Pneumonia	7/21/39

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. Frederick Johnston M. D.

(Address) Maryland General Hospital

Information should be entered in each space, and if any space is inapplicable, state the fact. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 59949

160-F

F 59949

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 2-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Baby Boy Marshall

If U. S. Veteran specify WAR .....

(a) Residence: No. 2027 E Pratt St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 20, 1939

7. AGE Years	Months	Days	If LESS than 1 day 20 hrs. or ... min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Warren Marshall

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Pauline Rosenberg

16. BIRTHPLACE (city or town) (State or country) New York City N.Y.

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Jewish Sinai Hospital Date JUL 24 1939

19. UNDERTAKER
Commissioner of Health
JUL 24 1939
Address
Signature of Williams M.D.
Registrar.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1939, to July 21, 1939.

I last saw ~~him~~ alive on July 21, 1939. Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage	
Other contributory causes of importance:	
	over

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) ..... M. D.
(Address) Sinai Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1941

Case No. 46294 DK

F 59950

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered F 59950

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Maryland
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 34 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 561 N. Wolfe Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Coleman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Black

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April, 1897

8. AGE: Years 42 | Months 3 | Days ? | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name George Coleman
13. Birthplace Virginia

MOTHER 14. Maiden Name Catherine Hill
15. Birthplace Virginia

16 (a) Informant B. C. H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUL 21 1939
Commissioner of Health

18 (a) Funeral dir[illegible] Per H. A. Moore
(b) Address [illegible] Washington, Wilmington

19 [illegible] JUL 24 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-16- 1939, at 9 30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-1- 1939 to 7-16- 1939 and that I last saw h[illegible] alive on 7-16- 1939.

Immediate cause of death Cardiac failure — Duration P

Due to Hypertensive CV Dis. — Duration P

Due to

Other Conditions Cerebrospinal Syphilis
Encephalopathic atrophy
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Monroe Hochstein M. D.
Address Balto City Hosp. Date signed 7-22-39

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item on this certificate should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 59951 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 59951

CERTIFICATE OF DEATH

346-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St., East (or Ward) North Broadway & Fairmount Ave

Registered No. 9-23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. 8 mos. 17 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Collier, Mrs. Louise

If U. S. Veteran specify WAR never

(a) Residence: No. 747 East 37th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mr. Elmer Lee Collier

6. DATE OF BIRTH (month, day, year) November 6, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Horace G. Seward

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Lulla Redhead

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Elmer L. Collier

(Address) 747 E. 37th St

18. BURIAL, CREMATION, OR REMOVAL

Interment Date July 26 39

19. UNDERTAKER William Fink

(Address) 1210 E. Fayette St

FILED July 26 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1939 to July 23, 1939

I last saw her alive on July 23, 1939 Death is said to have occurred on the date stated above, at 1:35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver (Primary)	April 1939
a general Intoxication	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Path Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Coulahan M. D.

(Address) Church Home & Infirmary

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 59952 — Registered No. F 59952

PLEASE WRITE PLAINLY WITH UNFADING INK. Entry must be complete and correct as required by law. Physicians: please write the causes of death clearly and legibly. Underline the cause to which death should be charged statistically.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 814 West Fayette St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Sullivan
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband: Harry Sullivan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 15th 1890

8. AGE: Years 49 | Months 3 | Days 7 | If less than one day: hr min

9. Birthplace Harney W. Va (Town, county, and state)
10. Usual Occupation Housekeeper
11. Industry or business Rooming House

FATHER
12. Name Harry W Trail
13. Birthplace W Va

MOTHER
14. Maiden Name Narcissus Yates
15. Birthplace W Va

16 (a) Informant Harry W Trail
(b) Address 3005 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24 39 (month) (day) (year)
(c) Cemetery or crematory Beckley W Va
Location Beckley W Va

18 (a) Funeral director E H Lamorreaux
(b) Address 1003 W Baltimore St

19 JUL 24 1939 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-22-39 19 , at 10:30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Coronary Sclerosis — Duration: ?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

PHYSICIAN

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Conrad Acton jr. M.D. Medical Examiner
Date signed 7-22-39

VS 6

F 59953

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 59953

Registered No.

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. Calvert St. 21-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. 1 mos. 21 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. Elizabeth Smith Gibson If U. S. Veteran specify WAR

(a) Residence: No. 1322 E. Cam... St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Not given

6. DATE OF BIRTH (month, day, year): May 31, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Peter

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Mary Leffler

16. BIRTHPLACE (city or town) (State or country): Edmund Germany

17. INFORMANT: [redacted] Allie E. Smith

(Address) 1322 E. Cary St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cemetery Date July 25, 1939

19. UNDERTAKER: Ambrose Inc.

(Address) 1217 W. Cam St.

FILED JUL 24 1939 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1939, to July 22, 1939. I last saw her alive on July 22, 1939. Death is said to have occurred on the date stated above, at 8:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 days
Influenza	9 days

Other contributory causes of importance:

Senility

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Ronald H. Lopez M. D.

(Address) Mercy Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

F 59954

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

Registered No. F 59954

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry item is mandatory; space may be left blank only if correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) 12 days

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Washington, D. C. (If outside city or town limits, write RURAL and give town)
(d) Street No. 645 Girard St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth L. Henderson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	C.	M.

6 (b) Name of husband or wife Lorenzo Henderson
6 (c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) Aug. 24, 1902

8. AGE: Years	Months	Days	If less than one day
36	11		hr. min.

9. Birthplace Uniontown Md. (Town, county, and state)
10. Usual Occupation School Teacher
11. Industry or business Public School

FATHER
12. Name Edward Lewis
13. Birthplace Uniontown, Md.

MOTHER
14. Maiden Name Elizabeth Johnson
15. Birthplace Uniontown

16 (a) Informant Husband
(b) Address Washington, D.C.

17 (a) (Burial, cremation, or removal) (b) Date thereof 7-26-39 (month) (day) (year)
(c) Cemetery or crematory Mt Joy
Location Near Union Town Md

18 (a) Funeral director Raymond R. Wright
(b) Address Union Bridge, Md

19 JUL 24 1939 (b) Huntington, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24, 1939, at 3:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 12 1939. to July 24 1939. and that I last saw her alive on July 24 1939.

Immediate cause of death Cerebral Hemorrhage Respiratory Failure — Duration 1 day.

Due to Cachexia & Intestinal Obstruction — 2 weeks

Due to Carcinoma S.D. Ileum — (a)

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. W. Dorman Jr. M. D.
Address University Hosp. Date signed July 24 1939

F 59955

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

Registered No. F 59955

PLEASE WRITE PLAINLY. With correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 26 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
3-1
(d) Street No. 1402 E. Lombard St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 26 yrs. years

3 (a) FULL NAME Mark Dimitrieff

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: divorced

6 (b) Name of husband or wife: Anna
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Not known 1891

8. AGE: Years 48 | Months | Days | If less than one day: hr. min.

9. Birthplace: Russia (Town, county, and state)
10. Usual Occupation: priest
11. Industry or business:

MOTHER / FATHER
12. Name: George
13. Birthplace: Russia
14. Maiden Name: Agafia
15. Birthplace: Russia

16 (a) Informant: B.C.H. Records
(b) Address:

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 25, 1939 (month) (day) (year)
(c) Cemetery or crematory Holy Trinity Russian
Location Anne Arundel
18 (a) Funeral director John A. Strahinchak
(b) Address 42 S. Paca Street
19 (a) [illegible] (Date rec'd by registrar) JUL 24 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-22- 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-22-1939 to 7-22-1939 and that I last saw h[illegible] alive on 7-22-1939.

Immediate cause of death: Uremia — Duration: ?
Due to Ch. Glom. Nephr. — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Ch. nephr.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Baltimore Hosp. Date signed 7-24-39

VS 3

F 59956

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

F 59956

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 130 N. Decker Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 130 N. Decker Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wm. T. Reppelt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Mary E. Schmidt

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 4-1872

8. AGE: Years	Months	Days	If less than one day
67	4	18	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Ice. Business

11. Industry or business

FATHER

12. Name Henry Reppelt

13. Birthplace Not Known

MOTHER

14. Maiden Name Elizabeth Meyers

15. Birthplace Not Known

16 (a) Informant Gertrude Cross

(b) Address 130 N. Decker Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 25/39 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer Cem.

Location Belair Rd.

18 (a) Funeral director John G. Miller

(b) Address 2364 Jefferson St. Huntington Station, N.Y.

19 (a) Date received (by Local Registrar) JUL 25 1939

(b) Registered by

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21, 1939, at 7 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1, 1939, to July 21, 1939, and that I last saw him alive on July 20, 1939.

Immediate cause of death Nephritis - chronic Interstitial — Duration: 1 month

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Eugene L. Pessagno M. D.

Address 6-14 Drury Lane Date signed 7-24-39

Please print plainly. Physicians: please write the causes of death clearly and legibly. Statements of date, correct age is especially important.

F 59957

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59957

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH 739 N. Lakewood Ave. 6-W Registered No.

CITY OF BALTIMORE: (No.) St.) Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Godfried Beste

If U. S. Veteran specify WAR

(a) Residence: No. 739 N. Lakewood Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	widowed

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Louisa Teresa

6. DATE OF BIRTH (month, day, year) Feb. 20, 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fire Dept

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Herman C. Beste

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Sadow

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Herman C. Beste

(Address) 739 N. Lakewood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Gen. Date July 25-38

19. UNDERTAKER John G. McElroy

(Address) 2334 Jefferson St.

20. FILED 19 Huntington Williams, Registrar.

JUL 25 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/22, 1939

22. I HEREBY CERTIFY, That I attended deceased from 7/3, 1939, to 7/22, 1939

I last saw him alive on July 22, 1939. Death is said to have occurred on the date stated above, at 9 AM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	7/22/39
coronary occlusion	1933
Other contributory causes of importance:	
	over

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. C. Sobliel M. D.

(Address) 447 N. Kenwood Ave.

Information should be carefully supplied. All items must be answered. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

City of Baltimore MARYLAND STATE DEPARTMENT OF HEALTH F 59958

9958 [redacted], Baltimore

CERTIFICATE OF DEATH 93-C

Reg. Dist. No.

1. PLACE OF DEATH:

County

City or town (If outside city or town limits, write RURAL NEAR and give town.)

Street address, hospital, or institution: 6523 Colgate Ave

Stay in hospital or last (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County

City or town Balto Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 6523 Colgate Ave
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Joseph Henry Everist

3. (b) Social Security Number 213-12-0922

4. Sex	5. Color or race	6. (a) single, married, widowed, or divorced
Male	White	Married

6. (b) Name of husband or wife Sarah Jane Bailey Everist

6. (c) If alive, give age 65 years

7. Birth date of deceased (mo. day yr.) May 3rd 1867

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
72	2	21		

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual occupation Painter 0050

11. Industry or business Hager & Mahon

FATHER 12. Name John Henry Everist

13. Birthplace Norfolk Co. Md

MOTHER 14. Maiden name Sallie Ann Smith

15. Birthplace Salisbury Md.

16. Informant Sarah J. Everist

Address 6523 Colgate Ave

17. Burial (Burial, cremation, or removal, Which?) Date thereof July 27th 1939 (month) (day) (year)

Cemetery or crematory Balto

Location Balto Md.

18. Funeral director William Cook

Address 1217 St. Paul St

19. Filed JUL 25 1939 19 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1939 at 4:40 PM

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from Sept. 1938 to July 24 1939 and that I last saw him alive on June 5 1939

Immediate cause of death: Acute Coronary Thrombosis — DURATION 5 min.

Due to: Chronic Myocarditis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. M. Davis M.D. M. D. or other

Address Glendale Md Date signed 7/24/39

F 59959

59959

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53-F Registered No. ....

PLEASE WRITE PLAINLY. WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2220 Elsinore Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto

(If outside city or town limits, write RURAL and give town)

5-8

(d) Street No. 2220 Elsinore Ave

(If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME William M. Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Male	White	Married

6 (b) Name of ~~husband or~~ wife Lillian H. Jones

6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) April 3rd 1857

8. AGE: Years	Months	Days	If less than one day: hr.	min.
82	3	20		

9. Birthplace Balto. Md.

(Town, county, and state)

10. Usual Occupation Retired Ins. Salesman

11. Industry or business Metropolitan Life Ins Co

FATHER

12. Name John E. Jones

13. Birthplace Md.

MOTHER

14. Maiden Name Mary Unknown

15. Birthplace Unknown

16 (a) Informant Mrs Lillian H. Jones

(b) Address 2220 Elsinor Ave

17 (a) Burial (b) Date thereof July 25th 1939

(Burial, ~~cremation, or removal~~) (month) (day) (year)

(c) Cemetery ~~or crematory~~ Mt. Olivet

Location Balto Md

18 (a) Funeral director William Cook

(b) Address 1217 St. Paul St

19 (a) [illegible] (b) Huntington [illegible] M.D.

(Registrar)

JUL 25 1939

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23rd 1939. at 8.55 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from January 1938. to July 22 1939. and that I last saw him alive on July 22 1939.

Immediate cause of death I RENAL GLAND

Carcinoma inv. Sk with metastasis to abdom gl

Due to Unprovoked Cutaneous sclerosis

Due to age, sla

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration
1 yr
} year

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. R. Turner M. D.

Address 3421 Edmondale Ave Date signed 7/24/39

F 59960

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59960

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4312 Wiltshire Ave St., 26-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lura Elton Basham

If U. S. Veteran specify WAR .....

(a) Residence: No. 4312 Wiltshire Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6a. If married, widowed, or divorced (or) WIFE of Harry R.

6. DATE OF BIRTH (month, day, year) 12-24-1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	55	7	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife for 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Fauquier Co., Virginia

FATHER

13. NAME David Ennis

14. BIRTHPLACE (city or town) (State or country) Fauquier Co., Virginia

MOTHER

15. MAIDEN NAME Virginia Cropp

16. BIRTHPLACE (city or town) (State or country) Fauquier Co., Virginia

17. INFORMANT Harry R. Basham

(Address) 4312 Wiltshire Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date July 27 19 39

19. UNDERTAKER Leonard J. Bast

(Address) 5305 Harford Road

20. FILED JUL 25 1939 19 ... Registrar. Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24 - 1939

22. I HEREBY CERTIFY, That I attended deceased from March 1 - 1933 to July 24 - 1939.

I last saw her alive on July 21 - 1939 Death is said to have occurred on the date stated above, at 12:45 P m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Intestines — Date of onset about June 1 1933

Other contributory causes of importance:

none

Was an operation performed? yes Date of about 1 yr ago

For what disease or injury? Carcinoma of Intestines

Name of operation ... Date of ...

What test confirmed diagnosis? microscopic Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Chester Riland, M. D.

(Address) 2532 Edmondson Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 59961

HEALTH DEPARTMENT—CITY OF BALTIMORE

59961

CERTIFICATE OF DEATH

X 95-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Church Home & Infirmary St. 6-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Calvin Cauchenour

If U. S. Veteran specify WAR:

(a) Residence: No. Church Home Fendale Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lula R. Cauchenour

6. DATE OF BIRTH (month, day, year): July 27, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	11	25 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: On Farm of Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pennsylvania

FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT: Mrs. Lula R. Cauchenour
(Address): Fendale Md.

18. BURIAL, CREMATION, OR REMOVAL
Place: Williamsport Date: 7/26/39, 19

19. UNDERTAKER: Leonard J. Roach
(Address): 33 & E Maryland Ave.

20. FILED, 19
Registrar.
Huntington Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1939, to July 24, 1939

I last saw him alive on July 24, 1939. Death is said to have occurred on the date stated above, at 12:25 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	3 hrs.
Uremia	?
Cardiac Decompensation	?
Arteriosclerosis	?
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Dan'l Fiddler, M. D.

(Address) Church Home & Infirmary

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 25 1939

39652

James Joseph Welch 1915-13

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days): 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) ~~County~~ Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
21-1
Street No. 803 Woodward St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mr. James Joseph Welch

3 (b) If veteran, name war ..... 3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Jennie E. Welch 6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 7 1883

8. AGE: Years	Months	Days	If less than one day
56		17	hr. ..... min. .....

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Produce Dealer (Retired)
11. Industry or business Self

FATHER
12. Name Timothy Welch
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Eliz. Fitzenberger
15. Birthplace Baltimore

16 (a) Informant Miss Cecilia Welch
(b) Address 803 Woodward st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27 1939 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cemetery
Location Ritchie Highway A A Co Md

18 (a) Funeral director William M Marech
(b) Address 715 Light St

19 (a) Entered by registrar ..... (b) Signature for William M. Marech Registrar
JUL 25 1939 VS

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 27 1939, at 12:25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 22 1939, to July 24 1939, and that I last saw him alive on July 24 1939.

Immediate cause of death	Duration
Cardiac Failure	
Due to Degenerative Cardio-vascular Disease	
Due to	
Other Conditions ..... (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....

23. Signature Charles V. Lovett M. D.
Address St. Agnes Hospt Date signed 7-24-39

F 59963

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 210-M

F 59963

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore city (If outside city or town limits, write RURAL and give town)
(d) Street No. 404 E. Biddle St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Richard Lee Crafton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Child

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 15, 1930

8. AGE: Years	Months	Days	If less than one day
8	8	4	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Schoolboy

11. Industry or business

FATHER
12. Name Thomas L. Crafton
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Ruth H. Hershberger
15. Birthplace Baltimore Co. Md.

16 (a) Informant Mr. Thomas L. Crafton
(b) Address 404 E. Biddle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24 1939 (month) (day) (year)
(c) Cemetery or crematory Baltimore County
Location E. North Line Belair Road

18 (a) Funeral director Elmer W. Conklin & Son
(b) Address 924 E. Eager St. Huntingtown Mansion, Md.

JUL 25 1939 (Date rec'd by registrar) Registrar

VR 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-23-39 19 , at 11:53 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fractured skull	
Due to	
Due to	
Other Conditions Ruptured spleen fractured rib - (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 7-23-39
(c) Where did injury occur? Bailey & Biddle Sts (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? street (Specify type of place) While at work? no
(e) Means of injury Automobile struck pedestrian

23. Signature Conrad Acton M.D. Medical Examiner
Date signed 7-24-39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

18964

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

192-a F 59964 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1924 Brunt St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore 30 (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1924 Brunt St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sydney Booker

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	married

6 (b) Name of husband or wife Carolina Booker
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) March 25-1867

8. AGE: Years	Months	Days	If less than one day
72	3	27	hr. — min.

9. Birthplace Amelia Va. (Town, county, and state)
10. Usual Occupation unemployed
11. Industry or business —

FATHER: 12. Name unknown
13. Birthplace "

MOTHER: 14. Maiden Name unknown
15. Birthplace "

16 (a) Informant Caroline Booker
(b) Address 1924 Brunt St

17 (a) (Burial, cremation, or removal) (b) Date thereof 7 26 1939 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location Balto, Md

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1421 Jefferson St
JUL 28 1939 (Date received by Registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1939, at 6 P M

21. I certify that death occurred on the date above stated, that I attended deceased from July 4 1939 to July 21 1939 and that I last saw h living on July 22 1939

Immediate cause of death Arteriosclerosis Mitral Regurgitation — **Duration** 6 mo 18 Day

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature B. N. Haletar M. D.
Address 1 W Pratt Date signed 7/24/39

F 59965 [1]

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 59965 Registered No. 34-124-2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County a.a.
(c) City or town ANNA Polis (If outside city or town limits, write RURAL and give town)
(d) Street No. 45 North West St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles E. Hicks JR

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	MARRied

6 (b) Name of husband or wife Nettie Hicks Ethel Hicks 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/26/08

8. AGE: Years	Months	Days	If less than one day
30	11	27	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation UNDERTAKER.
11. Industry or business

FATHER
12. Name Charles Hicks
13. Birthplace Md.

MOTHER
14. Maiden Name Nettie Clark
15. Birthplace ?

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-27-39 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto. City

18 (a) Funeral director Saml W. Sullivan Jr
(b) Address 638 N. Gilmor St.

19 Huntington Williams Registrar

JUL 25 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1939. at 7-28 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from July 23 1939. only 19 . and that I last saw him alive on July 23 1939

Immediate cause of death Hemorrhage (Acute) AND intermittent — Duration 1 DAY
Due to Esophageal Varices — 3 mos.
Due to Cirrhosis of Liver — 3 mos.
Other Conditions LATENT LUES — Unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John C. Ramsmeier
Address Johns Hopkins Hosp. Date signed 7/23/39

F 59966

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59966

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1613 W. Lanvale St. 16 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME Florence Tillery

If U. S. Veteran specify WAR

(a) Residence: No. 1613 W. Lanvale St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	Colred	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 20 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) June 30, 39

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Walkaa N. Carolina

FATHER

13. NAME Kelly Hamit

14. BIRTHPLACE (city or town) (State or country) N. Carolina

MOTHER

15. MAIDEN NAME Eliza Williams

16. BIRTHPLACE (city or town) (State or country) N. Carolina

17. INFORMANT Sarah Long

(Address) 1613 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date July 25 1939

19. UNDERTAKER Thos. F. McGrath & Son

(Address) 638 N. Eutaw

20. Filed JUL 25 1939 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22 1939

22. I HEREBY CERTIFY, That I attended deceased from July 20 1939 to July 22 1939

I last saw h alive on July 22 1939 Death is said to have occurred on the date stated above, at 7:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	7/20/39
Other contributory causes of importance: None	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. J. Pirtle M. D.

(Address) 1136 Walbrook St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Huntington Williamsport

F 59967

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E

F 59967 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4115 Fairest Park ave

(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 30

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits, write RURAL and give town) 4115 Fairest Park

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Hankin

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband ~~wife~~ Isadore

6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 51 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Home Wife

11. Industry or business

FATHER 12. Name Isaac Hinakin

13. Birthplace Russia

MOTHER 14. Maiden Name Gertrude Hinakin

15. Birthplace Russia

16 (a) Informant Son

(b) Address 3503 Springdale ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-25-39 (month) (day) (year)

(c) Cemetery or crematory Beth Tfiloh

Location Windsor Mill Md.

18 (a) Funeral director Jack Lewis Frey

(b) Address 1439 E. Baltimore St

JUL 25 1939 Huntington Williams (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-24- 1939, at 3.45 P M

21. I certify that death occurred on the date above stated, that I attended deceased from June 1 1939, to July 24 1939, and that I last saw her alive on July 24 1939.

Immediate cause of death: Carcinoma of Liver — Duration: 5 mos.

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury —

23. Signature Paul F. Cardiner M. D.

Address 2311 Garrison Blvd Date signed 7-25-39

F 5.9968

Buckner

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-c F 5.9968

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 213 N. High st

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 55

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. 213 N. High St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah Buestner

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Simon Buestner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 64 | Months | Days | If less than one day: hr. min.

9. Birthplace: Poland (Town, county, and state)

10. Usual Occupation: House Wife

11. Industry or business: do

FATHER

12. Name: Abraham Cohen

13. Birthplace: Poland

MOTHER

14. Maiden Name: Dora Cohen

15. Birthplace: Poland

16 (a) Informant: Husband

(b) Address: 213 N. High st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-25-39 (month) (day) (year)

(c) Cemetery or crematory: Hebrew Friendship

Location: Balto Md

18 (a) Funeral director: Jack Levin Inc

(b) Address: 1439 E. Balto st

19 (a) JUL 25 1939 (Date received by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1939, at 2 A. M

21. I certify that death occurred on the date above stated, that I attended deceased from June 1937 to July 24 1939.

and that I last saw her alive on July 24 1939.

Immediate cause of death	Duration
Pneumonia	1 day
Due to Bronchogenic metastic carcinoma	3 months
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature: Jack J. Singer

Address 506 E. north ave. Date signed 7/25/39 M. D.

F 59969

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 943

F 59969

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Ambulance en route
(c) Hospital or institution: to Sinai Hospital?
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 35yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3505 Fait Ave & Confederate (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Max Blechman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ida Blechman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years	Months	Days	If less than one day
64			hr. min.

9. Birthplace Russia (City, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Judah Blechman
13. Birthplace Russia

MOTHER 14. Maiden Name Gertrude —
15. Birthplace Russia

16 (a) Informant Mr. Blechman
(b) Address 3505 Fait Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-25-39 (month) (day) (year)

(c) Cemetery or crematory Rosedale
Location Phila. Pa.

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Baltimore St

19 (a) 25 1939 (b) (Registrar's number) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1939, at 12 noon P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from July 19 at, in this hospital and that I last saw h alive on died on 19.

Immediate cause of death Coronary Occlusion appx 15 min. — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Ellis Kerr M. D.
Address Sinai Hospital Date signed July 23 1939
Howard J. Wadelin M. D.

F 59970

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59970

CERTIFICATE OF DEATH

√59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2929 Winchester St., 16-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mamie Gardner

If U. S. Veteran specify WAR .....

(a) Residence: No. 2929 Winchester St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter R. Gardner

6. DATE OF BIRTH (month, day, year) 1-10-1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME George Kaus

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Amelia —?

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mr. Walter Gardner

(Address) 2929 Winchester

18. BURIAL, CREMATION, OR REMOVAL

Place Loudn Pk. Date 7/25, 1939

19. UNDERTAKER J. J. McCully

(Address) 130 E. Fat Ave

20. FILED JUL 25 1939 Huntington Ave. Md. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 2, 1938 to July 22, 1939

I last saw her alive on July 21, 1939 Death is said to have occurred on the date stated above, at 4:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus (Indefinite)	
Other contributory causes of importance:	
Diabetic Coma	7/21/39

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

7/24/39 (Signed) R. L. Campbell M. D.

(Address) 1641 Hanover St.

N. B.—WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 59971

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59971

93-C

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1503 Riverside St. 24-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sadie Schuman

If U. S. Veteran specify WAR

(a) Residence: No. 1502 Riverside St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Married

5a. If married, widowed, or divorced (or) WIFE of Frank T. Schuman

6. DATE OF BIRTH (month, day, year) May 28 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chesapeake City Md.

FATHER

13. NAME Augustus Lattimore

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary T. Wilson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr. Frank Schuman (Address) 1502 Riverside Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date 7-26-34

19. UNDERTAKER D. J. & T. McCauley (Address) 130 E. Fort Ave.

20. FILED JUL 25 1934 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1933, 19, to July 22, 1934

I last saw her alive on July 20, 1934. Death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

Hypertension — Date of onset 1933
Cerebral Hemorrhage — July 22, 34

Other contributory causes of importance:

myocarditis

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter Lohy, M. D.

(Address) 1026 Fort Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

59972

HEALTH DEPARTMENT—CITY OF BALTIMORE

59972

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1728-E- Eager St., 7-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Annie Saunders

If U. S. Veteran specify WAR

(a) Residence: No. 1728-E- Eager St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hamil Saunders

6. DATE OF BIRTH (month, day, year) 4-25-1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor Shop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Weldon N. C.

FATHER

13. NAME Jas. R. Saunders

14. BIRTHPLACE (city or town) (State or country) Enfield N. C.

MOTHER

15. MAIDEN NAME Ellen Saunders

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Annie Saunders

(Address) 1728-E Eager

18. BURIAL, CREMATION, OR REMOVAL

Place Halifax N.C. Date 7-26 1939

19. UNDERTAKER Mrs R. A. Elliott-Dolphin

(Address) 129 N. Arunde[illegible] St

20. FILED JUL-25 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-23 1939

22. I HEREBY CERTIFY, That I attended deceased from 7/1 1939 to 7/23 1939

I last saw h[illegible] alive on 7/23 1939. Death is said to have occurred on the date stated above, at 1:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fibroid Pneumonia	7/18
Pleurisy	7/1
and Cardiac Failure	7/1
Other contributory causes of importance:	
Urinary Conditis	3/1/39
and Dropsy	1

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Symptoms & Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Grace R. Blake M. D.

(Address) 924 Livingston

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 59973

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59973

CERTIFICATE OF DEATH

✓ 441

1. PLACE OF DEATH St. Josphs Hosp

Registered No.

CITY OF BALTIMORE: (No. ..... St., 9-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Helen I Bottom BOLTON

If U. S. Veteran specify WAR

(a) Residence: No. 907 Caton Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept. 6, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Thomas L. Balton

14. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

MOTHER

15. MAIDEN NAME Nellie Delois Cummings

16. BIRTHPLACE (city or town) (State or country) Harford Co. Maryland

17. INFORMANT Thomas L. Balton

(Address) 907 Caton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodland Memorial Date 7/25 19 39

19. UNDERTAKER C. Vernon Lemmon

(Address) 4611 Park Heights

20. FILED JUL 25 1939 19 Huntington Pollard Registrar.

MEDICAL CERTIFICATE OF DEATH

X

21. DATE OF DEATH (month, day, year) July 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 21st 19 39 to July 23rd 19 39

I last saw h[illegible] alive on July 21st 19 39 Death is said to have occurred on the date stated above, at 4:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Fever	
Streptococcic Septicemia	7-15-39

Other contributory causes of importance: over

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. P. Emmert M. D.

(Address) St. Josephs Hosp

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 8

William H. Stith

HEALTH DEPARTMENT—CITY OF BALTIMORE

59974

CERTIFICATE OF DEATH

X/93 C

F 59974

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Stith

If U. S. Veteran specify WAR

(a) Residence: No. Mercy Hosp. St., Town Ward. Balto Co. Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) June 10, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clergyman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pastor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME William Stith

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Elizabeth Boswell

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT William H Stith

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place New York N Y Date 7/25 1939

19. UNDERTAKER Geo. C. Stanley

(Address) Fifth Ave & Sanford

20. FILED JUL 25 1939 Huntington [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-25, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1939 to July 25, 1939

I last saw h[illegible] alive on July 22, 1939. Death is said to have occurred on the date stated above, at 3:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Arteriosclerotic Cardiovascular Renal	
(b) Cardiac hypertrophy	
(c) Cardiac decompensation	
(d) Chr. myocarditis	
Other contributory causes of importance: Thrombophlebitis, Varicose ulcer	June 1939
Chronic Bronchitis	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph L. Edwin Schenthal M. D.

(Address) Mercy Hospital

V0 8

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

39975

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

23

F 58376

Registered No.

PLEASE WRITE PLAINLY, WITH ENFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4309 Wentworth Rd.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 3 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Balto.

(c) City or town Balto (If outside city limits, write RURAL and give town)

Street No. 4309 Wentworth Rd (If rural give location)

(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME George Hutzelman

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Caroline

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 10 - 1864

8. AGE: Years	Months	Days	If less than one day
75	6	14	hr. min.

9. Birthplace: New York (Town, county, and state)

10. Usual Occupation Retired Clothing salesman

11. Industry or business

FATHER

12. Name Lawrence Hutzelman

13. Birthplace Germany

MOTHER

14. Maiden Name Don't know

15. Birthplace Germany

16 (a) Informant Mrs. Caroline Koch

(b) Address 4309 Wentworth Rd.

17 (a) Burial, cremation, or removal Buried (b) Date thereof July 28-39 (month) (day) (year)

(c) Cemetery or crematory Jersey City New York

Location New Jersey

18 (a) Funeral director Frank H. Valentine

(b) Address 2326 Aiken St. Huntington Station, L.I.

19 (a) JUL 25 1939 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1939 at 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 7 1939 to July 23 1939 and that I last saw him alive on July 23 1939.

Immediate cause of death Pulmonary tuberculosis — **Duration**

Due to

Due to

Other Conditions Bronchopneumonia

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide no

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature B. Kadin M. D.

Address 2306 Eutaw Pl Date signed 7-25-39

59978

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a F 59978 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age in especially important. Physicians, please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Ketwood & Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Charles
(c) City or town Bel Alton (Rural)
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Dyson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Negro	married

6 (b) Name of husband or wife Annie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day hr.	min.
50				

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business W.P.A.

FATHER
12. Name William Dyson
13. Birthplace Md.

MOTHER
14. Maiden Name Lucy ?
15. Birthplace Md.

16 (a) Informant Annie Dyson
(b) Address Bel Alton

17 (a) Burial (b) Date thereof 1/27/39
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. Ignatius
Location Chapel Point, Md
18 (a) Funeral director Hilbert Ryon
(b) Address Waldorf, Md.
19 (a) JUL 25 1939 (b) Huntington Fillingame
(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1939, at 1:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 21 1939, to July 24 1939, and that I last saw h[illegible] alive on July 24 1939.

Immediate cause of death	Duration
Resp paralysis failure	
Due to Subarachnoid Hemorrhage	10 days.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Stanley F. Bradley M. D.
Address University Hosp. Date signed 7-26-39

F 53877

F 59977

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Mo. 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1031 Stricker St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Willis Wright

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	B	Married

6 (b) Name of husband or wife Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 15, 1880

8. AGE: Years	Months	Days	If less than one day
59	5	8	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Thorton Wright
13. Birthplace Virginia

MOTHER
14. Maiden Name Nellie ?
15. Birthplace Virginia

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/26/39 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Thos. E. Kelson
(b) Address 1303 Presstman St. Huntington Williams, Md.

(Date filed by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-23 1939, at 2:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-3 1939, to 7-23 1939, and that I last saw him alive on 7-23 1939.

Immediate cause of death Gangrene (external) of right leg — Duration 2 weeks

Due to

Due to

Other Conditions Hypertensive Heart Disease — unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Large heart, gangrene leg.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

25. Signature J. Murray Gelston M. D.
Address Balto City Hosp Date signed 7-24-39

59978

Case No. 42146 DK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

34-9-97

Registered No. 59978

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore, Maryland

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 6

(e) Length of stay in Baltimore (yrs., mos., or days) 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

H-9

(d) Street No. 822 Tyson St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Daniel Douglas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Lucy

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/31/76 ?

8. AGE: Years: 62 ? Months: 8 Days: 23 If less than one day: hr. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual Occupation: Unknown

11. Industry or business

MOTHER / FATHER

12. Name: Richard

13. Birthplace: Maryland

MOTHER

14. Maiden Name: Helen Hawkins

15. Birthplace: Maryland

16 (a) Informant: B. C. H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/26/39 (month) (day) (year)

(c) Cemetery or crematory: Mt Auburn

Location

18 (a) Funeral director: Thos. C. Kelson

(b) Address 1303 Pleasant

19 JUL 25 1939 (b) Huntington Williams Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1939, at 12:35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-18 1939, to 7-23 1939, and that I last saw him alive on 7-23 1939.

Immediate cause of death Syphilitic Heart Disease — Duration unknown

Due to

Due to

Other Conditions Arteriosclerosis generalized — unknown

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [illegible] M. D.

Address City Hosp. Date signed 7-24-39

F 59979

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 173

Reg. No. F-59979

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Provident Hosp
(c) Hospital or institution: 1500 Blk Division St.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1630 N. Gilmor St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Milton Smith

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: M
5. Color or race: Cd
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife —
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept 19, 1919
8. AGE: Years 19 Months 10 Days 6 If less than one day: hr. min.
9. Birthplace Balto. Co. Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name John E. Smith
13. Birthplace 1630 N. Gilmor St

MOTHER
14. Maiden Name Violet Washington
15. Birthplace Balto. Co. Md.

16 (a) Informant John E. Smith
(b) Address 1630 N. Gilmor St

17 (a) Burial (burial, cremation, or removal) (b) Date thereof 7/26/39 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Thos. E. Kelso
(b) Address 1303 Pennsylvania Ave

19 JUL 25 1939 Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-22- 1939, at 8:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Gunshot Perforation Peritonitis — Duration
Due to: Gun shot
Due to:
Other Conditions
(Include pregnancy within 3 months of death)

Major findings: Provident Hosp
Of operations: 5" Rt para median incision, drainage, Suture
Of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 7-21-39
(c) Where did injury occur? City (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury Shot by a Girl in Argument

23. Signature Howard J. Uhlenhuth Medical Examiner M.D.
Date signed 7-23-39

E 59980

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered E 59980

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians, please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL, and give town)
(d) Street No. 546 Wilson St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hans Gorman
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex m
5. Color or race C
6 (a) Single, married, widowed, or divorced married
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1897
8. AGE: Years 42 Months Days If less than one day hr. min.
9. Birthplace md (town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Daisy L Gorman
(b) Address 546 Wilson st
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/25/39 (month) (day) (year)
(c) Cemetery or crematory Arbutus md
Location
18 (a) Funeral director Thos. E. Kelson
(b) Address 1303 Presidman
19 (a) JUL 25 1939 (Date received by Registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-21-39 19 , at 11 — A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: syphilis of aorta — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Conrad Acton M.D. Medical Examiner
Date signed 7-22-39

VS 6

59981 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 59981

CERTIFICATE OF DEATH

34-92-a

1. PLACE OF DEATH Provident Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1514 Division St St. ... Ward) 18-2

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rosetta Woods — If U. S. Veteran specify WAR .....

(a) Residence: No. 208 Schroeder St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	ed	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm

6. DATE OF BIRTH (month, day, year) July 19 1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	/	↓	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A. A. Co. Md

FATHER

13. NAME Charles H. Sloss

14. BIRTHPLACE (city or town) (State or country) A. A. Co. Md

MOTHER

15. MAIDEN NAME Victoria Esty

16. BIRTHPLACE (city or town) (State or country) A. A. Co. Md

17. INFORMANT Esther Toogood

(Address) 208 N. Schroeder

18. BURIAL, CREMATION, OR REMOVAL [illegible] Date 7/26 39

19. UNDERTAKER Thos. E. Kelson

(Address) 1363 Pressman St

20. FILED ... 19... Huntington Williams, M.D. Registrar

JUL 25 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-23-39 19

22. I HEREBY CERTIFY, That I attended deceased from 7-18-39 19... to 7-23-39 19...

I last saw her alive on 7-23-39 ... Death is said to have occurred on the date stated above, at 1.00 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Insufficiency	?
	[illegible]
Other contributory causes of importance: Coronary Occlusion	7-22-39

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Edith Maloney M. D.

(Address) Provident Hospital

V8 B

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 59982

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

216-M

Registered No. F 59982

THE MORGUE

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Agnes Hospt
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1917 Brentwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

7563

3 (a) FULL NAME John Sonnenleiter
3 (b) If veteran, name war
3 (c) Social Security Account No. Widowed
4. Sex M
5. Color or race W
6 (a) ~~Single married~~, widowed, ~~or divorced~~ Widowed
6 (b) Name of husband or wife Johanna
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug 1 1861
8. AGE: Years 78 Months 11 Days 4 If less than one day hr min
9. Birthplace Balto (Town, County, and State)
10. Usual Occupation Cabinet Maker
11. Industry or business
12. FATHER Name Michael
13. Birthplace Germany
14. MOTHER Maiden Name Anna Holbecker
15. Birthplace Germany
16 (a) Informant John Sonnenleiter
16 (b) Address 1917 Brentwood Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) 7 (day) 26 (year) 39
17 (c) Cemetery or crematory Baltimore Cem
Location N York Av & E
18 (a) Funeral director Edward Gudeon
18 (b) Address 1337 Wash Blvd
19 (a) Filed 7 25 1939 (Date filed by registrar) (b) Huntington Williams Md Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-23-39 19 . at 10:45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fractured skull — Duration: 15 min
Due to
Due to
Other Conditions Fractured ribs
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 7-23-39
(c) Where did injury occur? Spruce St. + Wash. Blvd (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? street (Specify type of place) While at work? no
(e) Means of injury pedestrian struck by auto

23. Signature Conrad Acton MD M.D. Medical Examiner
Date signed 7-24-39

VS 6

F. 59983

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-c F 59983 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona Avenue
(c) Hospital or institution: Edgewood Sanatorium
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2945 St. Paul St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Josephine Ewalt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife George Ewalt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 9, 1849

8. AGE: Years	Months	Days	If less than one day
89	10	15	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation housewife, retired
11. Industry or business

FATHER
12. Name William Smith
13. Birthplace England

MOTHER
14. Maiden Name Margaret ?
15. Birthplace England

16 (a) Informant Dr. G. Latrobe Ewalt
(b) Address 2945 St. Paul Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/25/1939 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore, Md.

18 (a) Funeral director John O. Mitchell Funeral Dir.
(b) Address 1900 Eutaw Place

JUL 25 1939 Huntington Williams M.D. Registrar
(Date received by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24, 1939, at M

21. I certify that death occurred on the date above stated, that I attended deceased from July 21 1939 to July 24 1939, and that I last saw her alive on July 24 1939.

Immediate cause of death: Myocardial insufficiency — Duration: 4 days
Due to: senility
Due to:
Other Conditions: none
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature G Latrobe Ewalt M.D.
Address 2945 St. Paul St. Date signed 7/25/39

59984 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 59984

CERTIFICATE OF DEATH

106-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St.) 11-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Female Pennington

If U. S. Veteran specify WAR .....

(a) Residence: No. 1114 N. Calvert St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept. 1, 1905

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
33	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trained Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2048

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) —

FATHER

13. NAME Philip M. Pennington

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Mrs. Henry Foley
(Address) 406 St. Dunstans Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemy. Date July 26 1939

19. UNDERTAKER John D. Mitchell & Sons Inc.
(Address) 1900 Eutaw Place

20. FILED Houston Hoffman Mch Registrar.
JUL 25 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr. 4, 1939 to July 24, 1939
I last saw her alive on July 24, 1939. Death is said to have occurred on the date stated above, at 6 30 p m.

The principal cause of death and related causes of importance were as follows:

Cirrhosis
Bronchiectasis

Date of onset 6/16/39 ?

Other contributory causes of importance:

Bronchopleural fistula following operation

Was an operation performed? Yes Date of 5/26/39

For what disease or injury? Bronchiectasis

Name of operation Lobectomy

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) H. R. Pennington M. D.

(Address) St. Joseph's Hospital

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 59986

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59985

CERTIFICATE OF DEATH

1253

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Maryland. Registered No.

CITY OF BALTIMORE: (No.) St. 15 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank J. Williams

If U. S. Veteran specify WAR

(a) Residence: No. 2002 Monroe Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
~~WIFE~~ of Margaret Schul

6. DATE OF BIRTH (month, day, year) June 14, 1900

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	39	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truckman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Port Jervis New York

FATHER

13. NAME Isaac Williams

14. BIRTHPLACE (city or town) (State or country) Port Jervis New York

MOTHER

15. MAIDEN NAME Elizabeth Morehead

16. BIRTHPLACE (city or town) (State or country) Port Jervis New York

17. INFORMANT Records-U. S. Marine Hospital
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cemetery Date 7-27-39

19. UNDERTAKER Wm. J. Tickner & Sons,
(Address) North & Pa. Avenues

20. FILED JUL 25 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1939 to July 24, 1939

I last saw him alive on July 24, 1939 Death is said to have occurred on the date stated above, at 8:05a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, acute diffuse,	7/17/39
cause undetermined	
Other contributory causes of importance:	
Hepatitis, acute toxic, cause	7/17/39
undetermined	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? P. M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. L. Wallamudee M. D.

(Address) U. S. Marine Hospital, Baltimore, Maryland.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

59986 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 59986

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 7-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME George Vogler

If U. S. Veteran specify WAR

(a) Residence: No. 2324 E. Madison St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elsie Vogler

6. DATE OF BIRTH (month, day, year) July 10 - 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	—	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jeweler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME John Vogler

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Ulrich

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Elsie Vogler

(Address) 2324 E. Madison St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date July 28, 1939

19. UNDERTAKER John Schmidt

(Address) 2220 E. Eager

20. FILED JUL 25 1939 19 Registrar.

Funeral for Wednesday, 1:45

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1939, to July 25, 1939.

I last saw him alive on July 24, 1939. Death is said to have occurred on the date stated above, at 6:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coronary Thrombosis	
1. Acute Coronary Thrombosis	
2. Cardiac Failure, Congestive	
3. Generalized Arteriosclerosis	

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, what?

(Signed) F. J. Vallner M. D.

(Address) Mercy Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 59987

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

210-M Registered No.

F 59987

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Maryland
(c) Hospital or institution:
St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Va. (b) County
(c) City or town Petersburg
(If outside city or town limits, write RURAL and give town)
(d) Street No. Oakdale Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mack Mitchell

3 (b) If veteran, name war

3 (c) Social Security Account No. 226-07-7248

4. Sex M.

5. Color or race W.

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Winifred Mitchell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 7, 1911

8. AGE: Years 27 | Months 11 | Days 15 | If less than one day: hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Mechanic

11. Industry or business

FATHER
12. Name John Mitchell
13. Birthplace Va.

MOTHER
14. Maiden Name Lilette Moore
15. Birthplace Va.

16 (a) Informant Mrs. K. C. Mitchell
(b) Address Oakdale Ave., Petersburg, Va.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 7/25/39 (month) (day) (year)
(c) Cemetery or crematory Laudon Park
Location Fred. Rd. Balto., Md.

18 (a) Funeral director F. C. Higinbotham, Jr.
(b) Address Ellicott City, Md.

19 (a) (b) (Registrar)

JUL 25 1939

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-24- 1939, at 1:47 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death
Section 7 Spinal Cord

Due to Fractured 5th Cervical vertebra

Due to Compound fracture right fibula & tibia

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy As mentioned

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 7-11-39
(c) Where did injury occur? Prince George County
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public Place While at work?
(Specify type of place)
(e) Means of injury On a motorcycle - struck by Auto.

23. Signature Howard J. Howden M.D.
Medical Examiner

Date signed 7/25/39

F 59988

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E

Registered No. F 59988

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1617 Patapsco St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1617 Patapsco St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Lillie K. Hutton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race W.

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife William A. Hutton

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 18, 1870

8. AGE: Years 68 Months 11 Days 6 If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

MOTHER / FATHER

12. Name Henry W. Eckhardt

13. Birthplace Germany

14. Maiden Name Palles

15. Birthplace Md

16 (a) Informant William H Hutton

(b) Address 3212 Kenyon Ave.

17 (a) Int O Lwd (Burial, cremation, or removal) (b) Date thereof July 29, 1939 (month) (day) (year)

(c) Cemetery or crematory Int O Lwd

Location Balto Md

18 (a) Funeral director G. Howard Evans

(b) Address 1400 W Baltimore St Huntington Williams Inc.

19 JUL 25 1939 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1939, at 8:45 A. M.

21. I certify that death occurred on the date above stated, that I attended deceased from June 1938 to July 24 1939.

and that I last saw her alive on July 23 1939.

Immediate cause of death Cerebral Embolism

Duration 1 wk

Due to

Due to

Other Conditions Arteriosclerosis 18 Mos

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature C. F. Hawkins

Address C/O Randall St Date signed 7/26/39

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 59989 | Registered No. F 59989

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2519 Emerson Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 Week

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Dorchester
(c) City or town Hooperville Md (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Maggie Matilda Tyler
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Samuel M. Tyler
6 (c) If alive, give age 62 years
7. Birth date of deceased (mo., day, yr.) June 10, 1880
8. AGE: Years 59 Months 1 Days 14 If less than one day hr. min.
9. Birthplace Maryland (City, county, and state)
10. Usual Occupation Housewife
11. Industry or business

MOTHER / FATHER
12. Name Peter Willey
13. Birthplace Md.
14. Maiden Name Mary Ripper
15. Birthplace Md

16 (a) Informant Samuel M. Tyler
(b) Address Hoopersville Md

17 (a) Hooperville (Burial, cremation, or removal) (b) Date thereof July 26 1939 (month) (day) (year)
(c) Cemetery or crematory Hooperville
Location Hoopers Island
18 (a) Funeral director C. Howard Evans
(b) Address 1400 Ashland Ave
19 JUL 25 1939 Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24, 1939, at 6.30 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 7/17. 1939 to 7/24/ 1939 and that I last saw her alive on 7/23/ 1939.

Immediate cause of death	Duration
Hypertensive cardio-vascular renal disease	?
Due to	
Due to	
Other Conditions Uraemia	7/19/39

(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations
Of autopsy

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Deibel M.D.
Address 1226 Hanover St Date signed 7/24/39

VS 3

F 59990

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53-V

F 59990 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland Baltimore, Md.
(c) City or town Longfellow Hotel (If outside city or town limits, write RURAL and give town)
(d) Street No. Longfellow Hotel, Baltimore 2 W Madison St (If rural give location)
(e) If foreign born, how long in U. S. A.? Lifetime years

3 (a) FULL NAME Aaron Brafman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 72 | Months | Days | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Retired Financier

11. Industry or business

MOTHER | FATHER

12. Name Abraham Brafman

13. Birthplace Germany

14. Maiden Name Susan Wagelin

15. Birthplace Balto. Md.

16 (a) Informant Mrs. H. L. Frank

(b) Address Hearst Tower Bldg.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 26, 1939 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Ohab Shalom

Location Balto. Md.

18 (a) Funeral director Baird Sonnheim & Son

(b) Address 1902 Eutaw Place

JUL 25 1939 (Date received by registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1939 at 6.50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 14 1939 to July 25 1939 and that I last saw him alive on July 24 1939.

Immediate cause of death	Duration
Melanosarcomatosis following	4 mos.
Due to Primary melanosarcoma of retina	1½ yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Melanosarcomatosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature S. D. Sunder, M. D.

Address Union Memorial Hospital (Signed) 7/25/39

M. D. B 1268-9

E 59991

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 59991

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 N. Vincent St. 19-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arthur Johnson

(a) Residence: No. 411 N. Vincent St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 10-28-'08

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
30 31	8	25		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer (Contractor)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 6 Mos. 11. Total time (years) spent in this occupation 12 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Eva Johnson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Eva Johnson

(Address) 411 N. Vincent St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date July 27, 19 39

19. UNDERTAKER Mrs Katie R. Williams

(Address) 211 N. Schroeder St

20. FILED JUL 25 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-23- , 19 39

22. I HEREBY CERTIFY, That I attended deceased from 7-20- , 19 39 to 7-23- , 19 39

I last saw h alive on 7-20- , 19 39 Death is said to have occurred on the date stated above, at 9.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	6 Mos.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis X-Ray Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) George C. Page M. D.

1616 N. Monument St.

Conrad Aston M.D. Assistant Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V S 3

F 59992

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-a F 59992 Registered No.

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 532 Linden Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 532 Linden Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

13

3 (a) FULL NAME Charles Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col	married

6 (b) Name of husband or wife Minnie Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 8 - 1875

8. AGE: Years	Months	Days	If less than one day
64	3	14	hr. min.

9. Birthplace Calvert Co. Md (Town, county, and state)
10. Usual Occupation janitor
11. Industry or business City Hall

FATHER
12. Name Samuel Smith
13. Birthplace Calvert Co. Md

MOTHER
14. Maiden Name Sarah ---
15. Birthplace Calvert Co. Md

16 (a) Informant Mrs Minnie Smith
(b) Address 532 Linden St

17 (a) (Burial, cremation, or removal) (b) Date thereof July 27/39 (month) (day) (year)
(c) Cemetery or crematory not auburn cem
Location Balto Md

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St
(c) Filed by registrar Huntingtown Williams, Md.

JUL 25 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 13 1939 to July 22 1939. and that I last saw him alive on April 19 1939.

Immediate cause of death Chronic Myocarditis & Aortic Insufficiency

Due to Lobar Pneumonia

Due to Onset Mar 13 to April 19

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: Mar 13 to April 19

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. C. Pattison M. D.
Address 512 Hamilton Ave Date signed
Howard J Pratt M.D. Chief Med Examiner

59993 HEALTH DEPARTMENT—CITY OF BALTIMORE 59993

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. ..... St. 9-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME James D. O'Neill

If U. S. Veteran specify WAR .....

(a) Residence: No. 825 E. 41st St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Sept. 20-1903

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
35	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Spare carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
June 1939	

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME James O'Neill

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Esther Tate

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Henry O'Neill

(Address) 825 E. 41st St.

18. BURIAL, CREMATION, OR REMOVAL

Place Nun. Bath. Date July 26 1939

19. UNDERTAKER John A. McGann

(Address) 3000 E. Balto. St.

20. FILED ..... 19 ..... Registrar.

JUL 25 1939 Huntingtown Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27 1939.

22. I, HEREBY CERTIFY, That I attended deceased from July 22 1939 to July 27 1939

I last saw him alive on July 24 1939. Death is said to have occurred on the date stated above, at ..... p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilatation	

Other contributory causes of importance:

Arteriosclerosis	2-3 years
	Months

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Howard J. Haslam M. D.

(Address) Mercy Hospital

Howard J. Haslam M. D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B55964 — 59994

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

92-a — Registered No. 59994

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Prince George
(c) City or town Beltsville (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Solomon Nester

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Wavie Nester
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-13-10

8. AGE: Years	Months	Days	If less than one day hr.	min.
28	9	12		

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER — 12. Name Wm. Nester
13. Birthplace

MOTHER — 14. Maiden Name Minnie Goad
15. Birthplace

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof 7-28-39 (month) (day) (year)
(c) Cemetery or crematory Ft Lincoln Md.
Location Prince Georges Co Md.

18 (a) Funeral director W. W. Johansen Co
(b) Address Riverdale Md.

19 (a) JUL 25 1939 (b) Huntington Williams Reg. (Date received by registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1939 at 8 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 18 1939 to July 25 1939 and that I last saw him alive on July 25 1939.

Immediate cause of death	Duration
Cerebral Embolism	24 hrs.
Due to Aortic and mitral Stenosis and Insufficiency Auricular Fibrillation	3 yrs.
Due to Chronic Rheumatic Heart Dis.	?

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Calcified Aortic Valve

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Roy Pollack M.D.
Address J. H. H. Date signed 7-25-39

F 59995

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B V

Registered No. F 59995

THE MORGUE

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 314 E. Lanvale St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
12-5
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ~~Brown~~ Robert P. Smith

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Cen

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 65 | Months | Days | If less than one day: hr. min.

9. Birthplace: Cen
(Town, county, and state)

10. Usual Occupation: Cen 0087

11. Industry or business

FATHER
12. Name: Cen
13. Birthplace

MOTHER
14. Maiden Name: Cen
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUL 25 1939
Commissioner of Health

18 (a) Funeral director. Per M. A. Moore
(b) Address

19 JUL 25 1939 (Date rec'd by registrar) Huntington Williams, M.D. Reg. No. 5948

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-12-39 19 , at 2:45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Sclerosis — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Conrad Acton M.D.
Medical Examiner
Date signed 7-18-39

VS 6

F 59996

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59996

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5252 St Charles Ave St 27-18 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William A. Allen

If U. S. Veteran specify WAR .....

(a) Residence: No. 5252 St Charles Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~[illegible]~~ Elizabeth Allen

6. DATE OF BIRTH (month, day, year) Nov 13, 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coats 1086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Union Trust Co

10. Date deceased last worked at this occupation (month and year) Oct 1937

11. Total time (years) spent in this occupation 14 yrs

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME August Allen

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Regina Ritter

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Elizabeth Allen

(Address) 5252 St Charles Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem. Date ..... 19....

19. UNDERTAKER Joseph Syers

(Address) 5005 Park Heights Ave

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1-39 ..... 19.... to July 24 ..... 19 39

I last saw h.. alive on July 24 ..... 19 39 Death is said to have occurred on the date stated above, at 5:20 P M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis -	about Jan 1/39
Other contributory causes of importance: Aorto-sclerosis	?

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation None

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) Walter Dubbs M. D.

(Address) 2220 Harrison

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

JUL 26 1939

F 59997

F 59997 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1624 Chilton St. 9-h Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Rose T. Keede

(a) Residence: No. 1624 Chilton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed, or Divorced~~ (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — — —

6. DATE OF BIRTH (month, day, year) Aug 30 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School Teacher

10. Date deceased last worked at this occupation (month and year) 1934 | 11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Peter V. Keede

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Hattie Kunzler

16. BIRTHPLACE (city or town) (State or country) Berlin Md

17. INFORMANT Estelle Keede

(Address) 1624 Chilton St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date 7/25, 1939

19. UNDERTAKER William Cook

(Address) 1217 St. Paul St

JUL 26 1939 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/23 1939

22. I HEREBY CERTIFY, That I attended deceased from 7/1/39, 19 ... to 7/23/39, 19 ...

I last saw h... alive on 7/23/39, 19 ... Death is said to have occurred on the date stated above, at 7:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1 day
Other contributory causes of importance:	
Hypertension	1 year

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. J. Hermann M. D.

(Address) 2913 E. Fairfield Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE 59998

59998

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp St. 9-4 Ward)

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 7 da. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.

2. FULL NAME Mary E Purcell

If U. S. Veteran specify WAR ____

(a) Residence: No. Herbert Cherryville, Pa. St., ____ Ward. ____

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Francis

6. DATE OF BIRTH (month, day, year) Sept. 6 75

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	63	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Schuylkill Co. Penna.

FATHER

13. NAME John Bowes

14. BIRTHPLACE (city or town) (State or country) Pottsville Pa.

MOTHER

15. MAIDEN NAME Annie McNamara

16. BIRTHPLACE (city or town) (State or country) Middle Port Pa.

17. INFORMANT Jno. - John Bowes

(Address) 42-29 Frankford Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cortsville, Pa. Date 7-29 39

19. UNDERTAKER STEWART & MOWEN COMPANY

(Address) (W. F. WOODEN SUC.) 100 N. NORTH AVENUE

20. FILED JUL 26 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7 26 1939

22. I HEREBY CERTIFY, That I attended deceased from 7-24 1939 to 7-26 1939

I last saw her alive on 7-25 1939 Death is said to have occurred on the date stated above, at 12 12 am m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7-25-39
Arteriosclerosis	?
Diabetis Mellitus	?

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____ 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) M. R. Tennant M. D.

(Address) St. Joseph's Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

U F 50999

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-F 50999 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 841 Hollins St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) 60

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 841 Hollins St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 40. years

3 (a) FULL NAME ANDREW PALOVIS

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife ELIZABETH.
6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years 64 | Months | Days | If less than one day (hr. min.

9. Birthplace Lithuania (Town, county, and state)

10. Usual Occupation TAILOR.
11. Industry or business Venetian Awning Co.

FATHER 12. Name John Palovis
13. Birthplace Lithuania

MOTHER 14. Maiden Name Margaret Unknown.
15. Birthplace Lithuania

16 (a) Informant Joseph Miliuaitis
(b) Address 841 Hollins St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 7-26-39 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Charles B Leuhamburg Jr.
(b) Address 637 S. Paca St.

(a) Filed regular registration (b) Huntington Williamson, N.J. Registrar

JUL 28 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1939 to July 25 1939. and that I last saw him alive on July 25 1939.

Immediate cause of death Myocarditis
Due to Arteriosclerosis
Due to Hypertension

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration: Abt. 4 mos

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph S. Bruesmus M. D.
Address 37 W. Preston St. Date signed 7-27-39

F 60000 — 60000 — 4037 Falls Rd — F 60000

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 693-C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4401 Groveland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4401 Groveland Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

2867

3 (a) **FULL NAME** William A. Kuszmaul

3 (b) If veteran, name war —

3 (c) Social Security Account No. 705-10-2298

4. Sex: Male

5. Color or race: White

6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 7th 1868

8. AGE: Years 71 | Months 4 | Days 18 | If less than one day: hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Retired Keeper 3d

11. Industry or business Machinist 3d

FATHER
12. Name John Kuszmaul
13. Birthplace Md

MOTHER
14. Maiden Name Emily [illegible]
15. Birthplace Md.

16 (a) Informant Emory Kuszmaul
(b) Address 4401 Groveland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/28/39 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 217 St. Paul St

19 (a) (Date rec'd by registrar) (b) Registrar

JUL 25 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25th 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 30 1939, to July 25 1939, and that I last saw him alive on July 24 1939.

Immediate cause of death: Cardiac Dilatation — Duration 24 hrs

Due to Myocardial Insufficiency

Due to Arteriosclerosis

Due to Cerebral Hemorrhage.

Other Conditions Contributing Factors.

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Emory H Kuszmaul M. D.
Address 4037 Falls Road Date signed 7/26/39

60001

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

Registered No. 60001

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARKS RESERVED FOR BINDER

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2307 Garrison Blvd

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 2307 Garrison Blvd (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George C. Diehl Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of ~~husband or~~ wife: Ida Diehl

6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) May 12 1875

8. AGE: Years 64 | Months 2 | Days 12 | If less than one day: hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business Self

FATHER 12. Name Henry Diehl

13. Birthplace Germany

MOTHER 14. Maiden Name Rosina Siegmund

15. Birthplace Germany

16 (a) Informant Geo. C. Diehl

(b) Address 1646 Chilton St

17 (a) Burial, ~~cremation, or removal~~ (b) Date thereof 7/28/39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Western

Location Balto Md

18 (a) Funeral director William Cook

(b) Address 1217 St. Paul St

19 (a) Filed by (b)

JUL 26 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24th 1939, at 11:52 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 22 1939 to July 24 1939 and that I last saw him alive on July 24, 1939.

Immediate cause of death (a) Hypertensive vascular disease with cerebral arteriosclerosis and terminal uraemia. — Duration 3½ yrs - 9 wks. - 5 days.

Due to

Due to

Other Conditions Hemiplegia Partial - 1 year ago.

(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature S. Kendig Wallace M.D.

Address 2839 Walbrook Ave. Date signed July 26th

60002 60002

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60002

CERTIFICATE OF DEATH

94-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 325 Forrest St. 5-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Lavinia Cooper

If U. S. Veteran specify WAR .....

(a) Residence: No. 325 Forrest St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, year)

7. AGE: Years: Approx 82 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Cumberland Md.

FATHER

13. NAME: Unknown.

14. BIRTHPLACE (city or town) (State or country): "

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT: Sadie Brydges

(Address) 325 Forrest St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Laurel Cemetery Date: July 26 1939

19. UNDERTAKER: Robert Brydges

(Address) 325 W. Oxford St.

20. FILED JUL 26 1939. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 23 1939 to July 23 1939

I last saw her alive on July 23 1939. Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

Coronary Sclerosis — Date of onset about June 1 1939

Other contributory causes of importance:

Was an operation performed? — Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Geo. L. Keller M. D.

(Address) 325 W. Lexington St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 60003

F 60003

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

146-F Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The MARGIN RESERVED FOR BINDING

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 802 N. Bradford St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 802 N. Bradford St. (If rural give location)

(e) If foreign born, how long in U. S. A.? 46yrs years

3 (a) FULL NAME Barbara Ruby (Hruby)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex female

5. Color or race white

6 (a) Single, married, widowed, or divorced. widow

6 (b) Name of husband or wife Jos. Hruby (Ruby)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 4, 1870

8. AGE: Years 69 | Months 7 | Days 19 | If less than one day hr. min.

9. Birthplace Czeckoslovakia (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER 12. Name unknown

13. Birthplace

MOTHER 14. Maiden Name unknown

15. Birthplace

16 (a) Informant James Ruby (Hruby)

(b) Address 802 N. Bradford St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/27/39 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Rd. & Moravia Ave.

18 (a) Funeral director Charles E. Schimunek.

(b) Address 2603 E. Madison St.

19 (a) [illegible] (registrar) Huntington Williams M.D.

JUL 25 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1939, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 5 1939 to July 23 1939.

and that I last saw h[illegible] alive on July 23 1939.

Immediate cause of death: Hypostatic Pneumonia — Duration: 3 days 7/21/39

Due to: Carcinoma of Pancreas — July 23 1939 — 5 — 1939

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature William J. Eyaus M.D.

Address 901 N. Kenwood Ave. Date signed 7/25/39

OGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

Registered No. 80004

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore, Maryland

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Mos.

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 601 Franklintown Rd. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Hensel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	widow

6 (b) Name of husband or wife Adam

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-27-1863

8. AGE: Years	Months	Days	If less than one day hr.	min.
76	5	27		

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name August Bedgar

13. Birthplace Germany

MOTHER 14. Maiden Name Christine ackles

15. Birthplace Germany

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Final (Burial, cremation, or removal) (b) Date thereof July 29 39 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Baltimore Md

18 (a) Funeral director Gilbert Cook

(b) Address 1217 E Fort Ave

19 (a) Date received JUL 26 1939 (b) Registrar's signature

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1939, at 6.25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-30 1939 to 7-29 1939, and that I last saw h alive on 7-29 1939.

Immediate cause of death Carcinoma of the Breast — Duration 6 mos.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. M. Langslatter M. D.

Address Balto City Hosp. Date signed 7-25-39

Worth

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60005

CERTIFICATE OF DEATH

X V 45-B

1. PLACE OF DEATH Edgewood Sanatorium

CITY OF BALTIMORE: (No. 6000 Bellona Ave St., 27-12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 15 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William G. Worth

If U. S. Veteran specify WAR

(a) Residence: No. Randall's Md. (County) St. ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Susanne Worth

6. DATE OF BIRTH (month, day, year) Feb. 17-1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ship Joiner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery Paint Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT Mrs. Wm. Stall

(Address) 48 Brookside Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 7/27/39

19. UNDERTAKER John E. Connelly

(Address) Essex Md.

FILED JUL 26 1939

19 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1939 to July 25, 1939

I last saw him alive on July 22, 1939. Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Tongue & Throat	?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. W. Wheaton, M. D.

(Address) 4507 York Rd

(over)

60006

60006

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53-c

Registered No. 60006

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greene & Lombard
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore City
(c) City or town Baltimore City (If outside city or town limits, write RURAL, and give town)
(d) Street No. 842 W. Fayette St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Kuthley

3 (b) If veteran, name war: No.
3 (c) Social Security Account No. 215-05-7381

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Mrs Kuthley
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) May 14 1884

8. AGE Years	Months	Days	If less than one day hr.	min.
55	2	10		

9. Birthplace Hampton Virginia (Town, county, and state)
10. Usual Occupation Ship-builder - ret'd
11. Industry or business

FATHER
12. Name John Kuthley
13. Birthplace Harford County Md

MOTHER
14. Maiden Name Lee Jenkins
15. Birthplace ? Va.

16 (a) Informant Mrs E. Kuthley
(b) Address 842 W Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27 1939 (month) (day) (year)
(c) Cemetery or crematory Oaklawn
Location Hampton, Va

18 (a) Funeral director Frederick A Dole
(b) Address 1200 W Lombard St

19 (a) (Date received by registrar) (b) Registrar

JUL 28 1939

VS 3

Dale Funeral for Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1939, at 6:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1939 to July 24 1939.
and that I last saw h alive on July 24 1939

Immediate cause of death Brain tumor, malignant - left frontal parietal area — **Duration** 7 1/2 yrs.
Due to
Due to
Other Conditions Epithelial cyst of ovary - Bronchopneumonia
(Include pregnancy within 3 months of death)

Major findings:
Of operations Brain tumor - not verified
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. T. Lisanby M. D.
Address Hampton, Va Date signed

F 60007

F 60007

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1447 Homestead St. 9-2 Ward)

Length of residence in city or town where death occurred — yrs. 18 mos. 9 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

If U. S. Veteran specify WAR —

2. FULL NAME Preston Hoton Disney Jr

(a) Residence: No. 1447 Homestead St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) JAN. 16 1938

7. AGE	Years	Months	Days	If LESS than 1 day, — hrs. or — min.
	—	18	9.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Preston Hoton Disney

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mabel Howar

16. BIRTHPLACE (city or town) (State or country) Prince George County Va.

17. INFORMANT Mrs Preston H. Disney Jr
(Address) 1447 Homestead St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Date 7-27-39 19

19. UNDERTAKER L. B. Wilbert
(Address) 1306 Eutaw place

FILED JUL 26 1939 19 Registrar.

Hunting for Williamsburg

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25 39

22. I HEREBY CERTIFY, That I attended deceased from May 18 39 to July 25 1939

I last saw him alive on July 25 1939 Death is said to have occurred on the date stated above, at 4:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Duration
Lobar pneumonia	7/23/39
Acute tonsillitis & grippe	6/30/39

Other contributory causes of importance:

Eczema	7 mo

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clin. data Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If yes, what?

(Signed) Leo Schlegel M. D.

(Address) 4600 Liberty Heights Ave

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 60008

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B F 60008 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH: 2742 WILKENS AVE.
(a) Baltimore City, Maryland
(b) Street address 2742 WILKENS AVE.
(c) Hospital or institution: .....
(d) Length of stay in hospital or inst. (yrs., mos., or days) ——
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2742 WILKENS AVE.. (If rural give location)
(e) If foreign born, how long in U. S. A.? .... years

3 (a) FULL NAME ..... JOHN C. GOODMUTH.....

3 (b) If veteran, name war: NO....
3 (c) Social Security Account No. 219-03-4352

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife LEONA GOODMUTH
6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) OCT. 10.1893

8. AGE: Years	Months	Days	If less than one day
45	9	13	---hr. ---- min.

9. Birthplace BALTIMORE..MARYLAND.... (Town, county, and state)
10. Usual Occupation FOREMAN..CHEMICAL WORKS
11. Industry or business VICTOR G.BLODIE CO.

FATHER
12. Name GEORGE GOODMUTH
13. Birthplace GERMANY

MOTHER
14. Maiden Name MARY TRAUBE
15. Birthplace GERMANY

16 (a) Informant MRS. LEONA GOODMUTH
(b) Address 2742 WILKENS AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7/26/39 (month) (day) (year)
(c) Cemetery or crematory LOUDON PARK
Location 3801 FREDERICK AVE..

18 (a) Funeral director H. B. Herbert & Son
(b) Address 1300 EUTAW PLACE...C.

JUL 26 1939 (Registrar) Livingston Williams M.D. (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH JULY..23.....1939. at 3:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 23 1939 to July 23 1939. and that I last saw him alive on 7-23- 1939.

Immediate cause of death	Duration
Coronary thrombosis	3 hrs
Due to	
Due to	
Other Conditions Cerebral Hemorrhage	1 hr

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Benjamin Miller M. D.
Address 2030 WILKENS AVE Date signed 7/ /39

Oh Amend Doctor's certificate

F 60009

F 60009

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

182-a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH: 411 S. Bentalou Street
(a) Baltimore City, Maryland
(b) Street address 411 S. BENTALOU ST.
(c) Hospital or institution:

20-5

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) .LIFE.

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 411 S. BENTALOU STREET (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME .... JOHN P. NEIMEYER ....

3 (b) If veteran, name war: NO..
3 (c) Social Security Account No.:
4. Sex: MALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: MARRIED
6 (b) Name of husband or wife: TENA NEIMEYER
6 (c) If alive, give age: 70 years
7. Birth date of deceased (mo., day, yr.): OCT. 8. 1859
8. AGE: Years 79... Months 9.. Days 17.. If less than one day ; hr. .... min.
9. Birthplace: Baltimore...Maryland.... (Town, county, and state)
10. Usual Occupation: Baltimore Transit Co
11. Industry or business:

FATHER
12. Name: AUGUST NEIMEYER
13. Birthplace: GERMANY

MOTHER
14. Maiden Name: JOHANNA F. FILHUG
15. Birthplace: GERMANY

16 (a) Informant: MRS. TENA NEIMEYER
(b) Address: 411 S. BENTALOU STREET

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7/28/39 (month) (day) (year)
(c) Cemetery or crematory: WESTERN CEMETERY
Location: 2900 Blk. EDMONDSON AVE.

18 (a) Funeral director: J. B. Hepperd & Son
(b) Address: 1300 EUTAW PLACE.....C.

19 (a) ... (Registrar) ... Wm. H. Williams

JUL 26 1939

MEDICAL CERTIFICATION

A.

20. DATE OF DEATH JULY 25.... 1939. at 5:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 7 1939. to July 26 1939.
and that I last saw him alive on July 25, 1939.

Immediate cause of death
Cerebral Hemorrhage
Due to Hypertension
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. Ham M. D.
Address 1215 S. HANOVER ST. Date signed 7/29/39
Dr. C. HAM..

3659 60810

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1108 Registered No. F 60810

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 310 W. Lanvale St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Cora Bowen — (Cora V. Bowen) X

3 (b) If veteran, name war No | 3 (c) Social Security Account No. No

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-6-77

8. AGE: Years 62 | Months 5 | Days 23 | If less than one day — hr. — min.

9. Birthplace Md. Baltimore (Town, county, and state)

10. Usual Occupation Reg Nurse

11. Industry or business Nursing

FATHER 12. Name Clayton Bowen
13. Birthplace Pa

MOTHER 14. Maiden Name Susie E. Richards
15. Birthplace Balto County Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/27/39 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville - Balto Co. Md

18 (a) Funeral director F. B. Stuppert & Son
(b) Address 300 Eutaw Place

19 (a) Delayed by registrar (b) [illegible]

JUL 26 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1939 at 7:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 25 1939 to July 25 1939. and that I last saw him alive on July 24 1939.

Immediate cause of death Lobar Pneumonia — Duration 3 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Florence Billings M.D.
Address J. H. Hospital Date signed 7/25/39

60011 HEALTH DEPARTMENT—CITY OF BALTIMORE 60011

51-13

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md General Hosp (Street) 15-18 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John F. Monmonier

If U. S. Veteran specify WAR

(a) Residence: No. 4114 Penhurst Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary E.

6. DATE OF BIRTH (month, day, year) Oct 2, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chicago Illinois

FATHER

13. NAME Louis Monmonier

14. BIRTHPLACE (city or town) (State or country) Balt. Md.

MOTHER

15. MAIDEN NAME Harriett East.

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mary E Monmonier
(Address) 4114 Penhurst Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date July 29 19 39

19. UNDERTAKER John A McClean
(Address) 3004 E. Baltimore St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month) July 24 19 39

22. I HEREBY CERTIFY, That I attended deceased from 7-11-39 19 to 7-24-39 19

I last saw him alive on 7-24 19 39 Death is said to have occurred on the date stated above, at 7 5/8 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of bladder	?
Carcinomatosis.	?
Other contributory causes of importance: Uremia	7-19-39

Was an operation performed? Yes Date of 7-18-39

For what disease or injury? Ca

Name of operation Laparotomy - Colostomy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr. W. Hyman Lee M. D.

(Address) Md Gen Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 26 1939

60012

HEALTH DEPARTMENT—CITY OF BALTIMORE

60012

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2321 Druid Hill Ave St.) (13-3 Ward)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie E. Dykman

If U.S. Veteran specify WAR .....

(a) Residence: No. 2321 Druid Hill Ave., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thereal

6. DATE OF BIRTH (month, day, year) April 4, 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Louisa Blackstone

16. BIRTHPLACE (city or town) (State or country) Annapolis, Md.

17. INFORMANT Lillie Weaver
(Address) 2321 Druid Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date July 26, 1939

19. UNDERTAKER Wm. Geo. A. Holland
(Address) 1631 Druid Hill Ave.

20. FILED JUL 26 1939 19 ... Registrar. W. Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24 1939

I HEREBY CERTIFY, that I attended deceased from May 24 1939 to July 23 1939

I last saw her alive on July 23 1939 Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	?
Senility	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, ...

(Signed) S. B. Hughes

(Address) 1413 Linden Ave W

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60013

CERTIFICATE OF DEATH

97 F 60013

1. PLACE OF DEATH St. Joseph's Hosp. 6-4

Registered No.

CITY OF BALTIMORE: (No. Caroline & Oliver St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Polte

If U. S. Veteran specify WAR

(a) Residence: No. 23 N. Wolfe St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Caspar Polte

6. DATE OF BIRTH (month, day, year) Oct 23 - 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME ? Meyback

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Casper Polte (Address) 23 N. Wolf St

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Date July 28 1939

19. UNDERTAKER Martin H. G. Dippel (Address) 37 S. Amity St

20. Filed JUL 28 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26 1939

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1939 to July 26 "+, 1939.

I last saw h[illegible] alive on July 26 "+, 1939. Death is said to have occurred on the date stated above, at 2:45 a.m.

The principal cause of death and related causes of importance were as follow:

	Date of onset
Arteriosclerosis	
Cardiac	
Cerebral	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. P. Cumpst M. D.

(Address) St. Josephs Hosp

VS 8

2. If—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60014

CERTIFICATE OF DEATH

F 60014

1. PLACE OF DEATH: Provident Hospital

CITY OF BALTIMORE: (No. 1514 Division St., ... Ward)

Registered No. ...
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR ...

2. FULL NAME: James Wallace

(a) Residence: No. 834 George St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Ethel

6. DATE OF BIRTH (month, day, year): ...

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Hospital

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Rockingham N. Car

FATHER

13. NAME: Braxton Wallace

14. BIRTHPLACE (city or town) (State or country): N. Car.

MOTHER

15. MAIDEN NAME: Debbie Wallace

16. BIRTHPLACE (city or town) (State or country): N. Car

17. INFORMANT: Arthur Wallace
(Address) 1435 Myrtle Ave

18. BURIAL, CREMATION, OR REMOVAL: Rockingham N.C. Date 7-26-39

19. UNDERTAKER: Adolphus Halstead
(Address) 911 N. Druid Hill Ave

20. FILED JUL 26 1939 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-24-39 19

22. I HEREBY CERTIFY, That I attended deceased from 7-17-39 19 ... to 7-24-39 19 ...

I last saw him alive on 7-24-39. Death is said to have occurred on the date stated above, at 6.40 A M

The principal cause of death and related causes of importance were as follows:

Pyonephrosis (Abscess of Kidney) — Date of onset July A.D. 19 ...

Other contributory causes of importance: ...

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Cath Maloney M. D.

(Address) Provident Hospital

V0 8

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 60018

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

23 Registered No. F 60015

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1447 Ward Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Martha D Thomas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Black | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882 ?1

8. AGE: Years 57 | Months - | Days | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housekeeper

11. Industry or business Private home

MOTHER / FATHER

12. Name - ?

13. Birthplace - ?

14. Maiden Name ?

15. Birthplace ?

16 (a) Informant Pearl Hall

(b) Address 1447 Ward St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 7/27/39 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cemetery

Location Baltimore - Liddo Rd.

18 (a) Funeral director Walter J. Sons & Co

(b) Address 1394 W. Pratt St.

19 (a) JUL 26 1939 (b) Registrar Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1939, at 7:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1939 to July 23 1939. and that I last saw her alive on July 23 1939.

Immediate cause of death: Massive pulmonary hemorrhage — Duration: 2 minutes

Due to: Pulmonary tuberculosis — 6 mos.

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Pulmonary tuberculosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John Z. Brown M.D.

Address University Hospital Date signed July 24

F 60016

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 60016 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 3405 Brendan Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Brockman Baby Girl

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
		2	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

MOTHER | FATHER
12. Name Vernn Brockman
13. Birthplace Maryland
14. Maiden Name Frances Merryman
15. Birthplace Maryland

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL JUL 20 1939

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) (b)

JUL. 26 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1939, at 5:43 A M

21. I certify that death occurred on the date above stated, that I attended deceased from July 18 1939, to July 20 1939, and that I last saw HER alive on July 19 1939.

Immediate cause of death	Duration
Prematurity	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Prematurity

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ethel Walsh M. D.
Address Baltimore Date signed 7/22/39

F 60017

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60017

CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Johns Hopkins Hospital St., 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME ..... Casserly

(a) Residence: No. 1510 East Hoffman St. St., ... Ward. 83
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) June 21, 1939

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
				15

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Casserly

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Alice Suchrufer

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place [redacted] Date JUL 26 1939, 19...

Commissioner of Health

19. UNDERTAKER .....
(Address) For H. A. Moon

20. FILED ..... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1939. to June 21, 1939.

I last saw him alive on June 21, 1939. Death is said to have occurred on the date stated above, at 8:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Adolphus Jackson M. D.

(Address) Johns Hopkins Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 26 1939

1951

F 60018

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-B

F 60018 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2125 Gilmore St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles M Mantler
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife Carrie
6 (c) If alive, give age 72 years
7. Birth date of deceased (mo., day, yr.) 3/3/[illegible]60
8. AGE: Years 79[illegible] Months 4 Days 21 If less than one day: hr. min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name George Mantler
13. Birthplace Md.

MOTHER
14. Maiden Name Mary McLaughlin
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27 39 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Hanford Road

18 (a) Funeral director John C. B. M. Watters
(b) Address Hatts Store Md.

(a) Date received by Registrar JUL 26 1939 (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1939. at 7:30 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from July 21 1939. to July 23 1939. and that I last saw him alive on July 20 1939.

Immediate cause of death Uremia — Duration

Due to Benign Prostatic Hypertrophy

Due to Bladder Tumor — 2 yrs.?

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations No operation
Of autopsy No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Bruno Barbare, Jr. M. D.
Address Johns Hopkins Hosp. Date signed 7/23/39

Grave #5

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183 ✓

Registered No. F 60019

F 60019

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Pier 19 Light Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Unknown (b) County
(c) City or town Unknown (If outside city or town limits, write RURAL and give town)
(d) Street No. 22-1 (If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Unknown-Male: Probably James Brennan (?)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race W

6 (a) Single, married, widowed, or divorced Unk

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unk

8. AGE Years 40? Months Days If less than one day hr min

9. Birthplace Unk (Town, county, and state)

10. Usual Occupation Unk

11. Industry or business

FATHER 12. Name Unk

13. Birthplace

MOTHER 14. Maiden Name Unk

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Location PUBLIC CEMETERY JUL 25 1939 Commissioner of Health

18 (a) Funeral director Per H. A. Moore

(b) Address Huntington Williams, Mgr.

19 JUL 26 1939 (Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/13/39 (?) 19 39, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death: Drowning — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide Probably accident
(b) Date of occurrence 7/13/39 (?)
(c) Where did injury occur? Unknown (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work (Specify type of place)
(e) Means of injury Drowning

23. Signature Wm. B. Vande Grift M.D
Medical Examiner
Date signed 7/26/39 asst
per A. Fossman
Secretary

F 60020 Aguas #6

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

217 G ✓ Registered No. F 60020

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ~~B & O R.R. tracks~~ ~~South NW Baths St.~~
(c) Hospital or institution St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 95 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME unknown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 45? Months Days If less than one day hr. min

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory PUBLIC CEMETERY

Location

18 (a) Funeral director Commissioner of Health

(b) Address

19 (a) JUL 26 1939 (Date rec'd by registrar) Registrar

JUL 26 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-11-39 19 at 10 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Hemorrhage	
Due to Crushed L. arm + L. leg	
Due to ~~Burn~~ trauma	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 7-11-39
(c) Where did injury occur? B+O RR tracks South of West Baths St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial — While at work? ? (Specify type of place)
(e) Means of injury R.R. train

23. Signature Conrad Acton M.D. Medical Examiner
Date signed 7-12-39

VS 6

60021 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 60021

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH Sinai Hospital
CITY OF BALTIMORE: (No. 600 N. Fulton Ave St., 25-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME William Harold Coulson
If U. S. Veteran specify WAR .....

(a) Residence: No. 52 Foothill Ave Ward. Soc Security No. None
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Irene Coulson

6. DATE OF BIRTH (month, day, year) March 20 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

FATHER

13. NAME Ernestus Coulson

14. BIRTHPLACE (city or town) (State or country) Doncaster Eng

MOTHER

15. MAIDEN NAME Emma Price

16. BIRTHPLACE (city or town) (State or country) Tredegar Wales

17. INFORMANT (Address) Nelson E. Webb 52 Foothill Ave Dundalk Md

18. BURIAL, CREMATION, OR REMOVAL
Place Glastonbury Md. Date July 29 39

19. UNDERTAKER (Address) Wm. C. Coulson 1219 E. Fayette St.

20. FILED JUL 26 1939 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26 1939

22. I HEREBY CERTIFY, That I attended deceased from 7/24 1939 to 7/25 1939
I last saw him alive on 7/26 1939 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	7/24/39
Myocarditis	?
Senility	?

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19..

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. Lloyd Johnson M. D.

(Address) Catonsville Md.

V 5 1

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 60022

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

92a1 ✓ Registered No. F 60022

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2809- W. Lafayette Ave.
(c) Hospital or institution: ----
(d) Length of stay in hospital or inst. (yrs., mos., or days) -----
(e) Length of stay in Baltimore (yrs., mos., or days) life

16-6

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town.)
(d) Street No. 2809-W. Lafayette Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ----- years

3 (a) FULL NAME Mary Geppi

3 (b) If veteran, name war ----
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife ----
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) 9/21/1916

8. AGE: Years	Months	Days	If less than one day
22	10	4	hr. ------ min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER 12. Name Vincent Geppi
13. Birthplace Italy

MOTHER 14. Maiden Name Rosalia (Reili)
15. Birthplace Italy

16 (a) Informant Miss Josephine Geppi
(b) Address 2809-W. Lafayette Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/28/39 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735-Harford Ave.

19 JUL 26 1939 (b) Huntington, W. Va. Registrar
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-26 1939 at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-25 1939 to 7-26 1939 and that I last saw h[illegible] alive on 7-26 1939.

	Duration
Immediate cause of death Multiple arthritis.	
Due to Enlarged tonsils infection for.	6 Mo
Due to	
Other Conditions Endocarditis.	5 Mo

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Date signed 7-27-39

VS 3

80023

46718-FS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

Registered No. 80023

The ... PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Street age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 660 Portland Pl. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Redelius

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married -sep.

6 (b) Name of husband or wife Alma
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-11-1897

8. AGE: Years	Months	Days	If less than one day
42	1	14	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Chauffeur
11. Industry or business

FATHER
12. Name Fred. Edward Redelius
13. Birthplace Germany

MOTHER
14. Maiden Name Hermie ? Higdon
15. Birthplace Balto. Md. Germany

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 7-28-39 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem
Location Balto Md

18 (a) Funeral director Margaret Flynn
(b) Address 1422 Light St.

19 (a) Huntington Williams Registrar
(Date received by registrar) JUL 27 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1939, at 9.25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-20 1939, to 7-25 1939, and that I last saw h im alive on 7-25 1939.

Immediate cause of death	Duration
Pulmonary Embolism	3 days
Due to Rheumatic Heart Disease	35 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Rheumatic Heart, Infarcts of Lungs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address Balto City Hosp Date signed 7-25-39

F 60024

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-5

F 60024
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balto City Hosp - 15-5
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 1626 Cereal St. (If outside city or town limits, write RURAL and give town)
(d) Street No. Balto. Md (If rural give location)
(e) If foreign born, how long in U. S. A.? 46 years

3 (a) FULL NAME Annie Zuelke

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Frederick Wm Zuelke

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 5, 1863

8. AGE: Years 76 | Months 76 | Days 11 | If less than one day ... hr. ... min

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Dont Know
13. Birthplace

MOTHER 14. Maiden Name Dont Know
15. Birthplace

16 (a) Informant Otto Paul Zuelke
(b) Address 1626 Cereal St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-27-39 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location

18 (a) Funeral director Margaret E. Flynn
(b) Address 1122 Light St.

19 (a) (Date rec'd by registrar) JUL 27 1939 (b) Huntington Williams, Asst

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-26-39 19 , at 6:30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to [illegible] death on the day stated above.

Immediate cause of death	Duration
Arteriosclerosis	
Due to Cerebral Thrombosis	3 days
Due to	
Other Conditions Healing fracture pelvis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Conrad Aeton Mus M.D. Medical Examiner
Date signed 7-26-39

80025 HEALTH DEPARTMENT—CITY OF BALTIMORE 80025

CERTIFICATE OF DEATH

5.0

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 634 S. Potomac St. St., 1-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julianna Waryjasz

If U. S. Veteran specify WAR

(a) Residence: No. 634 S. Potomac St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Waryjasz

6. DATE OF BIRTH (month, day, year) Feb. 16 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Martin Bernadzikowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Sophie Wonsowicz Daughter
(Address) 634 S. Potomac St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date July 28 1939

19. UNDERTAKER FRED. W. OZAZEWSKI
(Address) 1930 Eastern Ave.

20. FILED Hunting Ste Williams Registrar.

JUL 27 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1 1939 to July 25 1939

I last saw h alive on July 25 1939 Death is said to have occurred on the date stated above, at 3.30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast - right.	?
Cardiac Failure	July 21 '39
Other contributory causes of importance: Diabetes Mellitus	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Leo J. Wheeler M. D.

(Address) 1215 S. Potomac St. Apt.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 60026

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119

F 60026
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 937 W. Fayette
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 937 W Fayette St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Reginald Beckwith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Baby

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/20/38

8. AGE: Years	Months	Days	If less than one day
	7	5	hr. min

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Theodore Duffie.
13. Birthplace Rocky Mount N. C.

MOTHER
14. Maiden Name Evangeline Beckwith.
15. Birthplace Asheville N. C.

16 (a) Informant Evangeline Beckwith.
(b) Address 937 W. Fayette St.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 7/27/1939 (month) (day) (year)
(c) Cemetery or crematory Mt Zion Cemetery
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 S. Schroeder St

JUL 27 1939 (Date received by registrar) Huntington Williams Registrar

VS c

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-25-39 19 , at 10 4 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inq (Autopsy or Inquiry) thereon and from the evidence obtained by said Inq (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Enteritis, acute

Duration: 2 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Conrad Heston M.D.
Medical Examiner

Date signed 7-25-39

F 60027

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a

F 60027 Registered No.

PLEASE WRITE PLAINLY. WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Un Mem Hospital 15 S

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 day

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 2155 Chelsea Terrace (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME FREDERICK Wm OERY Jr. X

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Eleanor Oerry

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 28 1864

8. AGE: Years 75 | Months 7 | Days 27 | If less than one day hr. min.

9. Birthplace Balto, Md (Town, county, and state) 1080

10. Usual Occupation Retired, tailor

11. Industry or business Self

MOTHER / FATHER

12. Name Frederick Wm. Oerry

13. Birthplace Germany

14. Maiden Name Sophie Marie Biemiller

15. Birthplace Germany

16 (a) Informant Eleanor Oerry

(b) Address 2155 Chelsea Terrace, City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27 39 (month) (day) (year)

(c) Cemetery or crematory Lorraine Cemetery

Location Baltimore Co.

18 (a) Funeral director Fullerton Parker & Son

(b) Address North & Penna Ave

19 (a) Date received by registrar JUL 27 1939 (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/25 1939, at 5-30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/21 1939 to 7/25 1939, and that I last saw him alive on 7/24 1939.

Immediate cause of death Cerebral Hemorrhage

Due to Benign Hypertension

Due to

Other Conditions Bronchopneumonia & Aur. fibrillation

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Ferdinand C. Chatard M. D.

Address Union Memorial Hosp. Date signed 7-25-39

M. B. H. 1268-6

60028

HEALTH DEPARTMENT—CITY OF BALTIMORE

60028

CERTIFICATE OF DEATH 93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St., 15-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Daniel Lenderking

(a) Residence: No. 2901 Allendale Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE Mollie S. Lenderking

6. DATE OF BIRTH (month, day, year) Sept. 18, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst. Supt. Safety

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R.R. 0073

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Philip Lenderking

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sophia Stieg

16. BIRTHPLACE (city or town) (State or country) York, Penna.

17. INFORMANT William R. Lenderking

(Address) 2901 Allendale Road

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 7-28-39 19

19. UNDERTAKER Wm. J. Tickner & Sons

(Address) North & Pa. Aves.

20. Filed JUL 27 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25 . 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 25 . 1934 to July 25 . 1934

I last saw him alive on July 25 . 1934 Death is said to have occurred on the date stated above, at 5:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	7/24/39
Arteriosclerosis	?
Myocarditis	?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Walter Edel M. D.

(Address) 3403 Garrison Blvd.

INFORMATION, WITH EXPLANATIONS—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 60023

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-c F 60029 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3303 Oakfield Avenue.
(c) Hospital or institution: ---
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 84-9-22

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3303 Oakfield Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Elizabeth Ditman

3 (b) If veteran, name war ---

3 (c) Social Security Account No. ---

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife William B, Ditman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 3rd 1854

8. AGE: Years	Months	Days	If less than one day
84	9	22	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

MOTHER / FATHER
12. Name Elias Bishop
13. Birthplace Baltimore, Md.
14. Maiden Name Tilatha F. Royston
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. S. E. Bishop (Brother)
(b) Address 3303 Oakfield Avenue.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27th 1939 (month) (day) (year)
(c) Cemetery Greenmount
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address Baltimore, Md.

19 (a) [illegible] (b) [illegible]

JUL 27 1939
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1939, at 1:25 P M

21. I certify that death occurred on the date above stated, that I attended deceased from Nov 28 1936 to July 24 1939, and that I last saw her alive on July 24 1939.

Immediate cause of death	Duration
Coronary Occlusion	Sudden
Due to Arteriosclerosis	?
Due to	
Other Conditions Myocarditis	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature]
Address 3303 Farmer Blvd Date signed 7/26/39

60030

HEALTH DEPARTMENT—CITY OF BALTIMORE

60030

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1032 W. Eden St St., 10-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Elizabeth Silghman

If U. S. Veteran specify WAR .....

(a) Residence: No. 1032 W. Eden St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced (or) WIFE of: John F. Silghman

6. DATE OF BIRTH (month, day, year): Jan. 24, 1847

7. AGE: Years 92; Months 6; Days ; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Charles Distance

14. BIRTHPLACE (city or town) (State or country): Baltimore Md.

MOTHER

15. MAIDEN NAME: Lydia —

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Margaret Boston

(Address) 103b W. Eden St

18. BURIAL, CREMATION, OR REMOVAL

Place: National Cemetery July 27, 1939

19. UNDERTAKER: Robert H. Grundy

(Address) 804 W. Caroline St.

20. FILED JUL 27 1939, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1939, to July 24, 1939

I last saw h[illegible] alive on July 23, 1939. Death is said to have occurred on the date stated above, at 9:50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency and Pericarditis 2d Rheu	July 15 1939

Other contributory causes of importance:

Chronic Interstitial Nephritis Hypertension

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... none

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. J. Young M. D.

(Address) 1424 E. Monument St

V0 3

15

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

60031

HEALTH DEPARTMENT—CITY OF BALTIMORE

60031

CERTIFICATE OF DEATH

Registered No. 1321

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2229 E. Federal St. St., 8-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Thomas O. Cole

If U. S. Veteran specify WAR

(a) Residence: No. 2229 E. Federal St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
male	white	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of of the late Gertrude Cole

6. DATE OF BIRTH (month, day, year) March-19-1877

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
62Yrs.	4Mo.	6Days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. For M. M. Bronstien Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Charles B. Cole

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary E. Stockton

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Marie Cole

(Address) 2229 E. Federal St.

18. BURIAL, CREMATION, OR REMOVAL

Holy Redeemer Cem. July-28-1939

Place Date

19. UNDERTAKER Henry Hoeck & Sons Inc.

(Address) 1301 E. Eager St.

Filed 19 Registrar.

July 27 1939 Huntington Williams, Jr. M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July-25-1939

22. I HEREBY CERTIFY, That I attended deceased from July 1 1939 to July 25 1939

I last saw him alive on July 24 1939 Death is said to have occurred on the date stated above, at 11.20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	15 d.
Broncho Pneumonia	5 d.
Hypostatic Congestion	25 d.
Other contributory causes of importance:	
Chronic Interstitial Nephritis	75 d.

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Thos. F. A. Stevens M. D.

(Address) 2878 Hartford Rd

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 60032

HEALTH DEPARTMENT—CITY OF BALTIMORE F 60032

CERTIFICATE OF DEATH

953

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 624 N. Mount St. 16 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Susan Harry Herbert

(a) Residence: No. 624 N. Mount St., Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Feb. 13, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hagerstown, Md.

FATHER

13. NAME Dorsey Herbert

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Margaret Wise

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Miss Mary D. Parker
(Address) 624 N. Mount St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date July 27, 1939

19. UNDERTAKER E. Howard Strong
(Address) 715 Light St.

20. [illegible] July 27 1939 Huntington Williamsport

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1939 to July 25, 1939.
I last saw her alive on July 25, 1939 Death is said to have occurred on the date stated above, at [illegible] p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular disease	5 yrs.
Hypertension arteriosclerosis, cardiac asthenia	5 yrs 3 da.

Other contributory causes of importance:

Was an operation performed? Date of

What disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E. Moorman M. D.

(Address) 806 N. Foster Ave

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

60033

CERTIFICATE OF DEATH

Coroner's Case 349-953 F 60033

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. E OR W. Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Francis Thomas 14-B

U. S. Veteran (Specify WAR)

(a) Residence: No. 2132 Division St., ... Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	cd	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Johanna

6. DATE OF BIRTH (month, day, year) 10/12/1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Wm. Thomas, Sr

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Johanna Thomas

(Address) 2132 Division St

18. BURIAL, CREMATION, OR REMOVAL

Place St. Peters Date 7/29/39

19. UNDERTAKER Geo. S. Kelson

(Address) 1353 Presstman St

20. JUL 27 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-16-, 1939, to 7-25-, 1939

I last saw him alive on July 25, 1939. Death is said to have occurred on the date stated above, at 3 45 P. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Edema — Date of onset ?

Other contributory causes of importance:

Cardiac hypertrophy, arteriosclerotic heart disease, hyper...

Was an operation performed? No Date of ...

For what disease or injury?

Name of operation

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) S. E. Lewis, M. D.

(Address) Provident Hospital

Howard J. Madden M. D. Medical Examiner

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

60034

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 F 60034 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens Ave
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4711 Eastern Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 7 Yrs. years

3 (a) FULL NAME Mr Zakari Sgouraki

3 (b) If veteran, name war: Balkan War
3 (c) Social Security Account No.: none

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Abt 1887

8. AGE: Years 52 | Months | Days | If less than one day: hr. min.

9. Birthplace Greece (Town, county, and state)

10. Usual Occupation Restaurant
11. Industry or business Same

FATHER
12. Name "
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Tony Kusandes
(b) Address 4711 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-28-39 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Back Rd

18 (a) Funeral director George J. Pattakos
(b) Address 1735 Eastern Ave

19 (a) (Date received by registrar) Registrar

JUL 27 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1939 at 4 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-20 1938 to 7-21-1939. and that I last saw him alive on July 21 1939.

Immediate cause of death Carcinoma of left side of face & metastasis to cervical glands & brain — Duration

Due to Metastatic Carcinoma of Brain

Due to

Other Conditions Syphilis

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma proven by biopsy
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Daniel Geo Pattakos M.D.
Address St Agnes Hospital Date signed 7/24/39

Howard J. Madden M.D. Pathologist

F 60035

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

F 60035

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 1702 N. Washington St., 8-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Theresa Mary Reilly — If U.S. Veteran specify WAR

(a) Residence: No. 1702 N. Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of George Reilly

6. DATE OF BIRTH (month, day, year) January 1, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sister's home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 56 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Michael Reilly

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Margaret Rhodes
(Address) 1702 N. Washington St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 7/28/39

19. UNDERTAKER E. J. Canning & Son
(Address) 1938 E. Lafayette ave.

20. JUL 27 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from February, 1939, to July 26, 1939.

I last saw her alive on July 26, 1939. Death is said to have occurred on the date stated above, at 5:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	7/22/39
Uremia	7/18/39

Other contributory causes of importance:

Arteriosclerosis	?
Chronic Nephritis	

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Helen P. Mageveris, M. D.
(Address) 1400 N. Gay St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 60036

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46c

F 60036

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Riviera Apt

(c) Hospital or institution: Linden Ave Lake Drive

13-1

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 45

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits, write RURAL and give town) Kenwood Apts

(d) Street No. Linden & Lake Drive (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sara Rice

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 28 - 1872

8. AGE: Years	Months	Days	If less than one day
66	9	27	hr. min.

9. Birthplace New Jersey (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER

12. Name Gustav Rice

13. Birthplace Germany

MOTHER

14. Maiden Name Pauline Rhonheim

15. Birthplace Germany

16 (a) Informant Mrs. Estella Rice

(b) Address Riviera Apt

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27/39 (month) (day) (year)

(c) Cemetery or crematory Balto Hebrew

Location Belair Rd Balto Md

18 (a) Funeral director Sard Goodman & Son

(b) Address 1602 Eastern Ave

19 (a) (Signature) Huntington Williams, Registrar

(b) Date received by reg 2 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25th 1939, at 8:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 21 1939 to July 25 1939.

and that I last saw h e r alive on July 25 1939.

Immediate cause of death

1 - Carcinoma of colon

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

Duration
7 months

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Earl L. Chambers M. D.

Address 4108 Liberty Heights Ave Date signed 7-26-39

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60037

F 60037

CERTIFICATE OF DEATH

1243

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp St., 12-B Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Francis Ann Hampshire

If U. S. Veteran specify WAR

(a) Residence: No. 2517 Barclay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Aug 18, 1929

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
9	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Arthur Hampshire

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ellen Freed

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Arthur Hampshire
(Address) 2517 Barclay St.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date July 29, 1937

19. UNDERTAKER Chesnutt & Son.
(Address) 1615 N. Eutaw St.

20. FILED JUL 28 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1937, to July 27, 1937.

I last saw h[illegible] alive on July 27, 1937. Death is said to have occurred on the date stated above, at 5:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver	
Other contributory causes of importance: Gastro-intestinal Hemorrhage	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Arnold M. Cohen M. D.

(Address) Mercy Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 3

F 60038

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

943 Registered No. F 60038

PLEASE WRITE PLAINLY. WITH INDELIBLE INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2843 Harlem Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) –
(e) Length of stay in Baltimore (yrs., mos., or days) –

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2843 Harlem Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? – years

3 (a) FULL NAME Emma E. Boyd.
3 (b) If veteran, name war –
3 (c) Social Security Account No. –

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife William Boyd.
6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) Jan 14 1871

8. AGE: Years	Months	Days	If less than one day
68	6	12	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Home work
11. Industry or business –

MOTHER / FATHER
12. Name William H. Elliott
13. Birthplace Pa
14. Maiden Name Mary Johnson.
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. William Boyd.
(b) Address 2843 Harlem Ave.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-29-1939 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem.
Location 2934 Frederick Ave.
18 (a) Funeral director Chas. Corner Sr.
(b) Address 961 Hollins St.
19 Filed JUL 28 1939 Huntington Williams M. D.
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26th 1939, at 12 P M

21. I certify that death occurred on the date above stated, that I attended deceased from August 1936 to July 26 1939, and that I last saw h[illegible] alive on July 26 1939.

Immediate cause of death	Duration
Coronary thrombosis	five minutes
Due to Hypertension	years
Due to Bronchial (+ perhaps cardiac) asthma	years
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. R. Krieger M. D.
Address 3971 Edmondson Ave
Date signed 7/27/39

VS 8

F 60039

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

120 Registered No. F 60039

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2001 W. Fayette St
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 2112 W. Saratoga St (If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Thomas P. Ward

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 30-1917

8. AGE: Years 22 Months 5 Days 26 If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business Montgomery-Ward Co.

FATHER
12. Name Thomas P. Ward
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Catherine Gateley
15. Birthplace Baltimore Md

16 (a) Informant Mrs Catherine Ward
(b) Address 2112 W. Saratoga St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/29/39 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd

18 (a) Funeral director John J. Cowan & Son
(b) Address 901 Hollins St.

19 (a) JUL 28 1939 (Date received by registrar) Planting to Williamsport Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-26 1939, at 6-15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-1 1939, to 7-25 1939, and that I last saw h Cm alive on 7-25 1939.

Immediate cause of death: Ulcerative Colitis — Duration ?

Due to Low grade intestinal obstruction — 3 mo ?

Due to Post operative adhesions — 2 yrs

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Post operative adhesions Colitis.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George H. Bramble M.D. M. D.
Address 101 W. Read St. Date signed 7/26/39

VS 3

The information should be carefully supplied. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

F 60040

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 60040 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4715 Reisterstown Rd

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13-4

(e) Length of stay in Baltimore (yrs., mos., or days) 45

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto. 7 (If outside city or town limits, write RURAL, and give town)

(d) Street No. 3700 Woodbrook Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ignatz Schomet

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ida Schomet

6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 62 | Months | Days | If less than one day: hr. min.

9. Birthplace Austria (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

MOTHER / FATHER

12. Name Mario Schomet

13. Birthplace Austria

14. Maiden Name Esther

15. Birthplace Austria

16 (a) Informant Reuben Schomet

(b) Address 3722 Fernanda Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-28-39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Baltimore Hebrew

Location Belair Rd.

18 (a) Funeral director Jack Evans Inc

(b) Address 1439 E. Balto St

Date received JUL 28 1939 Registrar Hunting ton Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1939, at 6 P. M

21. I certify that death occurred on the date above stated, that I attended deceased from Feb 1935 to July 1939, and that I last saw him alive on July 6 of 39

Immediate cause of death Angina Pectoris — Duration

Due to Coronary Sclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN (Underline the cause to which death should be charged statistically.)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature C. W. Peake, M. D.

Address 4508 Harford Rd Date signed 7-27-39

Howard J. Sheldon M.D. Medical Examiner

F 60041

365567

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

123 Registered No. F 60041

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1725 N Spring St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Stephen Frisby

3 (b) If veteran, name war: No

3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Widow Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/13/81

8. AGE: Years	Months	Days	If less than one day
57 58	10	13	hr. min.

9. Birthplace: Penna. (Town, county, and state)

10. Usual Occupation: Laborer 0040

11. Industry or business

FATHER
12. Name: Norman Frisby
13. Birthplace: Penna.

MOTHER
14. Maiden Name: Sarah ?
15. Birthplace: Penna.

16 (a) Informant: Records
(b) Address: Johns Hopkins Hospital

17 (a) (Burial, cremation, or removal) (b) Date thereof 7/29/39 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Balto. Md.

18 (a) Funeral director: Raynor Sanders
(b) Address: 1412 E. Preston St.

19 Filed JUL 29 1939 (Date received by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1939, at 2:17 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 14 1939, to July 26 1939, and that I last saw him alive on July 26 1939.

Immediate cause of death: HEART FAILURE, AND BRONCHOPNEUMONIA — Duration: 4 days

Due to: Uremia — Duration: Unknown

Due to: Polycystic kidneys — Duration: 6 Months

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: John L. Sammeth, M.D.
Address: Johns Hopkins Hosp. Date signed 7/27/39

The information should be carefully supplied. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

F 60042

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

953

Registered No. F 60042

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 11 E Montgomery St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) no
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State 22-1 (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 11 E. Montgomery St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Henry Hartley
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	widower

6 (b) Name of husband or wife Leah Hartley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 14 - 1870

8. AGE: Years	Months	Days	If less than one day: hr.	min.
68 49	11	13		

9. Birthplace Maryland. (Town, county, and state) 0086
10. Usual Occupation Timer
11. Industry or business

FATHER
12. Name Henry Hartley
13. Birthplace Woodstock Md

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Louise Hartley
(b) Address 11 E Montgomery St

17 (a) Burial, cremation, or removal Hamond Md (b) Date thereof July 29 (month) (day) 39 (year)
(c) Cemetery or crematory Prospect Cem
Location

18 (a) Funeral director Charles P Powell
(b) Address 2427 Edmondson Ave

19 (a) Date received JUL 29 1939 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27th 1939, at 5:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1939, to July 27 1939, and that I last saw him alive on July 27 1939.

Immediate cause of death: arteriosclerosis cardiac decompensation — Duration: ? 14 days

Due to: Hypertension — Duration: ?

Due to: — Duration:

Other Conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work?
(e) Means of injury ✓

23. Signature J. T. Kyser M. D.
Address 3321 Freal Date signed 7/27/39

correct age is especially important. ...ysicians: please write the causes of death clearly and legibly.

F 60043

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

Registered No. F 60043

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 509 E. 20th Street

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-8

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County --

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 509 E. 20th Street (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Lena Ratcliffe

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) [illegible] 1853

8. AGE:	Years	Months	Days	If less than one day
(?)	86			hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Quinton Ratcliffe

13. Birthplace

MOTHER 14. Maiden Name Mary Briniso

15. Birthplace

16 (a) Informant Miss Florence E. Ratcliffe

(b) Address 1433 Mt. Royal Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 28, '39 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Frederick Avenue, Baltimore

18 (a) Funeral director John O. Mitchell & Sons Inc

(b) Address 1900 Eutaw Place

19. JUL 28 1939 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1939, at 9-30 A M

21. I certify that death occurred on the date above stated, that I attended deceased from Apr 11 1939, to July 26 1939, and that I last saw h[illegible] alive on July 25 1939.

Immediate cause of death Breast

Cancer of right breast

Due to Carcinoma

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration
over

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature H. G. Prentiss M. D.

Address 634 Gorsuch Avenue Date signed

VS 3

F 60044

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 ✓ Registered No. F 60044

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 608 Winans Way

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimor (If outside city or town limits, write RURAL and give town)

(d) Street No. 608 Winans Way (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William George Robinson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 7, 1853

8. AGE: Years	Months	Days	If less than one day
86	3	19	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation none

11. Industry or business

MOTHER / FATHER

12. Name Alexander Robinson

13. Birthplace Baltimore, Maryland

14. Maiden Name Mary Robson

15. Birthplace Ireland

16 (a) Informant Miss Sarah E. Robinson

(b) Address 608 Winans Way

17 (a) burial (Burial, cremation, or removal) (b) Date thereof July 28, 1939 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Frederick Avenue, Baltimore

18 (a) Funeral director Wm. C. Mitchell Funeral Inc.

(b) Address 1900 Eutaw Place

19 (a) Date received by registrar JUL 28 1939 (b) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1939. at 8:20 AM

21. I certify that death occurred on the date above stated, that I attended deceased from 11/21 1936. to July 24 1939. and that I last saw him alive on July 24 1939.

Immediate cause of death Cardio-vascular-renal disease

Duration: 1 week

~~Due to~~

~~Due to~~

Other Conditions Cardiac decompensation

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: CCO

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Anthony V. Bruckner M. D.

Address 37 S. Stricker St. Date signed

F 60045

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1223

F 60045
Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1200 Cathedral St., 11-2 Ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Howard Taylor

(a) Residence: No. 1200 Cathedral St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, year): Nov. 9, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mechanical Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pennsylvania

FATHER

13. NAME: I. J. Taylor

14. BIRTHPLACE (city or town) (State or country): Barbadoes Islands

MOTHER

15. MAIDEN NAME: Elizabeth Ann Alkins

16. BIRTHPLACE (city or town) (State or country): Barbadoes Islands

17. INFORMANT: Mr. Roland L. Taylor
(Address): Philadelphia, Pa.

18. BURIAL, CREMATION, OR REMOVAL
Place: Philadelphia, Pa. Date: July 27, 1939

19. UNDERTAKER: Wm. J. Tickner & Sons, Inc.
(Address): North & Pa. Aves.

JUL 27 1939 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1939, to July 26, 1939.

I last saw him alive on July 25, 1939. Death is said to have occurred on the date stated above, at 1230 A.M. p.m.

The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction — Date of onset 7-25-39

Other contributory causes of importance: Post Operative Ventral Hernia — 1932

Was an operation performed? Yes — Date of

For what disease or injury? Hernia

Name of operation — Date of

What test confirmed diagnosis? Clinical — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, what was the relation?

(Signed) Howard J. Madden M. D.
(Address) 403 Medical Arts Bldg.
Medical Examiner

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

3R 9 12 60046

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

133 Registered No. 60046

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carte Ann.
(c) City or town Edgemere (If outside city or town limits, write RURAL and give town)
(d) Street No. Point Road. Box 246 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Milton Raymond Mortiniski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/22/39

8. AGE: Years	Months	Days	If less than one day
	3	5	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER 12. Name Walter Mortiniski

13. Birthplace Maryland

MOTHER 14. Maiden Name Julia Wosniak

15. Birthplace Maryland

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof 7/29/39 (month) (day) (year)

(c) Cemetery or crematory Sacred Heart of Mary

Location German Hill Rd.

18 (a) Funeral director John J. Finda

(b) Address 3829 Hudson St

19 (Signature of registrar) Huntington Williams, M.D. Registrar

JUL 28 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1939. at 330 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 23 1939. to July 27 1939. and that I last saw him alive on July 27 1939.

Immediate cause of death Dysentery — Duration 10 days

Due to ? Pleuro Meiliu

Due to

Other Conditions ? Lateral sinus thrombosis — 4 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry P. Goldberg M.D.

Address Johns Hopkins Hosp Date signed 7-27-39

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 60047

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51B

F 60047

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3312 Fleet St. Ward 26 - 11)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth VV yrs. mos. ds.

2. FULL NAME Mr. William Steiber (STEIBER) If U. S. Veteran specify WAR .....

(a) Residence: No. 3312 Fleet St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 15 - 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor 0280

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Shop (Self)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Marg. Rhias
(Address) 3312 Fleet St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date July 29 39

19. UNDERTAKER Thos. J. Connelly
(Address) Cash. 2nd.

20. FILED JUL 28 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1939, to July 27, 1939
I last saw him alive on July 19 1939 Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Bladder — Date of onset July 1938

over

Other contributory causes of importance:

Generalized Metastasis to liver and intestines

Was an operation performed? NO Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

(Signed) Michael J. Dausch M. D.
(Address) 2530 E. Baltimore St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 60048

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 60048 Registered No. 49a

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 27-13
(c) Hospital or institution: Union Memorial Hospital Balt. Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 mo. 17da.
(e) Length of stay in Baltimore (yrs., mos., or days) 12 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 700 Belvedere Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Benjamin Stuart Tongue (~~Katharine~~) Katharine Green Macrae Tongue

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	married

6 (b) Name of husband or wife Mr. Benjamin Stuart Tongue 6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) Sept. 11 ~~1840~~ 1899

8. AGE: Years	Months	Days	If less than one day
39 ~~40~~	10	14	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

MOTHER / FATHER
12. Name John Macrae
13. Birthplace Richmond, Va.
14. Maiden Name Katharine Emily Green
15. Birthplace England

16 (a) Informant Mr. Benjamin S. Tongue.
(b) Address 700 Belvedere Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27, 1939 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cemetery
Location Woodlawn, Md.

18 (a) Funeral director W. M. Amoroso
(b) Address 1203 E. Baltimore St.

19 (a) [illegible] (Registrar) (b) Huntington Williams M.D. Registrar

JUL 28 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1939, at 11.15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 1st 1939. to July 25 1939. and that I last saw her alive on July 25 1939.

Immediate cause of death Pulmonary edema — Duration 16 hr.

Due to Toxemia of pregnancy — approx. 2 yr.

Due to Metastasis (other)

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Dilatation & curettage. Metastasis ? cancer Carcinoma
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Douglas H. Stone M. D.
Address Union Memorial Hosp Date signed 7/25/39

365606 F 60049 X ✓ F 60049

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 473

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 7-5
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) 43 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Ohio (b) County
(c) City or town Mansfield (If outside city or town limits, write RURAL and give town)
(d) Street No. 124 Glenwood Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wade Uhlich

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Frances Uhlich

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-30-92

8. AGE: Years 46 | Months 9 | Days 27 | If less than one day hr. min.

9. Birthplace Ohio (Town, county, and state)

10. Usual Occupation Baker

11. Industry or business Self

FATHER 12. Name J. F. Uhlich

FATHER 13. Birthplace Ohio

MOTHER 14. Maiden Name Emma Enlow

MOTHER 15. Birthplace Ohio

16 (a) Informant Record

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/27/39 (month) (day) (year)

(c) Cemetery or crematory Mansfield

Location Ohio

18 (a) Funeral director William Cook

(b) Address 127 St Paul St

19 (a) (b) Received by registrar

JUL 28 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1939 at 6 00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 14 1939 to July 29 1939 and that I last saw him alive on July 27 1939

Immediate cause of death: Cardiac Arrhythmia (Auricular Fibrillation) — Duration: 5 days

Due to Invasion of pericardium by Carcinoma — Duration: ? yr.

Due to Carcinoma of left lung

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma of left lung

Of autopsy None done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. F. Jonas Jr. M. D.

Address The Johns Hopkins Hospital Signed 7-29-39

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B 60050

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82a

Registered No. B 60050

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1104 E. North Ave
(c) Hospital or institution:

9-8

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1104 E. North Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jeannette Phillips

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife Wm Roy Phillips
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 17 1850

8. AGE: Years 58 Months 8 Days 6 If less than one day hr. min.

9. Birthplace Washington D.C. (Town, county, and state)
10. Usual Occupation At home 0137
11. Industry or business Self

FATHER
12. Name Wm Birch
13. Birthplace Va.

MOTHER
14. Maiden Name Sophia Cook
15. Birthplace Washington D.C.

16 (a) Informant Blanche Enson
(b) Address 1104 E. North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/28/39 (month) (day) (year)
(c) Cemetery or crematory Maryland Park
Location Balto. Co. Md.

18 (a) Funeral director Wm Cook
(b) Address 1217 St. Paul St

19 (a) Huntington Willoughby
(Date rec'd by registrar) JUL 28 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25th 1939, at 8:30 P.M

21. I certify that death occurred on the date above stated, that I attended deceased from June 5 1939 to July 25 1939, and that I last saw her alive on July 24 1939.

Immediate cause of death: Cerebral hemorrhage — Duration: 20 days
Due to: Arterio Sclerosis — 10 yrs
Due to:
Other Conditions: None
(Include pregnancy within 3 months of death)

Major findings:
Of operations: X
Of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 134 E. Chase Date signed 7/29/39

Office age is especially important. Physicians, please write the causes of death clearly and legibly.

60051 HEALTH DEPARTMENT—CITY OF BALTIMORE 60051

CERTIFICATE OF DEATH

820

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 4834 Pimlico Road Ward) 27-17
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Sarah Cecilia Field

(a) Residence: No. 4834 Pimlico Road Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin F. Field

6. DATE OF BIRTH (month, day, year) Oct 16th 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	9	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Phila Pa

FATHER
13. NAME John Miller
14. BIRTHPLACE (city or town) (State or country) Phila Pa

MOTHER
15. MAIDEN NAME Mary E. (Unknown)
16. BIRTHPLACE (city or town) (State or country) Phila Pa

17. INFORMANT (Address) Chas. A. Bendel 3816 Bonner Rd

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date July 29th 1939

19. UNDERTAKER (Address) Wm Cook 1317 St Paul St

20. FILED JUL 28 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27th, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1939 to July 27, 1939
I last saw h[illegible] alive on July 27, 1939 Death is said to have occurred on the date stated above, at 5½ a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7/11/39

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, what?

(Signed) Howard Bukat M. D.
(Address) 4803 Park Heights Av

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 60052 ✓ F 60052

F 60052

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital 16-13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 d.
(e) Length of stay in Baltimore (yrs., mos., or days) -

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimor
(c) City or town Baltimor (If outside city or town limits, write RURAL and give town)
(d) Street No. 1701 W Lanvale (If rural give location)
(e) If foreign born, how long in U. S. A.? 33 years

3 (a) FULL NAME Jacob Waldman

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Sarah Waldman
6 (c) If alive, give age 42 years
7. Birth date of deceased (mo., day, yr.) — 1894

8. AGE: Years	Months	Days	If less than one day hr.	min.
45				

9. Birthplace Russia Kiveu (Town, county, and state) 0034
10. Usual Occupation
11. Industry or business

FATHER
12. Name Samuel Waldman
13. Birthplace Russia

MOTHER
14. Maiden Name Sarah -
15. Birthplace Russia

16 (a) Informant Sarah Waldman
(b) Address 1701 W. Lanvale St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-28-39 (month) (day) (year)
(c) Cemetery or crematory Hebrew Mt. Carmel
Location
18 (a) Funeral director Jack Levin Inc
(b) Address 1423 E. Balto. St
19 (a) Date received by registrar JUL 28 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-27 1939, at 1.54 P M
21. I certify that death occurred on the date above stated; that I attended deceased from 7-15 1939, to 7-27 1939 and that I last saw him alive on 7-27 1939.

Duration
Immediate cause of death Heart failure
Due to Hypertension heart disease 4 y.
Due to
Other Conditions Cerebral Accident (over)

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State) —
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury
23. Signature Abner Willen M. D.
Address Sinai Hospital Date signed 7-27-39

Notice as to is especially important. Physicians: please write the causes of death clearly and legibly.

F 60053

Case No. 27346 DK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 60053

Registered No. 122a

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore, Maryland

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 9 6

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. Homeless 604 N Franklin St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William H. Gibson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife: Sarah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/23/50

8. AGE: Years 88 | Months 6 | Days 29 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER 12. Name James

13. Birthplace Unknown

MOTHER 14. Maiden Name Melinda

15. Birthplace Maryland

16 (a) Informant B. C. H. Records

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof July 28 1939 (month) (day) (year)

(c) Cemetery or crematory Mt. Lion

Location

18 (a) Funeral director Mrs Katie R. Williams

(b) Address 322 N Schroeder St

19 JUL 28 1939 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1939, at 3:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 10-16 1937, to 7-22 1939, and that I last saw him alive on 7-22 1939.

Immediate cause of death Arteriosclerotic Heart Disease — Duration unknown.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations Right inguinal hernia repaired.

Of autopsy Yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. McCaghey Gibbs M. D.

Address Balto City Hosp. Date signed 7-29-39

correct age is especially important. Physicians, please write the causes of death clearly and legibly.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60054 F 60054

CERTIFICATE OF DEATH

346-131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 530 E. 20th Street St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. life da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Harry G. Debring

If U. S. Veteran specify WAR .....

(a) Residence: No. 530 E. 20th Street St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 25, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Hanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Gerhardt Debring

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Kroeger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Minnie Debring

(Address) 530 E. 20th Street

18. BURIAL, CREMATION, OR REMOVAL New Cathedral Date July 29, 39

Place 19

19. UNDERTAKER Wm. J. Tickner & Sons

(Address) North & Penna Aves.

20. FILED ..... 19 ..... Registrar.

JUL 28 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30th 36 July 25, 39

I last saw him alive on July 24, 39 Death is said to have occurred on the date stated above, at 9 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis (luetic) since	1936 1936
Other contributory causes of importance: chronic nephritis	1938

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? usual Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) George H. Kirsch M. D.

(Address) 3030 Edmondson Avenue

Instructions: Exact statement of OCCUPATION is very important. See instructions on back of certificate. Statements of the death in plain terms, so that it may be properly classified.

F 60055

Case No. 48497 DK

F 60055

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47c Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Maryland
(c) Hospital or institution: Baltimore City Hospitals 14-rd
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 847 W. North Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rudolph M. O'Mara

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Emma J. O'Mara

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/27/1882 (1884)

8. AGE: Years	Months	Days	If less than one day
56 57	11	29	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation WPA 0086

11. Industry or business

FATHER
12. Name Michael O'Mara
13. Birthplace Ireland

MOTHER
14. Maiden Name Elizabeth Schlumberger
15. Birthplace Baltimore

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29-1939 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore, Md

18 (a) Funeral director Jno. J. Dieckmann & Sons
(b) Address 1 N Payson

19 (a) JUL 28 1939 (b) Huntington Williams M. D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1939, at 4:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-13 1939, to 7-26 1939, and that I last saw him alive on 7-26 1939.

Immediate cause of death: Carcinoma of the Bronchus with metastasis — Duration: 2 years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Carcinoma of the lung & bronchus

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Monaghan Colvin M. D.
Address Balto City Hosp Date signed 7-27-39

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

30056 HEALTH DEPARTMENT—CITY OF BALTIMORE 30056

CERTIFICATE OF DEATH

953

1. PLACE OF DEATH St. Agnes Hospital
CITY OF BALTIMORE: (No. Wilkens & Caton Ave St., 7th Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Elizabeth A. Kinsey

(a) Residence: No. 793 Carroll St., Ward, Balto, Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced
(or) WIFE of William Kinsey

6. DATE OF BIRTH (month, day, year) November 26, 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
82	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER

13. NAME John Hillary

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Mary Ann Grady

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Edna Pierce
(Address) 2141 Pulaski Street

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date July 31st 1939

19. UNDERTAKER Wm. J. Tickner & Sons
(Address) North & Pa. Avenues

JUL 28 1939 Hunter for Williamson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) - July 27. 1939

22. I HEREBY CERTIFY, That I attended deceased from 6-27 1939 to 7-27 1939

I last saw h[illegible] alive on 7-27 1939. Death is said to have occurred on the date stated above, at 10:20 P.M.

The principal cause of death and related causes of importance were as follows: -

	Date of onset
Cardiac Failure	
Arteriosclerotic cardio-vascular disease.	
Other contributory causes of importance:	
Partial hemi-plegia, left side	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
Yes If so, specify

(Signed) Charles L. Grady M. D.
(Address) St. Agnes' Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 60057

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

953 Registered No. F 60057

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Hotel Herman Eutaw & Pratt Sts.
(c) Hospital or institution: 4-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Eutaw & Pratt St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frederick Carl Dubner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Sarah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 2 1896

8. AGE: Years 48 | Months 0 | Days 24 | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Hotel Owner

11. Industry or business

MOTHER / FATHER

12. Name Herman A. Dubner

13. Birthplace Austria

14. Maiden Name Heine

15. Birthplace Germany

16 (a) Informant Mr. Harry Dubner

(b) Address Monroe & Frederick Rd.

17 (a) Burial (Burial, cremation, or removal)

(b) Date thereof July 29 1939 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore, Md

18 (a) Funeral director William J. Tickner & Sons

(b) Address North & Pennsylvania Aves

19 (a) Date received JUL 28 1939 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26th 1939 at 5 58 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1939 to July 26 1939.
and that I last saw him alive on 7/26 1939.

Immediate cause of death: Cerebral Hemorrhage — Duration 7/26/39

Due to Hypertensive Cardio-Vascular Disease — 2 years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph G. Lauckaitis M.D.
Address 6 W Washington Blvd Date signed 7/27/39

F 60058

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

57 V F 60058 Registered No.

Office use is especially important. Physicians, please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 509 E. 41ST ST.
(c) Hospital or institution: No
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 81-11-8

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County —
(c) City or town BALTIMORE. (If outside city or town limits, write RURAL and give town)
(d) Street No. 509 E. 41ST ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

9 X

3 (a) FULL NAME JESSIE WHITE FAIRBANK

3 (b) If veteran, name war NO

3 (c) Social Security Account No. —

4. Sex FEMALE

5. Color or race WHITE

6 (a) Single, married, widowed, or divorced. WIDOWED.

6 (b) Name of husband or wife (DECEASED) GEO. JOHN FAIRBANK

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) AUG. 23, 1857

8. AGE: Years 81 | Months 11 | Days 3 | If less than one day — hr. — min.

9. Birthplace BALTIMORE, MD. (Town, county, and state)

10. Usual Occupation HOUSEWIFE 0037

11. Industry or business

MOTHER / FATHER

12. Name GEORGE TYLER WHITE.

13. Birthplace WARDSBORO, VERMONT

14. Maiden Name ROSANNA. O. READ.

15. Birthplace WARDSBORO, VERMONT

16 (a) Informant MISS J. ESTELLE. FAIRBANK

(b) Address 509. E. 41ST ST. BALTO. MD.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 29 1939 (month) (day) (year)

(c) Cemetery or crematory LORRAINE CEMETERY

Location WOODLAWN, BALTO. CO. MD.

18 (a) Funeral director W. J. TICKNER & SONS.

(b) Address NORTH & PA. AVES. BALTO. MD.

19 (a) JUL 28 1939 (b) [illegible]

VH 2

MEDICAL CERTIFICATION

20. DATE OF DEATH JULY 26 1939, at 8 15 P.M

21. I certify that death occurred on the date above stated, that I attended deceased from JAN. 1 1938 to JULY 26 1939. and that I last saw HER alive on JULY 26 1939

Immediate cause of death: DIFFUSE BRONCHO-PNEUMONIA — Duration: 2 DAYS

PULMONARY EDEMA. — 6 HOURS

Due to CHRONIC HYPERTROPHIC ARTHRITIS — 6 YEARS

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings: Of operations NO OPERATION

Of autopsy NO AUTOPSY

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert J. Healy M. D.

Address 301 Med. Arts Bldg Date signed 7-26-39

60059 HEALTH DEPARTMENT—CITY OF BALTIMORE 60059

CERTIFICATE OF DEATH

93C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md. General Hosp. Ward 12 - 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. 7 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dr. H. Stanley Gansuch

If U. S. Veteran specify WAR

(a) Residence: No. 2940 St. Paul St., Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Clara S.

6. DATE OF BIRTH (month, day, year) Dec 22 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
63	62	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0054

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Howard Gansuch.

14. BIRTHPLACE (city or town) (State or country) Balto. Co.

MOTHER

15. MAIDEN NAME Elizabeth Marks

16. BIRTHPLACE (city or town) (State or country) Balto. Co

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date July 29 1939

19. UNDERTAKER Wm. J. Stephan & Bro Inc

(Address)

20. FILED JUL 28 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-26-39

22. I HEREBY CERTIFY, That I attended deceased from 7-26 1939 to 7-26-39

I last saw him alive on 7-26-39 at 8 00 P m. Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	7-25-39
Ch. myocarditis	

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. K. Mansfield M. D.

(Address) Md. Gen. Hosp

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

60060

HEALTH DEPARTMENT—CITY OF BALTIMORE 60060

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Joseph's Hosp.

CITY OF BALTIMORE: (No. Caroline & Oliver St., 9-9 Ward)

Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 11 da. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.

2. FULL NAME (a) John W. Garey (b)

If U. S. Veteran specify WAR ____

(a) Residence: No. Fort Meade, Md St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND (or) WIFE of Mary F. Garey

6. DATE OF BIRTH (month, day, year) Oct 5, 1881

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
57	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer Sgt Sig C

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Army

10. Date decreased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md

FATHER

13. NAME Richard Garey

14. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md

MOTHER

15. MAIDEN NAME Julia Anderson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Mary Garey
(Address) 221 N. Fulton St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date July 29 19 39

19. UNDERTAKER Wm. P. Foos & Son
(Address) 1422 Pennsylvania Ave

July 28 1939 19 ____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 13 1939 to July 26 1939

I last saw h.a.m. alive on July 26 1939. Death is said to have occurred on the date stated above, at 4.30 A.m.

The principal cause of death and related causes of importance were as follows:

Essential Hypertension
Infected Fracture
Rt Knee.

Date of onset

Other contributory causes of importance: over

Was an operation performed? Yes Date of July 13, 1939

For what disease or injury? Infected Leg

Name of operation Incision & Drainage

What test confirmed diagnosis? Bac. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) Wm. P. Conrad M. D.

(Address) St. Joseph's Hosp

OCCUPATION is very important. See instructions on back of certificate.

V8 8

John W. Garey Conrad Acting Asst Med Exam

M. D. B. 1268-9

F 60061

60061

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 533 Hansen St., 22nd Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos ds. How long in U. S. If of foreign birth? yrs. mos ds.

2. FULL NAME John W White

(a) Residence: No. 533 Hansen St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret White

6. DATE OF BIRTH (month, day, year) June 7 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. W. P. A

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year) 7/39

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mary Jones

(Address) 533 W Hansen

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date July 30 1939

19. UNDERTAKER Joseph A. Tighe

(Address) 4091 Reisterstown Rd Baltimore

20. JUL 28 1939 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/26 1939

22. I HEREBY CERTIFY, That I attended deceased from 7/5 1939 to 7/26 1939

I last saw him alive on 7/26 1939 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis 6 mos.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David Frankel M. D.

(Address) 1222 Park

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 60062

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183

✓F 60062 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Pier East of York St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 hr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1112 Brevard Street (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME George Taylor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race Colored

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 7, 1922

8. AGE: Years 17 Months 5 Days 19 If less than one day hr min

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation High School Boy

11. Industry or business

FATHER 12. Name Charles Taylor

13. Birthplace Unknown

MOTHER 14. Maiden Name Rebecca Taylor

15. Birthplace Va

16 (a) Informant Mrs Mary Garrett

(b) Address 1239 Division Street

17 (a) Mount Auburn (b) Date thereof July 30-1939 (month) (day) (year) (burial, cremation, or removal)

(c) Cemetery or crematory Mount Auburn

Location Westport

18 (a) Funeral director Joseph A. Lizby

(b) Address 409 N. Mount Street

JUL 28 1939 Lamar Livingston Williamson

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-26- 1939, at 3.25 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Drowning — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy as above

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 7-26-39
(c) Where did injury occur? City (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Stepped off Pier at Foot of York St.

23. Signature Howard J. Klumpp M.D. Medical Examiner

Date signed

60063

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

23 F 60063 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Cty
(c) Hospital or institution: Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto (If outside city or town limits, write RURAL and the town)
(d) Street No. 1806 Bucley Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Welsh

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 25, 1863

8. AGE: Years 76 | Months 6 | Days 1 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

MOTHER / FATHER

12. Name Charles Welsh ? md

13. Birthplace ? md

14. Maiden Name Mary McCauley

15. Birthplace ? md

16 (a) Informant Margaret L. Wolfe.

(b) Address 1610 Eutaw Place ave

17 (a) (Burial, cremation, or removal)

(b) Date thereof 7-29-39 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location

18 (a) Funeral director Leonard Buck

(b) Address 5307 Harford Rd

19 JUL 28 1939 (Date received by registrar) (b) Huntington Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1939, at 11:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1939 to July 26 1939.
and that I last saw him alive on July 26 39.

Immediate cause of death Tuberculosis of the lungs — Duration Dec 1937

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Falconi M. D.
Address Balto City Hosp Date signed July 25 1939

60064

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

F 60064

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 N. Washington St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 72/5/18

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1213 N. Washington St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME SOPHIA WALTERS

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife William Walters
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 8, 1887

8. AGE: Years	Months	Days	If less than one day
72	5	18	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

MOTHER / FATHER
12. Name Philip Marzi
13. Birthplace Germany
14. Maiden Name Don't know
15. Birthplace Germany

16 (a) Informant Frank Walters
(b) Address 1213 N. Washington St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29/39 (month) (day) (year)
(c) Cemetery or crematory Meadow Ridge
Location Washington Boulevard

18 (a) Funeral director John Ulrich
(b) Address 2008 Arlean

19 (a) [illegible] (b) Huntington Mills

JUL 28 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1939, at 8.40 P M

21. I certify that death occurred on the date above stated, that I attended deceased from Mar 3 1938 to July 26 1939, and that I last saw her alive on 7/26 1939

Immediate cause of death	Duration
Cardiac Insufficiency	
Due to	
Due to	
Other Conditions Chronic Nephritis, Chronic Arthritis (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Arthur C. Monninger M. D.
Address 800 E North Ave Date signed

Please fill in spaces. Physicians: please write the causes of death clearly and legibly.

60065

HEALTH DEPARTMENT—CITY OF BALTIMORE

60065

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 3324 BAYONNE AVE St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

27 4

2. FULL NAME MARY AMBERG

If U. S. Veteran specify WAR

(a) Residence: No. 3324 B AYONNE AVE St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	WIDOW

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of ALFRED AMBERG

6. DATE OF BIRTH (month, day, year) MAY 25-1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	2	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WORK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) B ALTIM ORE MD.

FATHER

13. NAME LAWERNCE FINNEGAN

14. BIRTHPLACE (city or town) (State or country) IRELAND

MOTHER

15. MAIDEN NAME MARY M CGINTY

16. BIRTHPLACE (city or town) (State or country) IRELAND

17. INFORMANT MRS. HARRY ZIM M ERMAN
(Address) 3324 B AYONNE AVE.

18. BURIAL, CREMATION, OR REMOVAL
Place OAK LAWN Date JULY 29 1939

19. UNDERTAKER Tilley & Zeiler INC.
(Address) 403 S. WOLFE ST

20. FILED JUL 28 1939 Hunter Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JULY 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1939 to July 25, 1939

I last saw her alive on 7/25th, 1939 Death is said to have occurred on the date stated above, at 6/30P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical & no autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Thos. A. Polley M. D.

(Address) 5703 Harford Rd

OCCUPATION is very important. See instructions on back of certificate.

60066

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 60066 Registered No. 164 a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3318 Foster Ave
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26-11

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto City
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 3318, Foster ave (If rural give location)
(e) If foreign born, how long in U. S. A.? life years

3 (a) FULL NAME Joseph Sullivan

3 (b) If veteran, name war: World, war

3 (c) Social Security Account No. 214-16-9257

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Marguirite Sullivan

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 24-1895

8. AGE: Years 43 Months 7 Days 0 If less than one day: hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Railway Mail Clerk U.S.

11. Industry or business

FATHER
12. Name John. Sullivan
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Rose. Braun
15. Birthplace Balto Md.

16 (a) Informant Marguirite Sullivan wife
(b) Address 3318 Foster ave

17 (a) Burial (Burial, cremation, or removal)
(b) Date thereof 7/29/39 (month) (day) (year)
(c) Cemetery or crematory U.S. National
Location

18 (a) Funeral director Lilly & Zeiler Inc
(b) Address 403 So Wolfe St, Huntington Williams M.D.

JUL 28 1939

(Registrar)

Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26-39 19 , at 8 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Depression — Due to Suicide — Illuminating gas

Due to

Other Conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: 7, 8 wks

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 7-26-39
(c) Where did injury occur? 3318 Foster ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury Illuminating gas

23. Signature Conrad Arbogast M.D. Medical Examiner

Date signed 7-26-39

correct age is especially important. Physicians, please write the causes of death clearly and legibly.

F 60067

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59

F 60067 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 5111 Brookgreen Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Rosa M. King

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-28-66

8. AGE: Years	Months	Days	if less than one day hr.	min.
72	10	29		

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Solomon King
13. Birthplace Pa.

MOTHER
14. Maiden Name Louisa Frey
15. Birthplace Md

16 (a) Informant Mrs. Louise Kreps
(b) Address 5111 Brookgreen Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29 1939 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Greenmount Ave Baltimore

18 (a) Funeral director Harry H. Wetzler
(b) Address 1101 Edmondson Ave Huntington Baltimore P.

19 (a) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/27 1939, at 1:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/12 1939, to 7/27 1939, and that I last saw her alive on 7/27 1939.

Immediate cause of death	Duration
Acute Respiratory failure	
Due to	
Due to	
Other Conditions Diabetes + generalized arteriosclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations Diabetic gangrene 1 Rt toe
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George H. Brouillet M.D. M. D.
Address 101 W. Read St Date signed 9/27/39

F 60068

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 60068 Registered No. 1860

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fort Armistead 19-2
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 11 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1612 W. Fayette St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wm A Young

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mary F Young
6 (c) If alive, give age: 26 years

7. Birth date of deceased (mo., day, yr.) Nov 24. 1916

8. AGE: Years 22 | Months 8 | Days 2 | If less than one day: hr. min.

9. Birthplace: Macon Georgia (Town, county, and state)
10. Usual Occupation: Labor
11. Industry or business: 8040

MOTHER
12. Name: Mrs. L Young
13. Birthplace: Macon Ga

FATHER
14. Maiden Name: Abbie Hurst
15. Birthplace: Macon Ga

16 (a) Informant: Mary F Young
(b) Address: 1612 W. Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24. 1939 (month) (day) (year)
(c) Cemetery or crematory: Baltimore Cemetery
Location: E. Royal Ave. Extended

18 (a) Funeral director: Thos. F Kenny
(b) Address: 1600 Pulliam St

(b) Signature of registrar: Huntington Williams M.D. Registrar

JUL 28 1939

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-26- 1939, at 2:45 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fractured cervical vertebra with severed cord (Broken neck) — Duration: Instantaneous
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: Accident
(b) Date of occurrence: 7-26-39
(c) Where did injury occur? Fort Armistead (City) (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury: Dived into shallow water

23. Signature: Howard J. Madison M.D.
Medical Examiner.
Date signed

F 60069 × ✓F 60069

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 123

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Mem Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 71 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Stevenson P.O. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ernest Benjamen Gardner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed - 2x

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 11, 1873

8. AGE: Years	Months	Days	If less than one day
66	6	17	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Farmer 0086

11. Industry or business

MOTHER / FATHER

12. Name Robert Gardner
13. Birthplace Maryland
14. Maiden Name Sara Gardner
15. Birthplace Maryland

16 (a) Informant Ernest Gardner
(b) Address Glenarm Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/30/39 (month) (day) (year)
(c) Cemetery or crematory Sater's Church
Location Falls Rd.

18 (a) Funeral director Frank G. Purrell
(b) Address Reisterstown Md

28 1939 (Date received by registrar) Hunting Ter. Williams Reg. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1939, at 3:30 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from May 17 1939, to July 28 1939, and that I last saw him alive on July 27 1939.

Immediate cause of death Bronchopneumonia — Duration

Due to General debility

Due to Rectal abcess

Other Conditions Rectal Abcess

(Include pregnancy within 3 months of death)

Major findings: Of operations Rectal polyps and Rectal abcess

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Douglas H. Stone M.D.
Address Union Mem. Hosp. Date signed 7/30/39

OK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 60070 — 823 — Registered No. 14035 — F 60070

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution: Baltimore City Hospitals 24-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1914

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Had no home
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carl Anderson

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-28-1852

8. AGE: Years	Months	Days	If less than one day
86	10	27	hr. min.

9. Birthplace Denmark
(Town, county, and state)
10. Usual Occupation Handy Man 4186
11. Industry or business

FATHER
12. Name Andrew
13. Birthplace Denmark

MOTHER
14. Maiden Name Alsie Marie
15. Birthplace Denmark

16 (a) Informant Records
(b) Address Baltimore city hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUL 27 1939 Commissioner of Health

18 (a) Funeral director
(b) Address
19 (c) JUL 28 1939 (Date rec'd by registrar) Per Huntington Williams Registrar 4384

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1939, at 8⁰⁰ P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 20 1939, to July 25 1939, and that I last saw h alive on July 25 1939.

Immediate cause of death	Duration
Cerebral Thrombosis	4 days
Due to	
Due to	
Other Conditions arteriosclerosis, generalized	unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Emmerich Lebstein M. D.
Address Balto City Hosp Date signed 7-28-39

VS 3

F 60071

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. F 60071

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 minutes

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)

(d) Street No. 919 Hillen Street (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Anderson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Colored	Singl

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/24/39

8. AGE: Years	Months	Days	If less than one day
XXXXXXXX			hr. 28 min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name Grefus Spencer

13. Birthplace

MOTHER

14. Maiden Name Thelma Urquheart

15. Birthplace Va.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 7-26-39 (month) (day) (year)

(c) Cemetery or crematory Crematory

Location B.C.H.

18 (a) Funeral director

(b) Address

19 JUL 28 1939 (Date received by registrar) H. Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1939 at 12 48 PM

21. I certify that death occurred on the date above stated, that I attended deceased from July 24 1939 to July 24 1939, and that I last saw him alive on July 24 1939.

Immediate cause of death

Premature birth

Due to Hyaline membrane disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature D. James Dascomb M. D.

Address Balto City Hosp Date signed 7-25-39

F 60072

Case No. 46792 UK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1603

F 60072 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore, Maryland

(c) Hospital or institution: Baltimore City Hospitals 15

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1332 N. Mount St. (If rural give location)

(e) If foreign born, how long in U. S. A? years

3 (a) FULL NAME Baby Girl Grant

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/23/39

8. AGE: Years	Months	Days	If less than one day
			1 hr. 45 min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name William Grant

13. Birthplace Phila., Penn.

MOTHER

14. Maiden Name Emma Gale

15. Birthplace Md.

16 (a) Informant B. C. H. Records

(b) Address

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 7-25-39 (month) (day) (year)

(c) Cemetery or crematory crematory

Location B. C. H.

18 (a) Funeral director

(b) Address

19 (a) (b) Registrar

(Signature of registrar)

JUL 28 1939

VR 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1939 at 10:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 23 1939 to July 3 1939 and that I last saw him alive on July 23 1939.

Immediate cause of death	Duration
(a) Prematurity (32 weeks)	
Due to (b) Atelectasis Pneumonia	over
Due to (c) Hemmorrhage	
Due to (d)	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature R. Thomas Dacus M. D.

Address Balto City Hosp Date signed 7-24-39

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60073

CERTIFICATE OF DEATH

131

F 60073

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1006 Compton St., 4 Ward) 43

Length of residence in city or town where death occurred 54 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Fannie White

(a) Residence: No. 1006 Compton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William White

6. DATE OF BIRTH (month, day, year): April 12, 1885

7. AGE: Years 54 | Months 3 | Days 15 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0937

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Steven Jury

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: ?

16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT: William H. Mullen

(Address) 1006 Compton St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 7/31/39

19. UNDERTAKER: Durward D. Covington

(Address) 21 N. 25th St

FILED JUL 28 1939 19... Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 24 1939 to July 27 1939

I last saw her alive on July 27 1939 Death is said to have occurred on the date stated above, at 5:40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis 2nd deg.	
Other contributory causes of importance: Acute dilatation of heart	7/24/39

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation none

What test confirmed diagnosis? Usual Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

7/28/39 (Signed) H. H. Campbell M. D.

(Address) 1644 Hanover St

OCCUPATION is very important. See instructions on back of certificate.

F 60074

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. F 60074

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Balto. Md.
(b) Street address 1115 S. EAST AVE. 26
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 HOURS

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 1115 S. East ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARY HETMANSKI

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: FEMALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JULY 27 - 1939

8. AGE: Years | Months | Days | If less than one day: 15 hr. — min.

9. Birthplace BALTIMORE, MD. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name FRANK HETMANSKI

13. Birthplace BALTO. MD

MOTHER 14. Maiden Name THERESA MARYMAJKA

15. Birthplace Balto. Md.

16 (a) Informant F. Hetmanski

(b) Address 1115 S. East Ave.

17 (a) X (Burial, cremation, or removal) (b) Date thereof 7/29/39 (month) (day) (year)

(c) Cemetery or crematory T. Shanahan

Location Baltimore

18 (a) Funeral director Thos. A. Dudas

(b) Address 2844 Huntington Ave.

19 (a) JUL 28 1939 (Date rec'd by registrar) Registered

MEDICAL CERTIFICATION

20. DATE OF DEATH JULY 28 1939 at 10.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from JULY 27 1939 to JULY 28 1939 and that I last saw her alive on JULY 24 1939.

Immediate cause of death Prematurely — **Duration**

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank W. Rawstrom M. D.

Address 7901 Jackman Road Date signed 7/28/39

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60075 | CERTIFICATE OF DEATH | 131 | F 60075

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4807 Fleet St. 26-7 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Caroline Stupavsky

(a) Residence: No. 4807 Fleet St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Gregory Stupavsky

6. DATE OF BIRTH (month, day, year) March 25, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Czechoslovakia

FATHER

13. NAME Paul Petras

14. BIRTHPLACE (city or town) (State or country) Czechoslovakia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Gregory Stupavsky

(Address) 4807 Fleet Street

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart C Date July 31, 1939

19. UNDERTAKER Frank Cvach & Son

(Address) 1906 Ashland Ave.

JUL 29 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1939 to July 27, 1939

Last saw ... alive on July 27 6 P. 1939. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1 Yr
Lobar pneumonia	
Other contributory causes of importance: Chronic Nephritis	2 Yrs

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Otto L. Valentine M. D.

(Address) 6 W. Preston

OCCUPATION is very important. See instructions on back of certificate.

V9 8

F 60076

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

943 Registered No. F 60076

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 111 N. Bradford Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anton Novotny

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years: 80 | Months | Days | If less than one day: hr. min.

9. Birthplace Bohemia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name ?
13. Birthplace ?

MOTHER 14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 7/29/39 (month) (day) (year)
(c) Cemetery or crematory Oak Hill
Location Baltimore Md

18 (a) Funeral director Funeral Director
(b) Address 1216 Cathedral

19 (a) JUL 29 1939 (Date rec'd by registrar) (b) Huntington Hillegeas Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-27- 1939 at 6 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-25- 1939 to 7-27-1939 and that I last saw h~~e~~ alive on 7-27- 1939.

Immediate cause of death Coronary thrombosis — Duration — ?

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Coronary thrombosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 7-27-39

F 60077

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

78 ✓ Registered No. F 60077

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ...
(c) Hospital or institution: University Hospital 123
(d) Length of stay in hospital or inst. (yrs., mos., or days) ...
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 24 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ...
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2432 N. Calvert St (If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Paul Dodson
3 (b) If veteran, name war ...
3 (c) Social Security Account No. 212-110-9666

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
Male	White	Widowed

6 (b) Name of ~~husband or~~ wife Edith G. Dodson
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) May 2nd 1890

8. AGE: Years	Months	Days	If less than one day: hr.	min.
49	2	26		

9. Birthplace Hopewell Pa (Town, county, and state)
10. Usual Occupation Stationary Engineer 1020
11. Industry or business Black & Decker Co.

MOTHER / FATHER
12. Name Wm N. Dodson
13. Birthplace Hopewell Pa
14. Maiden Name Mary Ashcomb Simon
15. Birthplace Hopewell Pa

16 (a) Informant Edw. W. Blondell
(b) Address 3507 N. Charles St
17 (a) Burial (Burial, ~~cremation~~, or removal) (b) Date thereof 7/31/39 (month) (day) (year)
(c) Cemetery or ~~crematory~~ London Park
Location Balto Md
18 (a) Funeral director William Zell
(b) Address 127 E. Lexington St
19 JUL 29 1939 (b) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-28-39 19 . at 7:20 A M
21. I certify that death occurred on the date above stated; that I attended deceased from 7-27-39 19 . to 7-28-39 19 , and that I last saw h[im] alive on 7-28-39 19 .

Immediate cause of death (Abscess of brain - right temporal lobe — Duration 2 wks?
Due to ...
Due to ...
Other Conditions Leukemia, meningitis (Include pregnancy within 3 months of death)
Major findings: Of operations abscess of temporal lobe
Of autopsy ...

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Brian McLaughlin M. D.
Address University Hosp. Date signed 7-29-39

VS 3

60078

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121 F 60078

Registered No. .....

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward) 12

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

Lifetime

If U. S. Veteran specify WAR .....

2. FULL NAME Owen Thompson

(a) Residence: No. 2815 Ashland Avenue St., ... Ward. Doc No. - None
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (OR WIFE OF) Mary A. Kochner

6. DATE OF BIRTH (month, day, year) Nov. 27, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sea Captain

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seafaring 0086

10. Date deceased last worked at this occupation (month and year) May 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

FATHER

13. NAME John A. Thompson

14. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

MOTHER

15. MAIDEN NAME Martha K. Smith

16. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

17. INFORMANT Records-U. S. Marine Hospital,
(Address) Baltimore, Maryland.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Parkwood Date July 31st 1939

19. UNDERTAKER Wm Cook
(Address) 212 St. Paul St

20. JUL 29 1939 Huntington Williams Health Officer

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1939, to July 27, 1939

I last saw him alive on July 27, 1939 Death is said to have occurred on the date stated above, at 3:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac disease, cardiorenal	Unknown
vascular	
Cardiac disease, coronary,	Unknown
sclerosis	
Other contributory causes of importance:	
Arteriosclerosis, General	Unknown

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clin. Find. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) H. R. Nelson M. D.

(Address) U. S. Marine Hospital, Baltimore, Maryland.

OCCUPATION is very important. See instructions on back of certificate.

V0 8

60079 1268-9

F 60079

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

920

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 332 Presstman St. 14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Katie Gunn

(a) Residence: No. 332 Presstman St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Gunn

6. DATE OF BIRTH (month, day, year) Aug 15, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va.

FATHER

13. NAME William Williamson

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Tinsbrow

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sarah B. Womack

(Address) 332 Presstman St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenstone N.C. Date July 29, 1939

19. UNDERTAKER Archibald A. Waddell

(Address) 2101 W. Baltimore St.

FILED JUL 29 1939 ... 19... Thurston for Williamson & Co

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1939 to July 27, 1939

I last saw h-r alive on July 26, 1939. Death is said to have occurred on the date stated above, at 1215 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	?

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) E. Wallace Frey, M. D.

(Address) 1928 Penna. Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

60080

Case No. 46512 ✓ ₩ 60080

BALTIMORE CITY HEALTH DEPARTMENT 139c Registered No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Maryland 17-3
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 826 Harlem Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hester Harris

3 (b) If veteran, name war | 3 (c) Social Security Account No. [redacted]

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	Black	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/21/41

8. AGE: Years	Months	Days	If less than one day
97	10	5	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Unknown
11. Industry or business

MOTHER / FATHER
12. Name James H. Harris
13. Birthplace Maryland
14. Maiden Name Elizabeth Smith
15. Birthplace Maryland

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-30-39 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore Md.
18 (a) Funeral director Mrs. Emma A. Hensley
(b) Address 578 N. Biddle St.
JUL 29 1939 (b) Huntington Williams M.D. Registrar
Date received (month) (day) (year)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-26 1939 at 6 30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-13 1939 to 7-26 1939 and that I last saw her alive on 7-26 1939

Immediate cause of death Senility — Duration ?

Due to

Due to

Other Conditions Procidentia — over ?

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. K. Woodward M. D.
Address Balto City Hosp Date signed 7-27-39

60081 HEALTH DEPARTMENT—CITY OF BALTIMORE 60081

CERTIFICATE OF DEATH

93C

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 855 Harlem Av St., 17-3 Ward)
If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Angeline McKenney
If U. S. Veteran specify WAR

(a) Residence: No. 855 Harlem Av., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year): Sept 17 1873

7. AGE: Years 65 | Months 10 | Days 9 25 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: (1037)
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Lancaster S.C.

FATHER
13. NAME: Not known
14. BIRTHPLACE (city or town) (State or country): "

MOTHER
15. MAIDEN NAME: Not known
16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT: Mrs Bennie Rowe
(Address) 855 Harlem Av

18. BURIAL, CREMATION, OR REMOVAL
Place Lancaster, S.C. Date 7-29 1937

19. UNDERTAKER: Mrs Frances A. Hemsley
(Address) 578 N. Bridge St.

Registrar's Number

FILED 7-29-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 7, 1937 to July 26, 1937

I last saw h[illegible] alive on July 26, 1937 Death is said to have occurred on the date stated above, at 7:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance: ?	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edward J. Nheatley M. D.
(Address) 1730 Druid Park

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60082

CERTIFICATE OF DEATH

107a

F 60082

Registered No.

1. PLACE OF DEATH St. Joseph's Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Caroline & Oliver St. 4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Janet Helen Clancy

If U. S. Veteran specify WAR

(a) Residence: No. 615 E. 29th St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 14, 1939

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
		1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James E. Clancy

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Hazel Morris

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT James E. Clancy
(Address) 615 E. 29 St. City

18. BURIAL, CREMATION, OR REMOVAL
New Cathedral Cemetery July 29 1939

19. UNDERTAKER Johns, McCabe, Son
(Address) 924 E. Eager St.

20. July 28 1939 19 Huntington Willis

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 24th, 1939 to July 28th, 1939

I last saw her alive on July 28th, 1939 Death is said to have occurred on the date stated above, at 12:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aspiration Pneumonia	
Other contributory causes of importance: Multiple Small Lung Abscesses	over

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. P. Crumpt M. D.

(Address) St. Joseph's Hosp.

OCCUPATION is very important. See instructions on back of certificate.

V8 8

60083

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 60083

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1441 Lowman St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry Pryal

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Sarah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 20, 1888

8. AGE: Years 51 | Months 0 | Days 7 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Stevedore

11. Industry or business

FATHER
12. Name Peter
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Knox
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal)
(b) Date thereof July 31st 1939 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem
Location Balto. Co. Md.

18 (a) Funeral director Charles H. Dill
(b) Address 1500 E. Fort Ave.

19 (a) (Date rec'd by registrar)
(b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1939, at 9:25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 26 1939, to July 27 1939, and that I last saw h[illegible] alive on July 25 1939.

Immediate cause of death: Rheumatic Heart Disease — Duration: minutes

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Rheumatic heart, congested [illegible]

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. Kubosewski M. D.
Address Bal to City Hosp. Date signed 7 28 39

F 60084

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 60084

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital 5-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 5-16 Hubbard's Alley (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry Cornish

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-23-94

8. AGE: Years 45 | Months 5 | Days 4 | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation ~~Laborer~~ Chauffeur

11. Industry or business

FATHER 12. Name James Cornish

13. Birthplace Md

MOTHER 14. Maiden Name Marcella Aquilla

15. Birthplace Md

16 (a) Informant Records

(b) Address Johns Hopkins Hosp.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/31/39 (month) (day) (year)

(c) Cemetery or crematory Balto. Nat. Cem.

Location Catonsville Md.

18 (a) Funeral director Frank E. Clark, Jr.

(b) Address 1730 N. Central Ave

19 (a) JUL 29 1939 (Date filed by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-27-39 19 , at 1:25 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Peritonitis — Duration 4 days

Due to Retroperitoneal abscess -

Due to

Other Conditions: N2O Gas Oxygen Anesthesia (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy As above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Conrad Aetos M.D. Medical Examiner

Date signed 7-27-39

VS 4

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60085 — CERTIFICATE OF DEATH — 46 F — F 60085

1. PLACE OF DEATH: West Baltimore General Hospital — Registered No.

CITY OF BALTIMORE: (No. 1 St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME: Mr. John Craddock — If U. S. Veteran specify WAR

(a) Residence: No. 2212 Eutaw Place St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year): February 22, ~~1861~~ 1872

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	67	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Restaurant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mrs. Margaret Roland

(Address): 2212 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL

Place: Moreland Memorial Date: July 31, 39

19. UNDERTAKER: Wm. J. Tickner & Sons,

(Address): North & Pa. Avenues.

20. FILED: JUL 29 1939, 19 ... Registrar.

Hearing for Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1939, to July 28, 1939

I last saw him alive on July 26, 1939. Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Head of Pancreas	
Other contributory causes of importance: Metastases to liver	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

V0 8

F 60086

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 B

Registered No. F 60086

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1005 McCulloh
(c) Hospital or institution 11-4

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Josephine Anderson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex f

5. Color or race c

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years 66 | Months 1 | Days 18 | If less than one day: hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

MOTHER / FATHER

12. Name Henry Onley

13. Birthplace Montgomery Co. Md

14. Maiden Name Flora Cartridge

15. Birthplace Montgomery Co Md

16 (a) Informant John Onley

(b) Address 701 Hanover Ave Wash. DC

17 (a) Burial (Burial, cremation, or removal)

(b) Date thereof July 29 1939 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location Brooklyn

18 (a) Funeral director V. A. Snowden

(b) Address 1463 W. Lexington St

19 (a) JUL 29 1939 (Date received by Registrar)

(b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-24-39 19 , at 11:15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Coronary Sclerosis — Duration: ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Conrad Aeto M.D.
Medical Examiner

Date signed 7-27-39

VS 6

60087 Jacob Agne 60087

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3018 Rockwood Ave St. 7-19 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Jacob Agne
(a) Residence: No. 3018 Rockwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Maria Agne

6. DATE OF BIRTH (month, day, year) April 2 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. [illegible]
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lithographic
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kentucky

FATHER
13. NAME Jacob Agne
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Lottie —
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Anna M. Agne
(Address) 3018 Rockwood Ave Balto

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Aug. 2 1939

19. UNDERTAKER J. F. Kline & Sons
(Address) Westminster Md.

FILED JUL 29 1939 Thurlington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/28 1939

22. I HEREBY CERTIFY, That I attended deceased from 7/17/39 to 7/28/39 1939
I last saw him alive on 7/28/39. Death is said to have occurred on the date stated above, at 11 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	7/19/39
Other contributory causes of importance: Arteriosclerosis & hypertension	

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. L. Lodell M. D.
(Address) Glen Burnie, Md.

OCCUPATION is very important. See instructions on back of certificate.

VS 3

60088

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 ✓ F 60088 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Redwood & Green Sts

(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2608 W. Fayette Street (If rural give location)

(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Joseph R Jarboe JOSEPH PATRICK JARBOE

3 (b) If veteran, name war NO

3 (c) Social Security Account No. 212. 09. 4854

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Jennie C. Jarboe

6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Feb. 14, 1872

8. AGE: Years 67 | Months 6 5 | Days 13 | If less than one day: hr. min.

9. Birthplace St. Marys Co. Md. (Town, county, and state) 9017

10. Usual Occupation Cigar Maker

11. Industry or business WERTHEIMER Bro. Inc.

FATHER

12. Name UNKNOWN

13. Birthplace St. Marys Co.

MOTHER

14. Maiden Name Unknown

15. Birthplace St. Marys Co.

16 (a) Informant Helen Healey.

(b) Address 2608 W. Fayette St.

17 (a) July. 29. 1939 (Burial, cremation, or removal) (b) Date thereof 7. 29. 39 (month) (day) (year)

(c) Cemetery or crematory Woodbridge Mem. Park

Location Washington Blvd. (Savage)

18 (a) Funeral director Robert Brooks & Son

(b) Address Calhoun & Hollins Sts

JUL 29 1939 Huntington (Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1939, at 3:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-18 1939 to 7-27 1939. and that I last saw him alive on 7-27 1939.

Immediate cause of death Uremia

Due to Pulmonary Edema

Due to arteriosclerotic cardio vascular renal disease

Due to Generalized atherosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Theo. E. Woodward M. D.

Address University Hospital Date signed 7/27/39

VS 3

F 60089

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 60089

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Union Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1

(e) Length of stay in Baltimore (yrs., mos., or days) 49 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL, and give town)

(d) Street No. The Charlow Apt. (If rural give location)

(e) If foreign born, how long in U. S. A.? ------ years

3 (a) FULL NAME Mrs. John F. Woerchel (Martha) (Martha H. Wenchel)

3 (b) If veteran, name war ------

3 (c) Social Security Account No. ---

4. Sex FEM.

5. Color or race W

6 (a) Single, married, widowed, or divorced. WIDOWED.

6 (b) Name of husband ~~or wife~~ JOHN F. WENCHEL

6 (c) If alive, give age No years

7. Birth date of deceased (mo., day, yr.) ? ----

8. AGE: Years 49 Months --- Days -- If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business ------

FATHER

12. Name Henry Hertel

13. Birthplace Baltimore, Maryland

MOTHER

14. Maiden Name Anna Bach

15. Birthplace Baltimore, Maryland

16 (a) Informant J. Ralph Bridges

(b) Address 2914 Harford Avenue

17 (a) (Burial, ~~cremation or removal~~) (b) Date thereof 7/31/39 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Pikesville, Md.

18 (a) Funeral director H. U. Mears & Son

(b) Address 805 N. Calvert St.

19 (a) JUL 29 1939 (Date received by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/28 1939. at 3.20 P M

21. I certify that death occurred on the date above stated, that I attended deceased from 7/28 1.20 PM 1939. to 3.20 PM 7/28 1939. and that I last saw her alive on 7/28 1939.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Richard H. Bembroke Jr. M. D.

Address Union Memorial Hosp. Date signed 7/28/39

Howard J. Malone M. D. Medical Examiner

F 60090

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131 Registered No. F 60090

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1019 E Preston
(c) Hospital or institution:
10-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) ~~5 yrs~~
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1019 E Preston St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME GEORGE W GROSS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Martha Gross
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) May 4 1939

8. AGE: Years	Months	Days	If less than one day hr.	min.
85	7	16		

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name John Gross.
13. Birthplace Germany.

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mrs Dora Gross.
(b) Address 1019 E. Preston

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory London Park
Location

18 (a) Funeral director Chas E. Sapp.
(b) Address Towson Md.

JUL 30 1939 Huntington Hillcrest MD
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/28 1939, at 5-30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/19 1939 to 7/28 1939.
and that I last saw h/ alive on 7/27 1939.

Immediate cause of death: Cerebral Thrombosis — Duration: 7 Day
Due to: Arteriosclerosis
Due to:
Other Conditions: Cardio Vascular Renal Disease
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph D. Blum M. D.
Address 206 E Read St. Date signed 7/28/39

VS 3

60091 HEALTH DEPARTMENT—CITY OF BALTIMORE # 60091

CERTIFICATE OF DEATH

133

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. Gen Hosp Ward) E-5
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME John E. Stallings Soc. Sec. No. 213-09-2796

(a) Residence: No. 2145 Hartford Rd Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Stallings

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk in office

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1009

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John E. Stallings

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Minnie Rheinhart

16. BIRTHPLACE (city or town) (State or country) Philadelphia

17. INFORMANT Marie Stallings
(Address) 2145 Hartford Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Md Date July 31, 1939

19. UNDERTAKER John F. Fring
(Address) 2229 Hudson St

20. FILED JUL 30 1939 Thomas J. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-29-39, 19

22. I HEREBY CERTIFY, That I attended deceased from 7-14-39, 19... to 7-27-39, 19... I last saw him alive on 7-27-39, 19... Death is said to have occurred on the date stated above, at 7 27 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ureteral Stricture-bilat.	?
Hydronephrosis	?
Pyonephrosis	?
Other contributory causes of importance:	
Uremic poisoning	7-26-39
Bronchopneumonia	7-25-39

Was an operation performed? Yes Date of (7-19) (7-23)

For what disease or injury? Pyonephrosis

Name of operation Cystoscopy

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) W. K. Magruder M. D.

(Address) Md Gen Hosp

OBSCURATION IS VERY important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60092 60092

CERTIFICATE OF DEATH

137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen Hospital St., (Ward) 8 5 4

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Hastings

If U. S. Veteran specify WAR

(a) Residence: No. 2133 E. Federal St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Ida C. Hastings

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80 years			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sea Captain retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Washington Hastings

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Julia Wunderlich

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Ida Hastings

(Address) 2133 E. Federal St

18. BURIAL, CREMATION, OR REMOVAL

Place Dunbar Cem Date July 31, 39

19. UNDERTAKER J. M. Roche & Son

(Address) 1217 E. Baltimore St

20. FILED Huntington Williams M.D.

Registrar.

JUL 30 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/28/39, 19

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1939, to July 28, 1939

I last saw him alive on July 25, 1939. Death is said to have occurred on the date stated above, at 6:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bypelonephritis bilateral	?
Terminal pneumonia	?
Dilatation of stomach	4 days

Other contributory causes of importance

Prostatic Hyperplasia

Was an operation performed? yes Date of 6/22/39

For what disease or injury? Prostatic Hyperplasia

Name of operation Prostatectomy

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. Shed, M. D.

(Address) W Balto

60093 E 60093

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93D

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 369 Evesham Ave 27th Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran ..... specify WAR .....

2. FULL NAME Malinda Weaver

(a) Residence: No. 369 Evesham Ave., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed,~~ or ~~Divorced~~ (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of .....
(or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Mar 31st 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Proprietor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Confectionery Store

10. Date deceased last worked at this occupation (month and year) 1910 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Weaver

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louisa Kreger

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Helen M. Wyatt
(Address) 369 Evesham Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date July 31st 1939

19. UNDERTAKER Wm Cook
(Address) 12 W. Preston St

Funeral Director for Williams M.D.
1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/28/39, 19

22. I HEREBY CERTIFY, That I attended deceased from July 1, 19 39 July 28, 19 39
I last saw h d alive on July 26, 19 39 Death is said to have occurred on the date stated above, at P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	
Acute Cardiac Congestion	
Other contributory causes of importance: Senile Arteriosclerosis	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Wallis H. White M. D.
(Address) 2800 St Paul St

Howard J. Williams M.D.
Registrar

AUG 30 1939

E 60094

60094

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

36

Registered No. _____

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 3028 Reese St., 9-4 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR _____

2. FULL NAME Luna R. Brown
(a) Residence: No. 3028 Reese St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ (or) WIFE of Oscar C. Brown

6. DATE OF BIRTH (month, day, year) Jan 22nd 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	6	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Belair Md

FATHER
13. NAME John Lee McRoy
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER
15. MAIDEN NAME Luna M. B. Gillespie
16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Martetta Fickle
(Address) 4601 Burton Hights Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Edmondson Date July 31 1939

19. UNDERTAKER J. McCord & Co
(Address) 1217 W. Baltimore St.

20. Filed AUG 2 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28th, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1 1939 to July 28 1939
I last saw her alive on July 28 1939 Death is said to have occurred on the date stated above, at 3:45 P. m.

The principal cause of death and related causes of importance were as follows:

Septic Infection — Date of onset 7/1/39

Other contributory causes of importance: Pernicious Health and Bronchopneumonia

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Richard Dean M. D.

(Address) 1221 Park Ave

60095

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

66B

F 60095 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wilkens & Caton Ave

(c) Hospital or institution: St. Agnes Hosp 16-7

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days

(e) Length of stay in Baltimore (yrs., mos., or days) 66 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2008 Belmont Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Melissa Davis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Mrs T. A. Davis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 7, 1874

8. AGE: Years 65 | Months 3 | Days 22 | If less than one day: hr. min.

9. Birthplace Montgomery Co, Md. (town, county, and state)

10. Usual Occupation Housewife 6037

11. Industry or business

FATHER 12. Name Richard H. Richetts

13. Birthplace Montgomery Co Md

MOTHER 14. Maiden Name Matilda Jane Richetts

15. Birthplace Montgomery Co Md

16 (a) Informant Forrest E. Richetts

(b) Address 11 Osborn Ave Catonsville

17 (a) Burial (Burial, cremation, or removal)

(b) Date thereof Aug 1-1939 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore Md

18 (a) Funeral director Patterson & Hunting

(b) Address 2224 N Charles St. (Number and street or R.F.D. number) Baltimore Md (City or town)

Registered AUG 3 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1939, at 3 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 25 1939 to July 29 1939, and that I last saw her alive on July 28 1939.

Immediate cause of death Uremia

Due to Arteriosclerotic Cardio-Vas. Dis

Due to Heart Failure

Due to Auricular Fibrillation

Other Conditions Hepatotoxicosis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration 1 year

PHYSICIAN

(Underline the cause to which death should be charged statistically)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Carl F. Mech M. D.

Address St. Agnes Hospital Date signed 7-29-39

F 60096

F 60096

BALTIMORE CITY HEALTH DEPARTMENT

663 Registered No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3505 Fait Ave
(c) Hospital or institution:

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3505 Fait Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

26 9

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

3 (a) FULL NAME Ida Bleechman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Max Bleechman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — 1876

8. AGE: Years 63 Months Days If less than one day hr. min.

9. Birthplace Russia
(Town, county, and State)

10. Usual Occupation Housework

11. Industry or business

MOTHER | FATHER

12. Name Abraham —

13. Birthplace Russia

14. Maiden Name Gertrude T. —

15. Birthplace Russia

16 (a) Informant Mr. D. Bleechman

(b) Address 3505 Fait Ave.

17 (a) Burial (Burial, cremation, or removal)

(b) Date thereof 2-30-39 (month) (day) (year)

(c) Cemetery or crematory Rogedale

Location Balto. Co. Route 144

18 (a) Funeral director Geo. Levin Inc.

(b) Address 1739 E. Balto. St.

19 (a) (Date rec'd by registrar) FEB 1 1939 (b) Registrar

Huntington-Williams Co.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-29-39 19 at 1:40 A M

21. I certify that death occurred on the date above stated, that I attended deceased from July 26 1939 to July 29 1939.
and that I last saw him alive on July 29 1939.

Immediate cause of death Bronchopneumonia — Duration 6 days

Due to Chronic Myocarditis — 13 yrs

Due to Hypostasis — 13 yrs

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert [illegible] M. D.

Address 2402 E. Lanvale St. Date signed 1/2/39

VS 3

F 60097

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

F 60097 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1300

(c) Hospital or institution: Union Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days

(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. Georgian Court Apts. Union Ave. & Brookdale (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Robert E. T. Owens

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-09-8268

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband or~~ wife Ida H. Owens

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) April 14, 1877

8. AGE: Years 62 Months 3 Days 15 If less than one day: hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Ass't Bookkeeper

11. Industry or business B. & O. Railroad

MOTHER / FATHER

12. Name Robert E. Owens

13. Birthplace Balto. Md.

14. Maiden Name Annie Hall

15. Birthplace Md.

16 (a) Informant Mrs. Ida H. Owens,

(b) Address Georgian Court Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 31, 1939 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Har Sinai

Location Balto. Md.

18 (a) Funeral director Herd Goodheim & Son

(b) Address 1902 Eutaw Place

19 (a) (Date received by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1939, at 8 31 A M

21. I certify that death occurred on the date above stated, that I attended deceased from July 15 1939, to July 29 1939, and that I last saw him alive on July 29 1939.

Immediate cause of death Hypertensive Cardiovascular Renal disease Uremia

Duration

~~Due to~~

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Autopsy ~~Operations~~ Arteriolar Sclerosis Kidneys, Hemorrhage from stg. Kidneys Of autopsy pelvis, generalized arteriosclerosis.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Ferdinand E. Chatard, M.D.

Address Union Memorial Hosp. Date signed 7-29-39

60098

365957

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92a Registered No. F 60098

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ...
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 D
(e) Length of stay in Baltimore (yrs., mos., or days) ...

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ...
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1910 Illinois St (If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Lewis Haynes
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-17-79

8. AGE: Years	Months	Days	If less than one day
60	3	11	hr. min.

9. Birthplace North Car. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER 12. Name John Haynes
13. Birthplace N. Car.

MOTHER 14. Maiden Name Unknown
15. Birthplace N. Car

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/1/39 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore Md.

18 (a) Funeral director Mrs. Geo. Haviland
(b) Address 1631 Druid Hill Ave
Huntington Williams Reg.

JL 30 1939 (Signature of local registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1939 at 5 42 a M

21. I certify that death occurred on the date above stated; that I attended deceased from July 22 1939 to July 28 1939 and that I last saw him alive on July 28 1939.

Immediate cause of death	Duration
Heart Failure	2 yrs.
Due to Aortic Regurgitation	10 yrs.
Due to Rheumatic heart dis.	? 40 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations ...
Of autopsy SAME

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John C. Sammeier M.D.
Address Johns Hopkins Hosp. Date signed 7/28/39

60099

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

120 Registered No. F 60099

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 27-11
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 dys.
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4315 Underwood Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

X

3 (a) FULL NAME Carl Conrad Baker
3 (b) If veteran, name war
3 (c) Social Security Account No. 215-01-0881

4. Sex M. | 5. Color or race White. | 6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife Florence Clark Frazier
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 11th, 1885

8. AGE: Years 53 | Months 9 3 | Days 12 | If less than one day hr. min.

9. Birthplace Zanesville, Ohio. (Town, county, and state)

10. Usual Occupation Manager, National Biscuit Co.

11. Industry or business

MOTHER / FATHER

12. Name William Baker
13. Birthplace Ohio
14. Maiden Name Emma L. Stolzenbach
15. Birthplace Ohio

16 (a) Informant Florence C. Baker
(b) Address 4315 Underwood Road

17 Zanesville, Ohio Date thereof Aug. 1, 1939 (month) (day) (year)
(Burial, cremation, or removal)
(c) Cemetery or crematory
Location Zanesville, Ohio, Burial

18 (a) Funeral director Hoffman & Son
(b) Address 805 N. Calvert St.

19 (a) (Signature of registrar) (b) Registrar

JUL 30 1939

Via B. & O. R. R. F. F. Frazier, escort.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1939, at 4 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 6 1939, to July 29 1939, and that I last saw him alive on July 24 1939.

Immediate cause of death Pneumonia — Duration 1 day.

Due to Hysterotomy — 3 days.

Due to Ulcerative Colitis — 36 days.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Thickened, oedematous, ulcerated colon.
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ferdinand E. Clestan
Address Union Memorial Hosp. Date signed 7-29-39

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 60100 Registered No. 60100

1. PLACE OF DEATH: St. Agnes Hospital
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkens Ave
(c) Hospital or institution: St. Agnes
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 2711 Duluney St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hiram Widmeyer

3 (b) If veteran, name war No

3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mary D. —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Mar. 19. 1869

8. AGE: Years 70 | Months 4 | Days 12 | If less than one day — hr. — min.

9. Birthplace Lancaster, Pa. (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name Richard Widmeyer

13. Birthplace Allentown — Pa.

MOTHER 14. Maiden Name ?

15. Birthplace Allentown — Pa.

16 (a) Informant John William Widmeyer

(b) Address 2711 Duluney St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-31-39 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Old Fred'k Road. City

18 (a) Funeral director H. Allinger's Son

(b) Address 1300 Eutaw Place.

19 (a) (Signature of registrar) Huntington Williams M.D.

(b)

UL 31 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1939. at 9 05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 25 1939. to July 27 1939. and that I last saw him alive on July 27 1939.

Immediate cause of death — Acute entero-colitis

Due to

Due to

Other Conditions Arteriosclerosis; old palm. + mesent. tbc.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Hemorr. intest; old tbc.

Duration 3 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles V. Sewell M. D.

Address St Agnes Hosp Date signed 7-28-39

B 60101

60101

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

127

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4029 Fairview Ave St., 15-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Alice Lillian Geary

(a) Residence: No. 4029 Fairview Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Walter Thomas Geary

6. DATE OF BIRTH (month, day, year) Jan 7, 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0027

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME J. Lee Young

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Harriett Elizabeth Nicholas

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mr. Walter T. Geary (Address) 4029 Fairview Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date July 31 1939

19. UNDERTAKER Loving Bros. (Address) 5505 Eagle Heights

Hunting for Williamsport

20. FILED JUL 30 1939

8 4447

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/27/39 . 19

22. I HEREBY CERTIFY, That I attended deceased from May . 19 39 to July 27 . 19 39

I last saw h— alive on July 27 . 19 39 Death is said to have occurred on the date stated above, at 5 P. m.

The prinripal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset 2 3 yrs.

Pulmonary Embolus — Terminal

Other contributory causes of importance:

Phlebitis

Was an operation performed? Yes Date of

For what disease or injury? Phlebectitis

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. L. Hranoff . M. D.

(Address) 2322 Eutaw Place

60102 F 60102

60102 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 10-2 93-

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 901 Aisquith Street St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Sr. M. Ewalda Pfrang

(a) Residence: No. Convent of Notre Dame St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 28. 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
58	11	28	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher 0065

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Religious

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Nicholas Pfrang

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Marg. Manger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Sr. Stan. Kostka S.S.N.D.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date July 31st 1939

19. UNDERTAKER Geo. M. Enright Son
(Address) 811 N. Wolfe St

JUL 30 1939 Thurlington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28 1939

22. I HEREBY CERTIFY, That I attended deceased from May 4 1939 to July 28 1939

I last saw her alive on July 27 1939. Death is said to have occurred on the date stated above, at 9.40 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Chronic passive hyperemia - Cardiac decompensation

Data of onset

Other contributory causes of importance:

Was an operation performed? ✓ Date of

For what disease or injury? ✓

Name of operation ✓ Date of

What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. J. Kelly, M. D.

(Address) 110 E. Northern

F 60103

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 60103 Registered No. 953

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkens ave
(c) Hospital or institution: St Agnes Hosp 25
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 56 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Fredricks
(c) City or town Fredricks (Rural) 55
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George E. Raines
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Ida Norwood
6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) Nov 27 1867
8. AGE: Years 72 Months 9 Days 3 If less than one day hr. min.
9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Farming 0086
11. Industry or business

FATHER
12. Name George E Raines
13. Birthplace Virginia

MOTHER
14. Maiden Name Lou Mahoney
15. Birthplace Virginia

16 (a) Informant George E Raines
(b) Address 220 Fulton ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 2, 1939 (month) (day) (year)
(c) Cemetery or crematory Pine Grove
Location Mt. Airy Md.

18 (a) Funeral director C. M. Waltz
(b) Address Winfield Md.

19 (a) (b) Registrar
(Date received by registrar)

JUL 30 VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 1939, at 4.05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 20 1939 to July 30 1939 and that I last saw him alive on July 30 39.

Immediate cause of death Cardiac failure — Duration T1

Due to arteriosclerotic Cardio-vascular dis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Raul F. Meeks M. D.
Address St. Agnes' Hospital Date signed 7-30-39

3572 F 60104

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1173

Registered No. F 60104

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL T-5
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ind (b) County
(c) City or town Fort Wayne (If outside city or town limits, write RURAL and give town)
(d) Street No. 2540 E. Brook Drive (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Stephen V. Willcutts
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
56			hr. min.

9. Birthplace Carthage Ind. (Town, county, and state)
10. Usual Occupation Accountant
11. Industry or business

FATHER
12. Name William Willcutts
13. Birthplace Ind.

MOTHER
14. Maiden Name Emma Galloway
15. Birthplace Ind.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 30, 193[illegible] (month) (day) (year)
(c) Cemetery or crematory
Location Frontown, Ind.

18 (a) Funeral director John O. Mitchell & Son
(b) Address 900 Eutaw Place

19 (a) (b) Registrar

(Date rec'd by registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 1939, at 12:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 6 1939, to July 30 1939, and that I last saw him alive on July 30 1939.

Immediate cause of death Hemorrhage — Duration 4 days
Due to Duodenal ulcer — 5 years
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operation Duodenal ulcer
Of autopsy Duodenal ulcer & fistula

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward S. Stafford, M. D.
Address Johns Hopkins Hosp Date signed 7/20/39

F 60105

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 60105 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address So. Baltimore General Hosp
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt. (If outside city or town limits, write RURAL and give town)
(d) Street No. 10 E Pleasant St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Russell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male 5. Color or race White 6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Margaret Marion Russell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 21, 1871

8. AGE: Years 68 Months 2 Days 9 If less than one day hr. min.

9. Birthplace Balto, Md (Town, county, and State)

10. Usual Occupation Engineer (Stationary)

11. Industry or business Mt St Agnes College

MOTHER FATHER

12. Name Jno. J. Russell

13. Birthplace Balto Md.

14. Maiden Name Marion Meekins

15. Birthplace Balto Md

16 (a) Informant Mrs. Thos. A. Rowe

(b) Address 10 E. Pleasant

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 1. 1939 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill Cem.

Location Balto. Md

18 (a) Funeral director Margaret J. Flynn

(b) Address 1722 Light St

(b) Date received JUL 31 1939 (Registrar) (b) Location Williamsport Md. Registrar

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/30/39 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said I, find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death
Acute Alcoholism.
Cerebral Concussion

Due to Coronary arteriosclerosis

Due to Calculus impact and Mural Thrombus Coronary

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Adv. Alcohol

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 7/30/39
(c) Where did injury occur? Home - East. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fell down steps & hit head

23. Signature [illegible] M.D. Medical Examiner

Date signed 7/30/39

Hieronium J Skrentny

F 60106

F 60106

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1243 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2846 W. North Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 45 years

3 (a) FULL NAME (Hieronium) Harry J. Skrentny
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mary Skrentny
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Unknown
8. AGE: Years: about 70 Months: Days: If less than one day hr. min.
9. Birthplace: Poland (Town, county, and state)
10. Usual Occupation: Agent
11. Industry or business: Real Estate
12. Name of FATHER: Unknown
13. Birthplace of FATHER: Poland
14. Maiden Name of MOTHER: Skrentny
15. Birthplace of MOTHER: Poland
16 (a) Informant: Mrs Joseph Skrentny
(b) Address: 601 Reservoir St
17 (a) Burial, cremation, or removal: Burial (b) Date thereof (month) (day) (year) 7-31-39
(c) Cemetery or crematory: Holy Cross
Location: Baltimore
18 (a) Funeral director: Jno. Ott
(b) Address: 1217 E. Fayette
19 (a) Registrar (b) Huntingtown, Md.
JL 3-1 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1939, at 10 PM
21. I certify that death occurred on the date above stated; that I attended deceased from July 13 1939, to July 28 1939, and that I last saw him alive on July 28 1939.

Immediate cause of death: Cardiac failure & Pulmonary Edema — Duration: 8 hrs.
Due to: Post-Operative Distension, Hepato-Renal Syndrome (?) — 24 hrs.
Due to:
Other Conditions: Hernia, mild. Arteriosclerotic C. V. Disease — 2 days
(Include pregnancy within 3 months of death)
Major findings:
Of operations: Cholecystitis & Cirrhosis of Liver. (over)
Of autopsy: Paralytic Ileus; Left Pneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature: Joseph E. Muse Jr. M. D.
Address: University Hosp. Date signed 7-29-39

VS 8

F 60107

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 60107 Registered No. 210 N

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Bon. Sec. Hosp.
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 hr
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1721 Linden Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Frank

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-07-3037

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 7, 1915

8. AGE: Years 23 Months 24 Days 2 If less than one day hr min

9. Birthplace Buckeystown, Md
(Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business Gardner Md Dairy

FATHER 12. Name Wesley S. Franks

13. Birthplace Monroe Co

MOTHER 14. Maiden Name Ethel L. Buckingham

15. Birthplace Buck Md

16 (a) Informant Kenneth Marshall

(b) Address 629 Gennong Towson Co

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof August 1 39
(month) (day) (year)

(c) Cemetery or crematory Mayers Funeral Home

Location Frederick Md

18 (a) Funeral director J. McCool

(b) Address 1219 St Paul St Baltimore Md

JUL 31 1939
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 19 37, at 10:45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said autopsy
(Autopsy or Inquiry)
find that said deceased came to his death on the day stated above.

Immediate cause of death: Rupture of kidney hemorrhage in abd. cavity

Due to Lacerated wounds fracture left 6th

Due to 7th - 8th ribs

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Rupture of kidney
Of autopsy Laceration of kidney & liver

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence July 28 37 Saturday
(c) Where did injury occur? Balt. Pimlico Track
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Yes While at work? No
(Specify type of place)
(e) Means of injury Automobile

23. Signature [illegible] M.D.
Medical Examiner

Date signed July 30 37

V8 6

F 60108

OCK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

$2a ✓ F 60108 8025 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address. Baltimore Maryland
(c) Hospital or institution: Baltimore City Hospitals 26
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4406 White Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Brusster

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife Henry
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-14-1871

8. AGE: Years	Months	Days	If less than one day
68	0	15	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Housewife 0037
11. Industry or business at home

FATHER
12. Name George Norris
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Caroline Worth
15. Birthplace Balto Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 1. 1939 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Baltimore Md

18 (a) Funeral director [illegible]
(b) Address 1214 E. Fayette St (Washington Hall) Baltimore Md

19 (a) (Date received by registrar) (b) Registrar

AUG 3 1939

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-29 1939, at 4:10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-9 1935. to 7-29 1939. and that I last saw her alive on 7-29 1939.

Immediate cause of death	Duration
Cerebro vascular accident with Hemiplegia	3 days
Due to	
Due to	(over)
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lt. Wholey MD M. D.
Address Balto. City Hosp. Date signed 7-29-39

Spmc. 5-17-39 A Co. 200 Blks.

F 60109

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60109

CERTIFICATE OF DEATH

27-5 93c

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 6409 Rowena St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary M. J. Bowen

(a) RESIDENCE NO. 6409 Rowena St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Fla	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Henry Bowen

6 DATE OF BIRTH (month, day, and year) Sept 29, 1857

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	81	9	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(r) Name of employer

9 BIRTHPLACE (city or town) Calvert Co (State or country) Md

PARENTS

10 NAME OF FATHER Thomas Bowen

11 BIRTHPLACE OF FATHER (City or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Hester Hutchins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Bowen

(Address) 6409 Rowena St

15 Filed ..... 19 .....

JUL 31 1939

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 28 1939

17 I HEREBY CERTIFY, That I attended deceased from July 1 1939 to July 28 1939

that I last saw h.. alive on July 28 1939

and that death occurred, on the date stated above at 8.30 p. m.

The CAUSE OF DEATH* was as follows:

Oedema of Lungs

(duration) yrs. mos.

CONTRIBUTORY (Secondary) Arteriosclerosis

Myocarditis — — (duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John A. Scheurich M. D.

19 (Address) 1337 S. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Loudon Park	7/31 1939
20 UNDERTAKER Leonard Funk	ADDRESS 5305 Harford Rd

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 60110

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60110

CERTIFICATE OF DEATH

6-2 953

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hosp St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sr Mary Joachim

If U. S. Veteran specify WAR

(a) Residence: No. 35 N Lakewood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0665

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 7-31 1939

19. UNDERTAKER Leonard Bruch
(Address) 2112 Bonford Rd

20. FILED JUL 31 1939 19 Thursday Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 7-28-1939

22. I HEREBY CERTIFY, That I attended deceased from 7-10-39, 19, to 7-28-39, 19

I last saw her alive on 7-28-39 19 Death is said to have occurred on the date stated above, at 4 05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia - both lungs.	7-26-39
Arteriosclerotic Cardio Vascular disease	?
Ovarian Cyst	?

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. D.

(Address) St. Joseph's Hosp

60111 E 60111

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 402 E 22 nd St. 12-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A. Archer

(a) Residence: No. 402 E 22 nd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/15/67

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co. Md

FATHER

13. NAME Thomas Martin

14. BIRTHPLACE (City or town) (State or country) Harford Co Md

MOTHER

15. MAIDEN NAME Mary Agnes Dempsey

16. BIRTHPLACE (city or town) (State or country) Harford Co Md

17. INFORMANT Mary Archer
(Address) 402 E. 22nd Street

18. BURIAL, CREMATION, OR REMOVAL
Place Abingdon Md Date Aug 1 1939

19. UNDERTAKER Howard L. McBride
(Address) Abingdon Md

20. FILED JUL 31 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29 1939

22. I HEREBY CERTIFY, That I attended deceased from July 26 1939 to July 29 1939

I last saw her alive on July 29 1939. Death is said to have occurred on the date stated above, at 3-15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular-renal disease	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John T. Ramsey M. D.

(Address) 153 E. Monument St

3659 80112

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 60112 Registered No. 35a

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 14-

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 420 Roberts St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Wheeler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-12-20

8. AGE: Years 19 | Months 1 | Days 16 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Nursing

11. Industry or business

FATHER 12. Name James Wheeler

13. Birthplace Md

MOTHER 14. Maiden Name Alice Pelligrew

15. Birthplace Va.

16 (a) Informant Record

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-31-39 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Baltimore, Md

18 (a) Funeral director Mrs Frances A. Hunting

(b) Address 578 N. Biddle St.

19 (a) Filed by registrar Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1939 2.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 23 1939 to July 28 1939 and that I last saw her alive on July 28 1939

Immediate cause of death: Heart failure with pulmonary edema — Duration: one

Due to Septicemia + Severe Anemia

Due to Undetermined organism

Other Conditions Subacute Bacterial Endocarditis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Endocarditis + Pul. Edema

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Dalton M. Welty M. D.

Address Johns Hopkins Hospital Date signed 7-28-39

VS-1

F 60113 HEALTH DEPARTMENT—CITY OF BALTIMORE F 60113

CERTIFICATE OF DEATH

Burial by

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. 404 Patapsco Ave St. ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Marie Blahut — If U. S. Veteran specify WAR .....

(a) Residence: No. 404 Patapsco Ave St., ... Ward ..... (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Valentine Blahut

6. DATE OF BIRTH (month, day, year) Jan 23 1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Czechoslvaka

FATHER

13. NAME Anton Chovaneck

14. BIRTHPLACE (city or town) (State or country) Czechoslvaka

MOTHER

15. MAIDEN NAME Johanna Mundrik

16. BIRTHPLACE (city or town) (State or country) Czhoslvaka

17. INFORMANT Mrs Earl Johnson

(Address) 404 Patapsco Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date July 31 1939

19. UNDERTAKER William H Mareck

(Address) 715 Light St

20. FILED July 31 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1939 to July 29, 1939

I last saw her alive on July 28, 1939. Death is said to have occurred on the date stated above, at 12 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart failure	
hypertensive Cardio	
vascular, renal disease	
Other contributory causes of importance:	
bronchitis	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Samuel Lyben, M. D.

(Address) 03 Patapsco ave

60114

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93c

Registered No. P 60114

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 413 N.Charles St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 413 N.Charles St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John H.S.Lane,

3 (b) If veteran, name war: Spanish American

3 (c) Social Security Account No.:

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Maud E.Lane,

6 (c) If alive, give age: 52 years

7. Birth date of deceased (mo., day, yr.): March 22 1881

8. AGE: Years: 58 Months: 4 Days: 6 If less than one day: hr. min.

9. Birthplace: Bellefonte Penna, (Town, county, and state)

10. Usual Occupation: Textile Weaveing

11. Industry or business: Business (Self)

FATHER

12. Name: John N.Lane,

13. Birthplace: Lancaster Penna

MOTHER

14. Maiden Name: Louisa Sands,

15. Birthplace: Bellefonte Penna.

16 (a) Informant: Mrs Maud E.Lane.

(b) Address: 413 N.Charles St.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 7-31-39 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location: Baltimore City.

18 (a) Funeral director: Robert S Little

(b) Address: 2700 Edmondson Ave,

19 (a) [illegible] registrar (Signature of registrar) [illegible] (Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1939 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 15. 1939 to July 28 1939.

and that I last saw him alive on July 17. 1939.

Immediate cause of death: Cerebral apoplexy.

Duration: 1 hr 20 m.

Due to: arterio Sclerosis. — 6 mo

Due to: Myocarditis. — 6 mo

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Howard C Black M. D.

Address Med arts Bldg. Date signed

Howard J. Madden
Medical Examiner.

60115

F 60115

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 703 S. Baylis St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 703 S. Baylis St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 10 years

3 (a) FULL NAME Wm Weil

3 (b) If veteran, name war: World

3 (c) Social Security Account No. 215-03-3322

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Marie Eve Weil

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 12, 1900

8. AGE: Years 38 | Months 9 | Days 10 | If less than one day: hr. min.

9. Birthplace: Germany (Town, county, and state)

10. Usual Occupation: Foreman

11. Industry or business: Hunter Balto. Rye Distillery

FATHER
12. Name: Wilhelm Weil
13. Birthplace: Germany

MOTHER
14. Maiden Name: Marie Schuman
15. Birthplace: Germany

16 (a) Informant: Wife
(b) Address: 703 S. Baylis St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 1 1939 (month) (day) (year)
(c) Cemetery or crematory: Oak Lawn
Location: Eastern ave.

18 (a) Funeral director: Geoff W. Zorkler
(b) Address: 1739 E. Eager St.

AUG 31 1939 (Registrar) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-29- 1939, at 4. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fractured base of skull

~~Due to~~ and 1st & 2nd Cervical Vertebra

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 7-29-39
(c) Where did injury occur? City (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury Fell down stairs

23. Signature Howard J. Madden M.D.
Medical Examiner.

Date signed 7-31-39

F 60116 ✓ F 60116

BALTIMORE CITY HEALTH DEPARTMENT X 953 Registered No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 14-2
(b) Street address
(c) Hospital or institution: Franklin Square Hos.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard
(c) City or town Dayton, Md (Rural) (If outside city or town limits, write RURAL and give town)
(d) Street No. 5th dist Howard Co. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George C Johnson

3 (b) If veteran, name war -

3 (c) Social Security Account No. -

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	married

6 (b) Name of husband or wife Sarah Johnson
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) May 31, 1877

8. AGE: Years	Months	Days	If less than one day: hr.	min.
62	1	29		

9. Birthplace Howard County Md. (Town, county, and state)
10. Usual Occupation Laborer 0040
11. Industry or business

FATHER 12. Name Isaac Johnson
13. Birthplace Maryland
MOTHER 14. Maiden Name Lucy Hart
15. Birthplace Maryland

16 (a) Informant Sarah Johnson
(b) Address Brookville, Md RFD

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8. 1 1939 (month) (day) (year)
(c) Cemetery or crematory Hopkins Chapel
Location Highland, Howard Co Md

18 (a) Funeral director J C Higginbotham Jr
(b) Address Ellicott City Md

19 31 1939 Registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 1939, at 1:10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 27 1939, to July 30, 1939, and that I last saw him alive on July 30, 1939.

Immediate cause of death Heart failure. Coronary thrombosis Arteriosclerotic Heart disease — Duration March 1st to July 30

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Myocardial infarction, coronary thrombosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature O. Hartman M. D.
Address Franklin Square Hos. Date signed 7/31/39

60117 ✓ F 60117

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 953

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1307 N. 42nd St.
(c) Hospital or institution: —

13

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1307 N. 42nd St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Elizabeth Folkert

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Divorced
6 (b) Name of husband or wife Edward Muller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Aug. 3-1856

8. AGE: Years 82 | Months 11 | Days 25 | If less than one day hr. min.

9. Birthplace Manchester, Md. (Town, county, and state)
10. Usual Occupation At home
11. Industry or business —

MOTHER / FATHER
12. Name John Folkert
13. Birthplace Germany
14. Maiden Name Regina Kubler
15. Birthplace Germany

16 (a) Informant Mrs. Wm. R. Burket
(b) Address 1307 N. 42nd St.

17 (a) Burial (Burial, cremation, or removal)
(b) Date thereof July 31-1939 (month) (day) (year)
(c) Cemetery or crematory Manchester
Location Carroll Co. Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Falls Road

19 (a) Date received by registrar Huntingtor Williams Registrar

JUL 31 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28, 1939, at 10:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1938, to July 28 1939.
and that I last saw her alive on July 27 1939.

Immediate cause of death	Duration
arterio sclerotic heart,	2 yrs.
Due to Arterio Sclerosis	4 yrs.
Due to Cerebral Sclerosis	1 yr.
Other Conditions age factor	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 2020 N. Clark Date signed 7-29-39

60118

WILLIAM H. CHILCOAT

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1780

F 60118 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3420 Hickory Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) ~~County~~ Baltimore
(c) City or town 3420 Hickory Ave (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

13-6

3 (a) FULL NAME William H. Chilcoat

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Lillie C. Chilcoat

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 18-1864

8. AGE: Years 74 | Months 9 | Days 12 | If less than one day hr. min.

9. Birthplace Baltimore Co. Md (Town, county, and state)

10. Usual Occupation Butcher

11. Industry or business Retired, 5 years

MOTHER FATHER

12. Name Enoch H. Chilcoat

13. Birthplace Maryland

14. Maiden Name Phoebe Kemp

15. Birthplace Maryland

16 (a) Informant Edith M. Chilcoat

(b) Address 3420 Hickory Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 1-1939 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Baltimore Md.

18 (a) Funeral director Horace F. Burgee

(b) Address 3631 Falls Road

(c) Baltimore, Md.

19 (a) Date of (b) Registrar

L 31 1939

MEDICAL CERTIFICATION am

20. DATE OF DEATH 7/30/39 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Coronary occlusion

Due to Illuminating gas poisoning

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 7/30/39
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? (Specify type of place)
(e) Means of injury Illuminating gas

23. Signature W. H. Anderson M.D.
Medical Examiner

Date signed 7/30/39

60119

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60119

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2302 Guilford ave St. | 2-4 Ward)

Length of residence in city or town where death occurred 16 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Peter Carter Corley

(a) Residence: No. 2302 Guilford Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Col	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Nancy Corley

6. DATE OF BIRTH (month, day, year) Nov 3 1873

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65 yr	8	26	

OCCUPATION

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0040

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) D. C.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Nancy Corley

(Address) 2302 Guilford ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 7-31 1939

19. UNDERTAKER Williams & Jackson

(Address) 916 Pennsylvania Ave

20. FILED 7-31 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1938 to July 29, 1939

I last saw h[illegible] alive on July 29, 1939 12:00 a m. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	Dec. 1938
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Peter C. Johnson M. D.

(Address) 2329 Eutaw pl

66120

Case No. 44770 LK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 F 60120 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Maryland 18
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 14
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 925 Pierce Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Julia Hackley (Smith)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Black

6 (a) Single, married, widowed, or divorced. ✱ widowed

6 (b) Name of husband or wife ✱ Isiah ✱ Smith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/13/92

8. AGE: Years 47 | Months 6 | Days 16 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Laundress 0041

11. Industry or business

FATHER
12. Name William C. Young (d)
13. Birthplace Maryland

MOTHER
14. Maiden Name Josephine Woodland
15. Birthplace Maryland

16 (a) Informant B. C. H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof Aug 21 1939 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mr Katie R Williams
(b) Address 322 N. Schroeder St

19 (a) (b) Livingston Williams Rd

Date rec'd by registrar AUG 22 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-29 1939. at 12 35 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-15 1939. to 7-29 1939. and that I last saw her alive on 7-29 1939.

Immediate cause of death: Carcinoma Breast with metastasis ? — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. K. Woodward M. D.
Address Balto City Hosp Date signed 7-29-39

60121

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59 B 60121 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland
(c) Hospital or institution: Sinai Hospital 2-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days) Most of life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1802 E. Pratt St. (If rural give location)
(e) If foreign born, how long in U. S. A.? Most of life years

3 (a) **FULL NAME** Bessie Duke

3 (b) If veteran, name war —

3 (c) Social Security Account No. NONE

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 45 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state) 0045

10. Usual Occupation Candy Store

11. Industry or business

FATHER
12. Name Isadore Duke
13. Birthplace Russia

MOTHER
14. Maiden Name Hannah Duke
15. Birthplace Russia

16 (a) Informant Mr. L. Hamel Hendler
(b) Address Lake Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-31-39 (month) (day) (year)
(c) Cemetery or crematory Mount Lebanon
Location Govt. Chapel, Loch Raven Blvd.

18 (a) Funeral director Fred. Lewis, Inc.
(b) Address 1739 E. Baltimore St. Attending for Williams Mt.

19 (a) [illegible] (Registrar) Registrar

JUL 31 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 1939, at 9:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1939 to July 30 1939 and that I last saw her alive on July 30 1939.

Immediate cause of death respiratory & circulatory failure — Duration Cerebral hemorrhage 10 days ago

Due to Cerebral hemorrhage — Cerebral hemorrhage 7-20-39 — duration 3 days

Due to hypertension & arteriosclerosis

Other Conditions arteriosclerotic nephritis; diabetes mellitus
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel Pillar M. D.
Address Sinai Hospital Date signed 7-30-39

30122

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 60122 — Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3732 Towanda Ave
(c) Hospital or institution: 15 1/2

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., days~~) 25

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3732 Towanda Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 25 years

3 (a) FULL NAME Harry Davidov

3 (b) If veteran, name war — 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Dora

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 61 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER — 12. Name Pasie Davidov
13. Birthplace Russia

MOTHER — 14. Maiden Name Leba
15. Birthplace Russia

16 (a) Informant Samuel Davidov
(b) Address 823 Whitelock St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-31-39 (month) (day) (year)
(c) Cemetery or crematory New Shaarah Shalom
Location Balto Co.

18 (a) Funeral director Geo. Lewis Inc.
(b) Address 1439 E Balto St

19 (a) JUL 31 1939 (Registrar's signature) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 1939, at 11:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/5 1939, to 7/30 1939, and that I last saw h[illegible] alive on 7/30 1939.

Immediate cause of death — Duration
Bronchopneumonia — 7/29/39
Due to Cardiac Insufficiency & Chr. Myocarditis — (937)
Due to Coronary Artery Disease — (907)

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 2320 Eutaw Pl Date signed 7/30/39

F 60123

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

96

F 60123
Registered No.

1. PLACE OF DEATH
(a) Baltimore City, Maryland
(b) Street address 1222 Chatham St
(c) Hospital or institution:

8' 7

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1222 Chatham St (If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME georgia Taylor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Samuel Taylor

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 15 1899

8. AGE: Years 39 Months 10 Days 11 If less than one day hr. min

9. Birthplace Birksville va (Town, county, and state)

10. Usual Occupation Domestic 0070

11. Industry or business

MOTHER FATHER

12. Name James Abott

13. Birthplace Va

14. Maiden Name Sarah ?

15. Birthplace Va

16 (a) Informant James E. Taylor (son)

(b) Address 1222 Chatham St

17 (a) Burial (Burial, cremation, or removal)

(b) Date thereof July 30-39 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cem

Location A. A. Co. Md

18 (a) Funeral director Robert E. Williams

(b) Address 1515 McElderry St

Signature of Registrar Robert E. Williams M.D.

JUL 31 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-26-39 19 , at 6:30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Coroner's Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to h[illegible] death on the day stated above.

Immediate cause of death: Dissecting aneurysm descending aorta — Duration: 3 days

Due to

Due to

Other Conditions Hypertension chronic Nephritis
(Include pregnancy within 3 months of death)

Major findings of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Conrad Acton M.D. Medical Examiner

Date signed 7-27-39

VS 4

60124 46843—ers

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 60124

146-1253 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1308 Argyle Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louise Bradley

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	colored	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-28-22

8. AGE: Years	Months	Days	If less than one day
17	0	0	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Unknown
11. Industry or business

FATHER
12. Name Elmer Bradley
13. Birthplace Va.

MOTHER
14. Maiden Name Julia Johnson
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (b) Date thereof 7-31-39
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location —

18 (a) Funeral director Geo. H. Hobson
(b) Address 1303 Presstman St.

19 (a) (b) Huntington Williams Registrar
(Date rec'd by registrar)
JUL 31 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1939 at 2 19 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 25 1939 to July 28 1939 and that I last saw h[illegible] alive on July 28 1939.

Immediate cause of death	Duration
Eclampsia without Convulsion	
Due to (a)	
Due to	
Other Conditions Severe anemia	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Hemorrhage & Lesion of Liver

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature D. Jones Dawn M.D.
Address Balto City Hosp. Date signed 7-28-39

60125

Case No. 8175 LK

60125

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

873 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Maryland 12-4
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 12
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 440 N. 23rd St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Loretta Hughes

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/29/03

8. AGE: Years	Months	Days	If less than one day
35	8	29	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Unknown 087
11. Industry or business

FATHER 12. Name Simon Hughes
13. Birthplace Virginia

MOTHER 14. Maiden Name Helen Reynolds
15. Birthplace Maryland

16 (a) Informant D. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-31-39 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location —
18 (a) Funeral director George S. Nelson
(b) Address 1303 Pressstman St
19 (a) Filed (Date received by registrar) (b) Huntington Williams M. D.
AUG 2 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1939, at 1.40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-16 1935, to 7-28 1939, and that I last saw her alive on 7-28 1939.

Immediate cause of death: Post encephalitic Paralysis agitans — Duration: 4 years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy (not completed yet)

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Huntington Williams M. D.
Address Balto City Date signed 7-29-39

60126 HEALTH DEPARTMENT—CITY OF BALTIMORE E 60126

CERTIFICATE OF DEATH

82a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 18-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME George Brown

(a) Residence: No. 313 N. Carrolton Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Laura Brown

6. DATE OF BIRTH (month, day, year) May 13, 1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Crisfield Md

FATHER

13. NAME Samuel Brown

14. BIRTHPLACE (city or town) (State or country) Carlisle Pa

MOTHER

15. MAIDEN NAME Rosa Holden

16. BIRTHPLACE (city or town) (State or country) Marion Md

17. INFORMANT Laura Brown

(Address) 313 N. Carrolton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Aug 2, 1939

19. UNDERTAKER Mrs Katy R. Williams

(Address) 322 N Pennsylvania Ave.

20. FILED 19 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1939 to July 29, 1939

I last saw him alive on July 29, 1939. Death is said to have occurred on the date stated above, at 1:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Spontaneous Sub-arachnoid hemorrhage	July 29
Other contributory causes of importance: None	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thomas Sexton M. D.

(Address) Mercy Hospital

JUL-31 1939

O.K. W.H. Handsett

F 60127

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60127

Social Security # 705-10-4161

CERTIFICATE OF DEATH

46 F

Registered No. 26-4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME John F. Knoble

(a) Residence: No. 3410 E. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Eva Elizabeth Knoble

6. DATE OF BIRTH (month, day, year): Oct 6 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	9	2623	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Telegraph

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Operator B. & O.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Co. Md.

FATHER

13. NAME: Frederick Knoble

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown.

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Eva Elizabeth Knoble.
(Address) 3410 Balto Co

18. BURIAL, CREMATION, OR REMOVAL
Place: Loudon Park Date: 8-1 1939

19. UNDERTAKER: Charles C. Schumacher
(Address) 2602 E. Madison St.

20. FILED: AUG 01 1939 21. [illegible] Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1939, to July 29, 1939.

I last saw him alive on July 27, 1939. Death is said to have occurred on the date stated above, at 3:35 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Head & Pneumonia — Date of onset ?

Other contributory causes of importance:

Was an operation performed? yes Date of 7/29/39

For what disease or injury? Carcinoma of Pharynx

Name of operation: Exploratory laparotomy

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. R. Crump M. D.

(Address) St. Joseph Hosp.

60128 40895-MS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 ✓F 60128 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1740 Calhoun St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Lee

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	colored	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-27-39

8. AGE: Years	Months	Days	If less than one day
			3 hr. 8 min.

9. Birthplace Balto., Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Francis Lee
13. Birthplace Md.

MOTHER
14. Maiden Name Pauline Thomas
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Cremation (b) Date thereof 7/28/39
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory B.C.H.
Location

18 (a) Funeral director
(b) Address

19 (a) Filed [illegible] JUL 31 1939 (b) [illegible] Williams Registrar
(Local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1939 at 7:34 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 27 1939 to July 27 1939 and that I last saw h[illegible] alive on July 27 1939.

Immediate cause of death Fetal atelectasis

Due to

Due to

Other Conditions Prematurity

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Fetal atelectasis

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature D. Thomas Dawson M. D.
Address Balto City Hosp. Date signed 7-28-39

VS 8

Spec.—1-12-23—M&T—500 Blks.

F 60129

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60129

CERTIFICATE OF DEATH.

23

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1310 Ausquith St 9-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida M. Curran

(a) RESIDENCE NO. 1310 Ausquith ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: William T. Curran

6 DATE OF BIRTH (month, day, and year): ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
About 61				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balto. Co. Md.

PARENTS

10 NAME OF FATHER: Leo Wortman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Mary Kane

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Henry B. Curran

(Address): 1310 Ausquith St

15 Filed JUL 31 1939, 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 30, 1939

17 I HEREBY CERTIFY, That I attended deceased from 7/28, 19 39, to 7/30, 19 39,

that I last saw her alive on 7/30, 19 39.

and that death occurred, on the date stated above, at 3:30 m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

Lung Abscess. [Over]

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary): Bronchiectasis

(duration) several mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? Yes

What test confirmed diagnosis? P.E.

(Signed) Joseph S. Blum, M. D.

, 19 (Address) 1206 E. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

DATE OF BURIAL: Aug 2 1939

20 UNDERTAKER: Wm. Cook

ADDRESS: 1217 St. Paul

F 60130

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

F 60130 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Bridge at Hanover Station
(c) Hospital or institution: Chester Street
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16-9
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Unknown (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frederick Jensen

3 (b) If veteran, name war: No

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Mary C. Ernest

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 7 1892

8. AGE: Years 47 | Months 2 | Days 23 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business Mill

MOTHER
12. Name Matilda Conrad
13. Birthplace Md

FATHER
14. Maiden Name Elizabeth Cusick
15. Birthplace Md

16 (a) Informant Mrs. Mary Ernest
(b) Address 504 N. Gilmor St.

17 (a) Final (Burial, cremation, or removal) (b) Date thereof Aug 2 39 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Md

18 (a) Funeral director Thomas Cox
(b) Address 1217 W. Fort Ave.

19 (a) Filed 8 1 1939 (Date received by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION 4:15 P.M.

20. DATE OF DEATH 7/30/39 19 . at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said Autopsy find that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Immediate cause of death: Subarachnoid hemorrhage about

Due to: base of brain and upper cervical cord

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 7/30/39 about 6 P.M.
(c) Where did injury occur? C. & R. Belt - Hanover Station (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public - R. R. Yard (Specify type of place) While at work?
(e) Means of injury: Fell from box car striking sidewalk

23. Signature [illegible] M.D. Medical Examiner

Date signed 7/31/39

VS 6

F 60131

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

948 Registered No. F 60131

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3201 Brighton St
(c) Hospital or institution: 16-7
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4d
(e) Length of stay in Baltimore (yrs., mos., or days) 4d

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt (If outside city or town limits, write RURAL and give town)
(d) Street No. 3201 Brighton St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph T Walters

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 212-01-6787

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Wh	Married

6 (b) Name of husband or wife Ella Louise Walters
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) May 24 1881

8. AGE: Years	Months	Days	If less than one day: hr.	min.
58	2	0		

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business M Company

MOTHER FATHER
12. Name Joseph T Walters
13. Birthplace Md
14. Maiden Name Sarah Lee West
15. Birthplace Md

16 (a) Informant Mrs Ella L. Walters
(b) Address 3201 Brighton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 1. 1939 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Sta Baltimore Co

18 (a) Funeral director Fulbrom & Coates
(b) Address 1217 N Eutaw St

19 (a) (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION 3 30 P

20. DATE OF DEATH 7 29 39 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. W. Landenberger M.D. Medical Examiner
Date signed 7 31 39

Spec.—1-12-23—M&T—500 Blks.

F 60132

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60132

CERTIFICATE OF DEATH.

953

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1220 Harford Ave ST., 101 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME August Dietloff

(a) RESIDENCE NO. 1220 Harford Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? 59 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Dietloff

6 DATE OF BIRTH (month, day, and year): Sept 26, 1865

7 AGE: Years 78 Months 10 Days 5 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Grocer, Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Self 0034

(c) Name of employer: Self.

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: August Dietloff

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: August Dietloff

(Address): 4416 Fernhill Ave

15 Filed JUL 31 1939, 19 Thursday Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7/30 1939

17 I HEREBY CERTIFY, That I attended deceased from 7/23, 1939, to 7/30, 1939, that I last saw h (M) alive on 7/30, 1939, and that death occurred, on the date stated above, at 12.30 A.M.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Arteriosclerotic Card. Vasc. Dis.

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? P.E.

(Signed) Joseph S. Blum, M. D.

, 19 (Address) 1206 E. Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn

DATE OF BURIAL: July 32 1939

20 UNDERTAKER: J. H. Cook

ADDRESS: 1217 E. Fayette

F 60133

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60133

CERTIFICATE OF DEATH

162

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4734 Tunbies Rd St., 27th Ward)

Length of residence in city or town where death occurred 64 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Rebecca E Smith

(a) Residence: No. 4734 Tunbies Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Scott Smith

6. DATE OF BIRTH (month, day, year) Oct 10 1857

7. AGE: Years 81 | Months 10 | Days 20 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs John A. Wisemann (Address) 4734 Tunbies Ave

18. BURIAL, CREMATION, OR REMOVAL Place Union Cath Date Aug. 2 39

19. UNDERTAKER Wilson Cook (Address) 1217 St Paul St

20. FILED JUL 31 1939 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from May-1st 1939 to July 30 1939

I last saw h[er] alive on July 30, 1939 Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Intermittent H. Agt.

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Thos. H. Magness M. D.

(Address) 14 E. Read St

Vernon 2689.

F 60134

F 60134 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

953

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1826 E Lafayette Ave St., 5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? 55 yrs. ..... mos. ..... da.

2. FULL NAME Martin C Klein

If U. S. Veteran specify WAR .....

(a) Residence: No. 1826 E Lafayette Ave St., ... Ward. Sic Security # NONE

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 16 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 0015

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jacks Lumber Co

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Martin C Klein

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Dieht

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Margaret Klein

(Address) 1826 E Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem Date July 1939

19. UNDERTAKER J. McCoy

(Address) 1217 E Fayette St

20. FILED July 31 1939 Thomas J. Kelly Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30 1939

22. I HEREBY CERTIFY, That I attended deceased from July 17 1939 to July 30 1939

I last saw him alive on July 30 1939, Death is said to have occurred on the date stated above, at 9:35 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Coronic Decomposition	7/30/39
Other contributory causes of importance: Aortic Coronic Dilatation	7/30/39

Was an operation performed? No. Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No. Date of injury ..... 19..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) I. Littman, M. D.

(Address) 1808 E Chase St.

60135 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 60135

CERTIFICATE OF DEATH

943

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1100 Baltimore Gen'l Hosp. St. 21-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Frieda Sinsheimer

If U. S. Veteran specify WAR

(a) Residence: No. 225 Hoffman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ophelia Sinsheimer

6. DATE OF BIRTH (month, day, year) March 25 - 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cloth maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brush.

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Geo. F. Sinsheimer

14. BIRTHPLACE (city or town) (State or country) Ind.

MOTHER

15. MAIDEN NAME Wilhelmina S. Miller

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Helen Herbert

(Address) 504 Ver. Ridge St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Aug 2nd 1937

19. UNDERTAKER William A. Stryker Inc.

(Address) 4130 Edmondson Ave. Balto. Md.

FILED JUL 31 1937 Huntington Indiana Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-30 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-27 1937 to 7-30 1937

I last saw h alive on 7-30 1937 Death is said to have occurred on the date stated above, at 11 14 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	1937
Other contributory causes of importance: (over)	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jos. Sheets M. D.

(Address) 1134 W. Baltimore St.

F 60136

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

953

F 60136 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4515 Garrison Boul.

(c) Hospital or institution: Ventura Nursing Home. 15-

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Day

(e) Length of stay in Baltimore (yrs., mos., or days) 75-6-7

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2809 Presbury Street (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Susie C. Strohm

3 (b) If veteran, name war Pensioned widow Civil War Veteran

3 (c) Social Security Account No. ---

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Jacob Strohm

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 22-1864

8. AGE: Years 75 Months 6 Days 7 If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

12. Name ? Cole

13. Birthplace Unknown

14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant Mr. William English

(b) Address 3234 Clifton Avenue.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof August 2 1939 (month) (day) (year)

(c) Cemetery or ~~xxxxxx~~ Arlington National

Location Virginia

18 (a) Funeral director Wm. J. Tickner & Sons.

(b) Address Baltimore, Md.

(b) Huntington Williams

JUL 31 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from March - 1931 to July 29 1939 and that I last saw h alive on July 29 1939.

Immediate cause of death: Congestive heart failure - Bronchopneumonia, terminal

Due to Arteriosclerotic cardiovascular disease

Due to

Other Conditions Chronic cholecystitis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration: 3 wks a day ? yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Theodore E. Staley

Address 3803 Edmondson Ave Date signed 7/31/39

60137 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 60137

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Dallas Road 1 to 5 & 8 2 3

CITY OF BALTIMORE: (No. 2041 St., 20 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna E. Hilleary

If U. S. Veteran specify WAR .....

(a) Residence: No. 312 North Fulton Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced (or) XXXXXXX ----------

6. DATE OF BIRTH (month, day, year) April 10, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME J. A. Hilleary

14. BIRTHPLACE (city or town) (State or country) Prince George's Co. Maryland.

MOTHER

15. MAIDEN NAME Susanna Gessford

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Clifford H. Mitchell
(Address) 312 N. Fulton Avenue.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date 7-31-39

19. UNDERTAKER Wm. J. Tickner & Sons.
(Address) North & Pennsylvania Avenues

20. FILED JUL 31 1939 19.... Registrar. Thurlington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 28 19 39 to July 28 19 39

I last saw h.. alive on July 28 19 39. Death is said to have occurred on the date stated above, at 7:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	
(Rt internal capsule)	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) W. Reed M. D.

(Address) 1 W. Mt. St.

F 60138

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

167 F 60138 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wash. Blvd + Swyrnes
(c) Hospital or institution: Falls Bridge 24-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 w
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1212 Towson St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles J. Schlordt
3 (b) If veteran, name war
3 (c) Social Security Account No. 216-05 89266

4. Sex Male. 5. Color or race White 6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Marie Schlordt 6 (c) If alive, give age 50 years
7. Birth date of deceased (mo., day, yr.) July 24th 1883
8. AGE: Years 56 Months Days 4 5 If less than one day hr. min.
9. Birthplace Balto. Md. (Town, county, and state) 1040
10. Usual Occupation Labour RR Pier
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown.

16 (a) Informant Marie Schlordt.
(b) Address 1212 Towson St
17 (a) (Burial, cremation, or removal) (b) Date thereof Aug 1st 1939 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem.
Location A. G. Co Md
18 (a) Funeral director Charles F. Dietl.
(b) Address 1501 E. Fort Ave.
19 (a) 31 1939 (b) Huntington Williams (City Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/28/39 19 39, at P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Bullet wound of head — Duration
Due to Self-inflicted
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 7/28/39 - P.M. of this date
(c) Where did injury occur? Wash Blvd + Swyrnes Falls Bridge City - Balto. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public place (Specify type of place) While at work? No
(e) Means of injury Pistol shot
23. Signature Howard J. Mueller M.D. Medical Examiner
Date signed 7/31/39

VS 6

60139

HEALTH DEPARTMENT—CITY OF BALTIMORE

60139

CERTIFICATE OF DEATH

137

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Ward)

Length of residence in city or town where death occurred 64 yrs. 11 mos. 13 ds. How long in U. S. if of foreign birth? — yrs. — mos. — ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph A. Deck

(a) Residence: No. 875 N. Howard St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah C. —

6. DATE OF BIRTH (month, day, year) Aug 17, 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Storekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Not obtainable

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not obtainable

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Joseph A. Deck
(Address) 875 N. Howard St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 8/1 1939

19. UNDERTAKER H. U. Mears and Son
(Address) 805 Park Ave. & Eutaw St.
Hunting for Williams M.D.

20. FILED JUL 31 1939 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/30, 1939

22. I HEREBY CERTIFY, That I attended deceased from 7/28/39, 19..., to 7/30/39, 19...

I last saw him alive on 7/30/39, 19... Death is said to have occurred on the date stated above, at 7:52 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic Hypertrophy, benign	1/28
Other contributory causes of importance: Uremia; Bronchial Pneumonia;	7/28
Acute Cardiac Dilatation	7/28

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) L. Frederick Johnston Jr M. D.

(Address) Md. General Hospital

0140 60140

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 18 Ward

Length of residence in city or town where death occurred Lifelong yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR DIV 5348

2. FULL NAME George A. Crehan Soc. Sec. No. 212-09-

(a) Residence: No. 864 W. Fayette Street St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
~~(OR) WIFE~~ of Jennie Lowrey

6. DATE OF BIRTH (month, day, year) Jan. 5, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Can Co.

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore,
(State or country) Maryland.

FATHER

13. NAME Patrick Crehan

14. BIRTHPLACE (city or town) Washington,
(State or country) D. C.

MOTHER

15. MAIDEN NAME Catherine LeGraff

16. BIRTHPLACE (city or town) ~~XXXXXX~~
(State or country) Baltimore, Md.

17. INFORMANT Records-U. S. Marine Hospital,
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL
Place Balt. National Date 6/1/34 19

19. UNDERTAKER John F. Howard & Son
(Address) 701 Fallsway

Huntington Williams, Registrar.

20. FILED MAY 31 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1939 to July 29, 1939

I last saw him alive on July 29, 1939. Death is said to have occurred on the date stated above, at 7:10a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiorenal vascular disease	Apr. 1937
Arteriosclerosis, General	Apr. 1937

Other contributory causes of importance:

Atelectasis, left lung	2 days

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? P. M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. R. Nelson, M. D.

(Address) U. S. Marine Hospital, Baltimore, Maryland.

F 60141

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. F 60141

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 344 E 23½ St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 7 hours

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto., Md (If outside city or town limits, write RURAL and give town)

(d) Street No. 344 E 23½ St. (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Baby Mitchell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex f

5. Color or race Col

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days | If less than one day 7 hr. 5 min.

9. Birthplace 344 E 23½ St Home (town, county, and state) Md

10. Usual Occupation

11. Industry or business

MOTHER FATHER

12. Name Howard Mitchell

13. Birthplace Md

14. Maiden Name Nellie Atkins

15. Birthplace Balto., Md

16 (a) Informant mother (Nellie Mitchell)

(b) Address 344 E 23½ St.

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (month) (day) (year)

(c) Cemetery or crematory Location

JOHNS HOPKINS MEDICAL SCHOOL JUL 31 1939

18 (a) Funeral director Commissioner of Health

(b) Address M. A. Moore.

JUL 31 1939 Huntington Wilkinson M.D.

19 (a) ..... (Date rec'd by registrar) ..... (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27, 1939, at 4 P/M

21. I certify that death occurred on the date above stated; that I attended deceased from July 25 1939, to July 27, 1939, and that I last saw her alive on July 26 at 10 a.m.

Immediate cause of death Prematurity — Duration

Due to Uncertain

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Marvey Adams M. D.

Address 3126 23rd St. Date signed 7-27-39

OCK

60142

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

Registered No. F 60142

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore Maryland

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days

(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1509 Kensett St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Elizabeth Jane Gordon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Clarence Gordon

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-15-68

8. AGE: Years 70 | Months 11 | Days 15 | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

12. Name William Turnbaugh

13. Birthplace Md.

14. Maiden Name Rebecca Baublitz

15. Birthplace Unknown

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug-2-1939 (month) (day) (year)

(c) Cemetery or crematory, Asbury Cem. Reisterstown Md.

Location

18 (a) Funeral director Mamie E. Dyer

(b) Address 1600 N. North Ave.

19 (a) (Date received by registrar) (b) Registrar

AUG 31 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 1939, at 7 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-20 1939 to 7-30 1939, and that I last saw h Dr alive on 7-30 1939.

Immediate cause of death

Uremia

Due to arteriosclerotic nephritis

Duration 5 days

unknown.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature C. [illegible] M. D.

Address Balto. City Hosp. Date signed 7-30-39

F 60143

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 ✓ Registered No. F 60143

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 618 Sterling St.
(c) Hospital or institution: Baltimore, Md. 5-2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 618 Sterling Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Musgrove

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	

6 (b) Name ~~of husband or wife~~ mother Esther Musgrove

6 (c) If alive, give age 32 years

7. Birth date of deceased (mo., day, yr.) 7/26/39

8. AGE: Years	Months	Days	If less than one day
			2 hours min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

12. Name Heyward Musgrove

13. Birthplace Unknown

14. Maiden Name Esther Waters

15. Birthplace Unknown

16 (a) Informant Carrie Silfille

(b) Address 1107 Ashland Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Location

JOHNS HOPKINS MEDICAL SCHOOL JUL 31 1939

Commissioner of Health

18 (a) Funeral director

(b) Address Under H. A. [redacted] Huntingtown, Williamsport

19 JUL 31 1939 (Date rec'd by registrar) 1959 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1939, at 1 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Premature birth	
Due to respiratory failure	
Due to atelectasis	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Malone M.D.
Medical Examiner

Date signed 7/28/39

VS 6

0144 F 60144

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2938 St. Paul St., 27-14 Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Ida Josephine Le Cain

(a) Residence: No. 6 Upland Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Oscar R. Le Cain

6. DATE OF BIRTH (month, day, year) June 29, 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0027

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boston Mass.

FATHER

13. NAME James Wilkinson

14. BIRTHPLACE (city or town) (State or country) Boston Mass

MOTHER

15. MAIDEN NAME Augustus Sweet

16. BIRTHPLACE (city or town) (State or country) Boston Mass

17. INFORMANT Miss Norma Le Cain
(Address) 6 Upland Road

18. BURIAL, CREMATION, OR REMOVAL
Place Meadowridge Memorial Park Date Aug. 2 1939

19. UNDERTAKER EASTON SONS
(Address) ELLICOTT CITY

20. JUL 31 1939 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30th 1939

22. I HEREBY CERTIFY, That I attended deceased from February 1939 to July 30 1939

I last saw her alive on July 30 1939. Death is said to have occurred on the date stated above, at 9.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	4 yrs.
Auricular Fibrillation	7/30/39
Other contributory causes of importance: Uremia	7/29/39

Was an operation performed? — Date of ...

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? — If so, specify —

(Signed) Henry M. Hansen M. D.

(Address) 20 E. Preston Street.

EKG

F 60145

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

10 7a

Registered No. F 60145

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 633 S. Paca St.
(c) Hospital or institution 2 2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town 2 (If outside city or town limits, write RURAL and give town)
(d) Street No. 633 S. Paca St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wm. Anderson

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex M.

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife Single

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 1902

8. AGE: Years 36 | Months 6 | Days — | If less than one day: hr. min.

9. Birthplace Laurence S.C. (Town, county, and state)

10. Usual Occupation Laborer 1040

11. Industry or business Unemployed

12. Name Payden Anderson

13. Birthplace Laurence S.C.

14. Maiden Name Violet Grey

15. Birthplace Laurence S.C

16 (a) Informant Payden Anderson (B.)

16 (b) Address 633 S. Paca St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 1, 1939. (month) (day) (year)

17 (c) Cemetery or crematory Location Mt. Calvary Cem

18 (a) Funeral director Charles G. Cooper

18 (b) Address 514 N. Calhoun St. Huntington Williams Md.

19 (c) Registered JUL-31 1939 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1939. at 2 4 0 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1939. to July 29 1939 and that I last saw h alive on July 29 1939.

Immediate cause of death Bronchio-pneumonia — Duration 5 days

Due to

Due to

Other Conditions Lobular congestion Heart disease (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William H. Watts M. D.
Address 514 Huntington Date signed 7/20/39

VS 8

60146

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59

B-60146 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals 5-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 220 N. Caroline Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mamie Nutter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife James

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/29/87

8. AGE: Years 52 | Months 4 | Days 1 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

MOTHER / FATHER

12. Name George

13. Birthplace Maryland

14. Maiden Name Mannie ?

15. Birthplace Maryland

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) La Plata Md (Burial, cremation, or removal) (b) Date thereof 8/2/39 (month) (day) (year)

(c) Cemetery or crematory

Location La Plata Md

18 (a) Funeral director Archibald A Gaddess

(b) Address 210 McCulloh St

19. JUL 31 1939 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 1939, at 12 35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 26 1939 to July 30 1939, and that I last saw h alive on July 30 1939.

Immediate cause of death: Arteriosclerotic nephritis — Uremia

Duration unknown — Smears

Due to

Due to

Other Conditions Hypertensive Heart disease — Diabetes mellitus (8 years) — unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Enlarged heart, scarred kidneys

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L K Woodward Jr. M. D.
Address Balto city Hosp. Date signed 7-30-39

VS 8

F 60147

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

11a

Registered No. F 60147

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1413 S. Charles St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 59 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1413 S. Charles St (If rural give location)

(e) If foreign born, how long in U. S. A.? 59 years

3 (a) FULL NAME Christoph Roth

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Christina Roth

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 14, 1853

8. AGE: Years 86 | Months 2 | Days 18 | If less than one day: hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Cigar Packer

11. Industry or business

12. Name Henry Roth

13. Birthplace Germany

14. Maiden Name Don't know

15. Birthplace Germany

16 (a) Informant Caroline Koons

(b) Address 1413 S. Charles St

17 (a) London Pk (Burial, cremation, or removal) (b) Date thereof Aug 2, 1939 (month) (day) (year)

(c) Cemetery or crematory London Pk, Location Frederick Ave. Balto.

18 (a) Funeral director A. Howard Evans

(b) Address 1400 S. Charles St

19 (a) JUL 31 1939 (Date rec'd by registrar) (b) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29, 1939, at 9 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 19, 1939 to July 29, 1939 and that I last saw him alive on July 29, 1939

Immediate cause of death: Broncho-pneumonia following Influenza — Duration: 10 days

Due to

Due to

Other Conditions: Hypertensive cardio vascular disease (Include pregnancy within 3 months of death) — 2/1/34.

Major findings:

Of operations

Of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Harry Deibel M.D.

Address 1226 Hanover St. Date signed 5/30/39

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60148 CERTIFICATE OF DEATH X 59 F 60148

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) So. Balto. Genl. Hospital (Ward)

Length of residence in city or town where death occurred 52 yrs. 10 mos. 5 ds. How long in U. S. if of foreign birth? yrs. mos. ds. 24-3

If U. S. Veteran specify WAR

2. FULL NAME Peter Scheminant

(a) Residence: No. 505 Belle Grove Road (Usual place of abode) St., Ward, Brooklyn Md (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Sept 24 1887

7. AGE: Years 52; Months 10; Days 5; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: W. P. A.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 1086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 2 mos

12. BIRTHPLACE (city or town) (State or country): U. S. A.

13. NAME of Father: Thomas Scheminant

14. BIRTHPLACE (city or town) (State or country): U. S. A.

15. MAIDEN NAME of Mother: Sarah Warfield

16. BIRTHPLACE (city or town) (State or country): U. S. A.

17. INFORMANT: Bertha Phelps

(Address): 505 Belle Grove Rd

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Hill Date: Aug 1 1939

19. UNDERTAKER: A. H. Myers & Sons

(Address): 1400 S. Charles St

FILED JUL 31 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7-29, 1939

22. I HEREBY CERTIFY, That I attended deceased from 7-27-39, 19..., to 7-29-39, 19...

I last saw him alive on 7-29-39, 19... Death is said to have occurred on the date stated above, at 4 15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	2 days
Cerebral Hemorrhage	5 days
Diabetes Mellitus	?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel K. Fox M. D.

(Address) So. Balto Genl Hosp

F 60149

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

140-65 Registered No. F 60149

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital of Baltimore
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 818 N. Belnord Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Anna Kirby
(b) If veteran, name war
3 (c) Social Security Account No. 219-05-0476

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married
(b) Name of husband or wife William Kirby
6 (c) If alive, give age 32 years

7. Birth date of deceased (mo., day, yr.) Aug. 10, 1907

8. AGE: Years 31 | Months 11 | Days 21 | If less than one day: hr. min.

9. Birthplace Broomes Island - Calvert Co. - Md (Town, county, and state)

10. Usual Occupation Librarian

11. Industry or business

12. Name Frederick T. Elliott
13. Birthplace Broomes Island, Md
14. Maiden Name Margaret Elliott
15. Birthplace Broomes Island, Md

16. (a) Informant Frederick T. Elliott
(b) Address Broomes Island, Md

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 2, 1939 (month) (day) (year)
(c) Cemetery or crematory Broomes Island
Location Broomes Island, Md

18. (a) Funeral director A. D. Harkness & Son
(b) Address Mutual, Md.

19. JUL 31 1939 Huntington Williams, M.D. Registrar
(Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1939, at 8:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1, 1939 to July 31 1939. and that I last saw h alive on July 31 1939.

Immediate cause of death: Sepsis - B. coli

Due to: Urinary tr. infection

Due to: Therapeutic abortion

Other Conditions: Addison's Disease, Three month preg.

(Include pregnancy within 3 months of death)

Major findings: Three months preg.

Duration

Of operations: Perforated uterus

Of autopsy: Adrenal atrophy.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Elliott Thomas M. D.
Address Sinai Hospital Date signed 7/31/39

V8 3

F 60150

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60150

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1305 Upton St. St., 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth Henae

(a) Residence: No. 1305 Upton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Edward Henae

6. DATE OF BIRTH (month, day, year) 6-15-1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0027

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Essex County Va

MOTHER FATHER

13. NAME Andrew Epps

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Marish Lee

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT John E Epps
(Address) 1904 Ething st

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date 8/1 34 19

19. UNDERTAKER William A Jackson
(Address) 916 Pennsylvania

20. FILED JUL 31 1939 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29 1939

22. I HEREBY CERTIFY, That I attended deceased from July 23 1939 to July 29 1939

I last saw h[illegible] alive on July 29 1939 Death is said to have occurred on the date stated above, at 3p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	7/22

Other contributory causes of importance: None

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. Lanfield M. D.

(Address) 1536 Lanvale St

F 60151

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

Registered No. F 60151

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1647 Bleistreier
(c) Hospital or institution:

2. USUAL RESIDENCE OF DECEASED:
(a) State Balto (b) County
(c) City or town Balto City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1647 Bleistreier ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

8 - 5

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 53 yrs 4 mos 28 days

3. (a) FULL NAME Minnie Happ.
(b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single
(b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 2, 1886

8. AGE: Years 53 | Months 4 | Days 28 | If less than one day hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation Housework at home
11. Industry or business not gainfully employed

12. Name John H. Happ
13. Birthplace Balto. Md.
14. Maiden Name Lottie Walper
15. Birthplace Balto Md.

16. (a) Informant John. H. Happ.
(b) Address 1647 Bleistreier ave

17. (a) Balto (Burial, cremation, or removal) (b) Date thereof Aug 2/1934 (month) (day) (year)
(c) Cemetery or crematory Balto Cemetery
Location End North ave Baltimore

18. (a) Funeral director A. Howard Evans
(b) Address 1400 - 02 Shaw ave

19. JUL 31 1939 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31st 1939, at 1:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 2 1939. to July 30 1939. and that I last saw her alive on July 30 1939.

Immediate cause of death: Carcinoma of breast — Duration: 9 months

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jack J. Singer M.D.
Address 506 E. North Ave Date signed 7/31/39

VS 3

F 60152

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 92a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 729 S. Charles st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 729 S Charles St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Solomon Lewenthal

(b) If veteran, name war no

3 (c) Social Security Account No. none

4. Sex male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

(b) Name of husband or wife Ida

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1862

AGE: Years 77 | Months - | Days - | If less than one day hr. min.

8. Birthplace Russia (Town, county, and state)

9. Usual Occupation Paper hanger

10. Industry or business

12. Name Louis Lewenthal
13. Birthplace Russia
14. Maiden Name Unknown
15. Birthplace Russia

16. (a) Informant Jack Lewenthal
(b) Address 729 S. Charley St

17. (a) (Burial, cremation, or removal)
(b) Date thereof 8/1/39 (month) (day) (year)
(c) Cemetery or crematory Windsor Mills Rd
Location Windsor Mills Road

18. (a) Funeral director Rob Levinson & Bros
(b) Address 1124-26 W. North ave

19. (a) (Place of death or removal)
(b) Date received 1939 Registrar for Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1939 at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1931 to 7/31 1939.
and that I last saw him alive on 7/31 1939.

Immediate cause of death Acute coronary arrest — Duration

Due to Coronary sclerosis

Due to

Other Conditions Mitral stenosis
extensive sclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. Schaeffer M. D.
Address 2223 Linden Ave Date signed 7/31/39

60153

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157C Registered No. F 60153

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 2534 Loyola Southway
(b) Street address Balto Md
(c) Hospital or institution: Sinai Hospital 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 mo
(e) Length of stay in Baltimore (yrs., mos., or days) 5 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State ... (b) County ...
(c) City or town 13 (If outside city or town limits, write RURAL and give town) ...
(d) Street No. 2534 Loyola Southway (If rural give location)
(e) If foreign born, how long in U. S. A.? ... years X

3. (a) FULL NAME Harriet B. Kirssin
(b) If veteran, name war ~
3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced.
(b) Name of husband or wife ...
6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) Feb 23/39
AGE: Years | Months 5 | Days 8 | If less than one day hr. ... min.

8. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

12. Name Harold Kirssin
13. Birthplace Penna
14. Maiden Name Marion H. Feldman
15. Birthplace Baltimore Md

16. (a) Informant Harold Kirssin
(b) Address 2534 Loyola Southway

17. (a) ... (Burial, cremation, or removal) (b) Date thereof ... (month) (day) (year)
(c) Cemetery or crematory Brith Israel Cemtry
Location Suthern ave ne Belair Rd
18. (a) Funeral director Sol Levinson & Bros
(b) Address 124-26 W. North ave
19. (a) ... (Date received by registrar) (b) ... Registrar

1-1535

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/31/39 at 2:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 31/1937 to July 31/1937 and that I last saw h alive on July 1/1937

Immediate cause of death
(1) - Cardiac failure
Due to Acute febrile course of undetermined Origin
Due to ...
Other Conditions Eczema Patient Intra Sentiente Status

Duration ...

Major findings:
Of operations ...
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ...
(b) Date of occurrence ...
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury ...

23. Signature Edward A. Dodd M. D.
Address Sinai Hosp Date signed 7/31/39

F 60154

F 60154

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

953 Registered No. 29230 SD

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2½ yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. No Home (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Carrie Aichler

(b) If veteran, name war

3 (c) Social Security Account No.

Sex F

5. Color or race White

6 (a) ~~Single, married~~, widowed, or ~~divorced~~. Widowed

(b) Name of husband ~~or wife~~ Charles W.

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) 2/7/72

AGE: Years	Months	Days	If less than one day
60	5	23	hr. min.

Birthplace Maryland (Town, county, and state)

10. Usual Occupation At Home
11. Industry or business Self

12. Name Charles W. Miller
13. Birthplace Md.
14. Maiden Name Annie Hurley
15. Birthplace Md.

16. (a) Informant Records
(b) Address Baltimore City Hospitals

17. (a) Burial (b) Date thereof Aug 2nd 1939 (month) (day) (year)
(Burial, ~~cremation, removal~~)
(c) Cemetery ~~or crematory~~ London Park
Location Balto Md.

18. (a) Funeral director William Cook
(b) Address 1217 St. Paul St

AUG 1 - 1939 (Date rec'd by registrar) (b) Interring ~~or Cremating~~ Officer Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 1939, at 11:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 20 1937 to July 30 1939, and that I last saw h er alive on July 30 1939.

Immediate cause of death: Cerebral Hemorrhage — Duration: 4 days

Due to

Due to

Other conditions Hypertensive Heart Disease

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Enlarged heart

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. Vance Dann M. D.
Address Balto City Hosp. Date signed 7-31-39

F 60155 ✓ F 60155

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

890 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Maryland 5-1
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 226 Forrest St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

X

(a) FULL NAME William Matthews

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Married - Sep

(b) Name of husband or wife Mary (Seperated)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 25, 1872

AGE: Years	Months	Days	If less than one day
65	8	4	hr. min.

8. Birthplace Md.
(Town, county, and state)

9. Usual Occupation Laborer

10. Industry or business

12. Name Benjamin
13. Birthplace Md.

14. Maiden Name Maggie Allen
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-1-39 (month) (day) (year)
(c) Cemetery or crematory Pleasant Rest Towsend
Location Balto, co.

18 (a) Funeral director Bryon & Mamie K. Knight
(b) Address 218 W. Oldenberry St

19 (a) [illegible] to Baltimore
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-29 1939 at 4:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-13 1939, to 7-29 1939, and that I last saw h[illegible] alive on 7-28 1939.

	Duration
Immediate cause of death (one) Meningitis	several days
Due to Suppurative mastoiditis	?
Due to Chronic suppurative otitis media	?
Other Conditions Bronchopneumonia	few days

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy See above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 7-30-39

0156 ✓ F 60156

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

23 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 316 Camel St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 316 Camel St (If rural give location)
(e) If foreign born, how long in U. S. A.? years ✓

(a) FULL NAME George Durand

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex m | 5. Color or race c | 6 (a) Single, married, widowed, or divorced Unknown

(b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

AGE: Years	Months	Days	If less than one day: hr.	min
61				

8. Birthplace Md (Town, county, and state)

9. Usual Occupation Basket carrier
10. Industry or business Richmond Market

12. Name unknown
13. Birthplace
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant George Tull
(b) Address 316 Camel St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-1-39 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Westport

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave. Huntington Williams Sta

(Date received) (Registrar) Registrar

DEC 1 1939

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-24-39 19 , at 4 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Hemorrhage	
Due to Pulmonary tuberculosis	1 yr
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Conrad Acton MD M.D.
Medical Examiner

Date signed 7-24-39

60157

HEALTH DEPARTMENT—CITY OF BALTIMORE

60157

CERTIFICATE OF DEATH

953

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hosp St., W. 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr Frederick Boegel

If U. S. Veteran specify WAR

(a) Residence: No. 1904 E Lanvale St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) June 27. 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	1	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk yrs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME of John V Boegel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anna B Wayd

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Emma Elvira

(Address) 1904 E Lanvale

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Aug 2 1939

19. UNDERTAKER John Ellerd & Bro

(Address) Eutaw & Lanvale Sts

20. FILED 1939 Harry M. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7. 30. 39. 19

22. I HEREBY CERTIFY, That I attended deceased from 7 25 39. 19 to 7. 30. 39. 19

I last saw him alive on 7 30 39 19 Death is said to have occurred on the date stated above, at 11 25 am m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia	7.25.39
Senile Debility	
Fractured	
Arteriosclerotic Cardio	
Other contributory causes of importance:	
Vascular disease &	?
Auricular Fibrillation	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. R. Crumpt M. D.

(Address) St Joseph's Hosp

AUG 1 1939

F 60158

F 60158

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2223 Eastern Ave. 1-4
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60/3/3

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2223 Eastern Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CATHERINE MARIE BRAND
(b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
(b) Name of husband or wife John J. Brand
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 26, 1878

8. AGE: Years 60 | Months 9 | Days 3 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation At home 1037
11. Industry or business

12. Name John F. Wolf
13. Birthplace Germany
14. Maiden Name Annie Baker
15. Birthplace Germany

16 (a) Informant John J. Brand
(b) Address 2223 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 2-39 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore Md

18 (a) Funeral director John Ulrich
(b) Address 2005 Appleton
Huntington Place

19 (a) (Date received) (Registrar) Registrar

3 1 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1939. at 9 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 15 1938. to July 29 1939.
and that I last saw her alive on July 29 1939.

Immediate cause of death Carcinoma of Breast (et) Duration 2 yrs.
c metastasis to chest.
Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George S. Patterson M. D.
Address 432 S. Patterson Pk. Date signed 7/31/39

F 60159

HEALTH DEPARTMENT—CITY OF BALTIMORE

60159

CERTIFICATE OF DEATH

93c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gen Hosp St. 15-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Adolf Koenig

(a) Residence: No. 3602 Chesholm Rd Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Koenig

6. DATE OF BIRTH (month, day, year) Aug 27 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME George Koenig

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Pauline Roeder

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Anna Mueller

(Address) 3602 Chesholm Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Date Aug 3 39

19. UNDERTAKER John Gilbert

(Address) 200 E Ostego

20. FILED 1939 Hunter Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-30-39, 19

22. I HEREBY CERTIFY, That I attended deceased from 7-29-39, 19 to 7-30-39, 19

I last saw him alive on 7-30-39, 19 Death is said to have occurred on the date stated above, at 8:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mesenteric thrombosis	7-25-39
Other contributory causes of importance:	
Ch. myocarditis	?
Cardio-vasc. hypertension	?

Was an operation performed? yes Date of 7-30-39

For what disease or injury? Mesenteric thrombosis

Name of operation Intestinal resection

What test confirmed diagnosis? clinic Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W K Mansfield M. D.

(Address) Md Gen Hosp

F 60160

Case No. 45851 LK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

23

F 60160 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Maryland 6-5
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 5
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1512 N. Mullikin St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Delores Pollard, or Delores Lee

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex female

5. Color or race Black

6 (a) Single, married, widowed, or divorced. Single

(b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/6/38 ?

8. AGE: Years 1 Months 10 Days 20 If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

12. Name Albert Pollard

13. Birthplace Virginia

14. Maiden Name Ada Lee

15. Birthplace Virginia

16 (a) Informant B. C. H. Records

(b) Address

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 7/31/39 (month) (day) (year)

(c) Cemetery or crematory crematory

Location Balto. City Hosp.

18 (a) Funeral director

(b) Address

(c) (Date rec'd by registrar) (b)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1939, at 6:36 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-21 1939, to 7-26 1939, and that I last saw her alive on 7-26- 1939.

Immediate cause of death Tuberculous Meningitis

Due to Miliary Tuberculosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration 5 wks. (6 wks) ?

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Campbell Gordon M. D.

Address Balt. City Hosp. Date signed 7/31/39

VS 3

0161 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 60161

CERTIFICATE OF DEATH

93c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3213 Southern Ave St., Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Isabelle C. Potter If U. S. Veteran specify WAR

(a) Residence: No. 3213 Southern Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George W. Potter

6. DATE OF BIRTH (month, day, year) Jan. 13-1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1937

10. Date deceased last worked at this occupation

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Henry Jenkins

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Cecelia C. Roberts

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Geo. W. Potter

(Address) 3213 Southern Ave

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date July Aug 2 1939

19. UNDERTAKER Leonard J. Runk

(Address) 2305 Reisterstown Rd.

20. FILED AUG 1 1939 19 Registrar.

Harrington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1939 to July 30, 1939

I last saw her alive on July 30, 1939 Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endarteritis and Gangrene Right foot and leg	6-26-39
Other contributory causes of importance: Chronic hypertension	1934
Mental Deterioration	1929

Was an operation performed? Yes Date of

For what disease or injury? Gangrene

Name of operation Amputation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. A. Gordy M. D.

(Address) 510 Hanford Rd

60162

F 60162

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Maryland. Registered No.

CITY OF BALTIMORE: (No. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. Lifetime mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Joseph Gross 7-3 If U. S. Veteran specify WAR

(a) Residence: No. 530 Bradford Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of / WIFE of Anna Smith

6. DATE OF BIRTH (month, day, year) Nov. 13, 1894

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	8	18	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

13. NAME William A. Gross

14. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

15. MAIDEN NAME Elizabeth Hughes

16. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

17. INFORMANT Records-U. S. Marine Hospital,
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL
Place National Date Aug. 2 39

19. UNDERTAKER Albert W. Barbazon
(Address) 440 E. North Ave.

20. FILED 8-1 1939 Registrar. Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1939 to July 31, 1939

I last saw him alive on July 31, 1939. Death is said to have occurred on the date stated above, at 7:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis chronic, far advanced	10 yrs.
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. L. Wollenweber M. D.

(Address) U. S. Marine Hospital 1, Baltimore, Maryland.

F 60163 HEALTH DEPARTMENT—CITY OF BALTIMORE F 60163

CERTIFICATE OF DEATH

2530 E Balto St

Registered No. 123

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 527 N. Streeper St. 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Vincent Vasek

If U. S. Veteran specify WAR

(a) Residence: No. 527 N Streeper St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Vasek

6. DATE OF BIRTH (month, day, year): July 19 1891

7. AGE: Years 48; Months; Days 9; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Trimmer Buttons

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self. Retired 1936

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

13. NAME: Charles Vasek

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMANT: Margaret Vasek

(Address) 527 N. Streeper St

18. BURIAL, CREMATION, OR REMOVAL

Place: Baltimore Date: Aug 1, 1939

19. UNDERTAKER: Albert W. Dungey

(Address) 440 E North Ave

20. FILED ..., 19...

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1939 to July 27, 1939

I last saw him alive on July 27, 1939. Death is said to have occurred on the date stated above, at 9:45 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Tuberculosis — Date of onset 1925

Other contributory causes of importance:

Pulmonary Edema — 7-6-39

Was an operation performed? — Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy & X-Ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Michael J. Dowdy M. D.

(Address) 2530 E. Baltimore St.

Physician for Attendant

60164

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ F 60164 Registered No. 82a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 719 N. Eden St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME John Whitting
(b) If veteran, name war
(c) Social Security Account No. 217-01-3533

4. Sex Male
5. Color or race Colored
6. (a) Single, married, widowed, or divorced Single
(b) Name of husband or wife
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)
AGE: Years 60? Months - Days - If less than one day hr. min.

8. Birthplace Md. (Town, county, and state)
9. Usual Occupation Laborer
10. Industry or business

11. Informant
12. Name
13. Birthplace Md.
14. Maiden Name
15. Birthplace Md.
16. (a) Informant Sarah Butler
(b) Address 719 N. Eden St.

17. Date thereof Aug. 2, 1939 (month) (day) (year)
(a) Burial, cremation, or removal
(b) Cemetery or crematory Mt. Auburn
Location Baltimore
18. (a) Funeral director Lattie Gross
(b) Address 1408 Ashland Ave.
19. Filed by registrar Aug 3 1939 Martin J. Eldridge Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-29- 1939, at P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Cerebellar Hemorrhage	
Due to Arterio-sclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Malecio M.D. Medical Examiner
Date signed

0165 — E 60165

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 24-3 79a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) So. Balto. Genl. Hospital (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. 1 da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

2. FULL NAME Doris Jeane Gardner

If U. S. Veteran specify WAR

(a) Residence: No. Glen Burnie, Maryland (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Sept 8 1936

8. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
2	10	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Notts Linthicum Md

13. NAME John E Gardner

14. BIRTHPLACE (city or town) (State or country) Talbot Co Md

15. MAIDEN NAME Doris L Watts

16. BIRTHPLACE (city or town) (State or country) Benfield Md

17. INFORMANT Mr. John E Gardner

(Address) Light st Rd. Glen Burnie Md

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Aug 3 1939

19. UNDERTAKER William M Maleck

(Address) 715 Light St

20. FILED Thursday for William Ryder, Registrar

AUG 1 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-31 1939

22. I HEREBY CERTIFY, That I attended deceased from 7-30-39 19___ to 7-31-39 19___

I last saw her alive on 7-31-39 19___. Death is said to have occurred on the date stated above, at 9 45 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis, probably pneumococcal	2 days
Other contributory causes of importance: Pneumonia, left	1 day

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19___

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel L. Fry M. D.

(Address) So. Balto. Genl. Hosp.

0166 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 60166

CERTIFICATE OF DEATH

Registered No. X 1577

1. PLACE OF DEATH St. Joseph's Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 9-9 St., Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR ...

2. FULL NAME Baby Girl Kornman

(a) Residence: No. 101 W. Eden Ave St., ... Ward. ... (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) July 29, 1939

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			3 7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Melvin Kornman

14. BIRTHPLACE (city or town) Baltimore (State or country) Md

15. MAIDEN NAME Beautrice Fowler

16. BIRTHPLACE (city or town) Danville, Va. (State or country)

17. INFORMANT Melvin Kornman (Address) 101 W. Eden Ave Cockeysville

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cem Date Aug 1, 1939

19. UNDERTAKER Geger & Sisler (Address) 13 E. Eager St.

20. FILED ..., 19... AUG 1 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-31, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1939, to July 31, 1939.

I last saw h... alive on July 31, 19... Death is said to have occurred on the date stated above, at 7 35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia due to congenital malformation of chest wall	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) M. P. Compt M. D.

(Address) St. Joseph's Hosp

60167

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163 F 60167 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1619 E. Pratt
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3-1
(e) Length of stay in Baltimore (yrs., mos., or days) 36

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1619 E. Pratt (If rural give location)
(e) If foreign born, how long in U. S. A.? 36 years

3. (a) FULL NAME Eli Cornblatt
(b) If veteran, name war —
3 (c) Social Security Account No. —
4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Widowed
(b) Name of husband or wife Clara
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) 1874
AGE: Years 65 Months — Days — If less than one day hr. — min —
8. Birthplace Russia (Town, county, and state) 0086
9. Usual Occupation Retail Store Maker
10. Industry or business
11. Name Aaron Cornblatt
12. Birthplace Russia
13. Maiden Name Dora
14. Birthplace Russia
15. (a) Informant Isadore Cornblatt
(b) Address 1619 E. Pratt St
16. (a) Burial (Burial, cremation, or removal)
(b) Date thereof 8-1-39 (month) (day) (year)
(c) Cemetery or crematory Vaccar Cemetery
Location Rosedale
(a) Funeral director Jack Levin Sons
(b) Address 1739 E. Pratt St
(b) Huntington Williams
AUG 1 - 1939 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-31- 1939, at 2:10 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Pending Autopsy	
Due to Analysis —	
Due to ~~Probably~~ Carbolic acid poisoning	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide?
(b) Date of occurrence 7-31-39
(c) Where did injury occur? City (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury
23. Signature Thomas J. Maddox Medical Examiner M.D.
Date signed

V8.8

F 60168

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 60168 Registered No. 948

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address or institution: 2428 Keyworth Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 D

(e) Length of stay in Baltimore (yrs., mos., or days) 32

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Balto

(c) City or town 2428 Keyworth Ave (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? 32 years

(a) FULL NAME Solomon Nachman

(b) If veteran, name war —

3 (c) Social Security Account No. 212-18-2249

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

(b) Name of husband or wife Mary Dubin

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1865

AGE: Years	Months	Days	If less than one day: hr.	min.
74				

8. Birthplace Russia (Town, county, and state)

9. Usual Occupation Tailor

10. Industry or business

12. Name Lawrence Nachman

13. Birthplace Russia

14. Maiden Name Ida

15. Birthplace Russia

16 (a) Informant Julius L. Nachman

(b) Address 2428 Keyworth Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-1-39 (month) (day) (year)

(c) Cemetery Adas Israel Cemetery

Location Pot Camel, Md.

18 (a) Funeral director Jos. Levin Sons

(b) Address 1739 E. Baltimore St.

19 (a) AUG 1 - 1939 (Date rec'd by registrar) Henrietta for Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-31 — 1939, at 9.30 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary Artery Sclerosis	
Due to Generalized Arterio-Sclerosis	
Due to Edema, Congestion of Lungs	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Howard J. Moreland M.D.
Medical Examiner.

Date signed

VS 8

F 60169

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

463 Registered No. F 60169

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1109. Granby St

(c) Hospital or institution: none

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 31 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

B-2

(d) Street No. 1109. Granby St. (If rural give location)

(e) If foreign born, how long in U. S. A.? 30 years

(a) FULL NAME Pete Ragonese

(b) If veteran, name war none

3. (c) Social Security Account No. none

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	married

(b) Name of husband or wife Francis Ragonese

6 (c) If alive, give age 44 years

Birth date of deceased (mo., day, yr.) October 23. 1888

AGE: Years	Months	Days	If less than one day
51.	9	7	hr. min.

Birthplace Scalea Italy (Town, county, and state)

9. Usual Occupation Laborer 0040

10. Industry or business none

12. Name Charles Ragonese

13. Birthplace Italy

14. Maiden Name Rosa Cugilisatta

15. Birthplace Italy

(a) Informant Francis Ragonese

(b) Address 1109. Granby St

(a) (Burial, cremation, or removal)

(b) Date thereof 8 / 2 / 1939 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Road

(a) Funeral director Wendell Riggel

(b) Address 1405 Gough St

(a) (Date received by registrar) Registrar

F 317

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30, 1939, at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1, 1939, to July 31, 1939, and that I last saw him alive on July 26, 1939.

Immediate cause of death Carcinoma of Stomach — Duration 3 mos.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Eugene L. Cavagnaro M. D.

Address 514 Drury Lane Date signed 7/31/39

Markwordt

F 60170

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 60170 (60120 SD) Registered No. 533

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address [illegible] 3-1
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State [illegible] (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 515 S. Dallas Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) **FULL NAME** Annie Markwordt

(b) If veteran, name war | 3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	Married

(b) Name of husband or wife Henry (d)
6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) 10/20/61

AGE: Years	Months	Days	If less than one day
77	9	15	hr. min.

Birthplace Maryland (Town, county, and state)

10. Usual Occupation [illegible]
11. Industry or business

12. Name [illegible]
13. Birthplace Maryland
14. Maiden Name Ann [illegible]
15. Birthplace Maryland

(a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Schapachs
Location Edgewood Rd. Woodlawn Cem. Rd.
(a) Funeral director [illegible]
(b) Address 405 Lexington St.

(a) (Date rec'd by registrar) (b) [illegible] Registrar

VS 139

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 1939, at 4:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 30 1939, to July 30 1939, and that I last saw her alive on July 30 1939.

Immediate cause of death	Duration
Papillary Carcinoma of the urinary bladder	carcinoma
Due to	
Due to	
Other Conditions cystitis	1 mo.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Carcinoma of the bladder

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hospitals Date signed 1-31-39

F 60171

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

23 F 60171 Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1916 Wilkens Ave
(c) Hospital or institution: 2012

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1916 Wilkens Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Thelma M. Carroll

(b) If veteran, name war | 3 (c) Social Security Account No.

Sex: male | 4 Color or race: White | 5 (a) Single, married, widowed, or divorced: Married

(b) Name of husband or wife: Walter M. Carroll | 6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Jan. 27 1907

AGE: Years 32 | Months 6 | Days 3 | If less than one day hr. min.

Birthplace Md (Town, county, and state)

8. Usual Occupation H. W. 0037
9. Industry or business

12. Name Thomas Carey
13. Birthplace Md
14. Maiden Name Nora Hartzell
15. Birthplace Md

(a) Informant Walter M. Carroll
(b) Address 1916 Wilkens Ave

(a) Burial Burial, cremation, or removal (b) Date thereof 8/2/39 (month) (day) (year)

(c) Cemetery or crematory Loudon Pk.
Location 3801 Frederick Rd.

(a) Funeral director Harry H. Mitchell
(b) Address 4101 Edmondson Ave

8-1-1939 (a) Date rec'd by registrar (b) Registrar

V2 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 1939, at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 24 1939, to July 29 1939, and that I last saw her alive on July 28 1939.

Immediate cause of death: Pulmonary Tuberculosis — Duration: unknown

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nathan Rocusin M. D.
Address 206 S. Gilson St Date signed 8-1-39

60172 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 60172

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 220 Hamburg St., 9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Boy Brown

(a) Residence: No. 220 W. Hamburg St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Negro	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) July 31, 1939

8. AGE	Years	Months	Days	If LESS than 1 day, 5 hrs. or ... min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Ezekiel Brown

14. BIRTHPLACE (city or town) (State or country) Kingston Jamaica

15. MAIDEN NAME Lillie Bordley

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Lillie Brown

(Address) 220 Hamburg St

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date AUG 1 - 1939 19

Commissioner of Health

19. UNDERTAKER Per H. A. Henry

(Address)

20. FILED ... 19 ... Registrar.

AUG 1 - 1939

1962

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1939, to July 31, 1939

I last saw him alive on July 31, 1939. Death is said to have occurred on the date stated above, at 6:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
prematurity of 7 mos.	
Other contributory causes of importance:	

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify .....

(Signed) Om Dyson, M. D.

(Address) Univ. Hosp.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 E

Registered No. F 60173

F 60173

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1817 Ramsay St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1817 Ramsay St
(If rural give location)
(e) If foreign born, how long in U. S. A? years

(a) FULL NAME Alfred W. Watkins

(b) If veteran, name war

3 (c) Social Security Account No.

Sex: Male | 4 Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

(b) Name of husband or wife: Gertrude A. Watkins | 6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) March 25 - 1864

AGE: Years 75 | Months 4 | Days 5 | If less than one day: hr. min.

Birthplace Md (Town, county, and state) 0040

10. Usual Occupation Retired Laborer
11. Industry or business B. & O. R. R.

12. Name Warren Watkins
13. Birthplace Md
14. Maiden Name Lucretia Watkins
15. Birthplace Md

(a) Informant Mrs. Gertrude A. Watkins
(b) Address 1817 Ramsay St

(a) Burial (Burial, cremation, or removal) (b) Date thereof 8/2/39 (month) (day) (year)

(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Rd.

(a) Funeral director Harry A. Smith
(b) Address 401 E. Monument Ave

(a) DATE RECEIVED BY REGISTRAR AUG 1 - 1939 (b) Registrar Hunting Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 1939, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1939, to July 30 1939; that I last saw him alive on July 30 1939;

Immediate cause of death: (a) Cardiac Arrest
Due to: (b) Old Rheumatic Endocarditis
Due to: (c) Senility, Chronic Nephritis
Due to:
Other Conditions: Pulmonary Oedema

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert E. Wheeler M. D.
Address 257 Wetmore Av Date signed Aug 1/39

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

60174

CERTIFICATE OF DEATH

465 F 60174

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. West Belt Terrace St., 16 Ward)

Length of residence in city or town where death occurred 50 yrs. 5 mos. 16 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Dora E. Mercer

If U. S. Veteran specify WAR

(a) Residence: No. 44 Tenth Ave St., Ward. Baltimore Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Sidney Mercer

7. DATE OF BIRTH (month, day, year): Nov 15, 1887

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	8	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Belmont Maryland

13. NAME OF FATHER: John

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

15. MAIDEN NAME OF MOTHER: Catherine Myers

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Mr Sidney Mercer

(Address): 44 Tenth Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Wells, Date 8/3/39, 19

19. UNDERTAKER: Harry F. Wittke

(Address) 4101 Edmondson Ave

20. FILED AUG 1 — 1939 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1939, to July 31, 1939

I last saw her alive on July ?, 19?. Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of head of pancreas	
Terminal Pneumonia	
Other contributory causes of importance:	

Was an operation performed? Yes Date of July 21 1939

For what disease or injury? Investigation

Name of operation Exploratory laparatomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Wm Gheal M. D.

(Address) Wash

60175 HEALTH DEPARTMENT—CITY OF BALTIMORE 60175

CERTIFICATE OF DEATH

Registered No. 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4815 Pk Heights Ave St.) (Ward) 57-17

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Emanuel K. Lippy

(a) Residence: No. 4815 Pk Heights Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced (or) WIFE of Geo. Lippy.

7. DATE OF BIRTH (month, day, year) May 18. 1858

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
81	2	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

13. NAME Murray Schelling

14. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

15. MAIDEN NAME Elizabeth Zellers.

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs. E. F. Lafferty (Address) 4815 Pk Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Aug 2, 1939

19. UNDERTAKER Long & Bro. (Address) 5005 Pk Heights Ave.

20. AUG 1 - 1939 Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31. 1939.

22. I HEREBY CERTIFY, That I attended deceased from July 29. 1939. to July 31. 1939.

I last saw h[illegible] alive on July 31. 1939. Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Jan 1 39
Other contributory causes of importance: Chronic Nephritis	Uncertain

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Study Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James B Schmuck M. D.

(Address) 401 Park Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60176

CERTIFICATE OF DEATH

F 60176

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 531 W. Cross St., 7-4 Ward)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Georgia Parker
If U. S. Veteran specify WAR

(a) Residence: No. 531 W. Cross St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Married

5a. If married, widowed, or divorced (or) WIFE of John Parker

6. DATE OF BIRTH (month, day, year) Feb. 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	5	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Accomack Co. Va

MOTHER

13. NAME George Jones

14. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

15. MAIDEN NAME Jenny Jones

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT John Parker
(Address) 531 W. Cross St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 8-3 1939

19. UNDERTAKER Elroy O. Wilson
(Address) 1000 Brantley ave

20. FILED AUG 1 - 1939 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1939 to July 31, 1939
I last saw her alive on July 31, 1939 Death is said to have occurred on the date stated above, at 1035 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pneumonic Phthisis	about July 10

Other contributory causes of importance: None

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? None If so, specify

(Signed) John W. Garnett M. D.
(Address) 614 S. Gay St.

F 60177

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 Registered No. F 60177

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3123 Berkshire Rd.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) Life

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Balto.

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3123 Berkshire Rd. (If rural give location)

(e) If foreign born, how long in U. S. A.? Life years

(a) FULL NAME Margaret A. Le Seuer

(b) If veteran, name war —

3 (c) Social Security Account No. —

4 Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Widow

(b) Name of husband or wife Thos. A.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 11 - 1860

AGE: Years	Months	Days	If less than one day hr.	min.
78	7	19		

8. Birthplace Balto. Md. (Town, county, and state)

9. Usual Occupation Retired

10. Industry or business —

12. Name of father Martin Ireland

13. Birthplace of father Ireland

14. Maiden Name of mother Bridget Diffley

15. Birthplace of mother Ireland

16 (a) Informant Mrs. Harry Oxtendorff

(b) Address 3123 Birkshire Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 2 - 39 (month) (day) (year)

(c) Cemetery or crematory New Loudon. Location Old Frederick Rd.

18 (a) Funeral director John A. Mogan

(b) Address 3000 E. Balto. St.

19 AUG 1 - 1939 (Date rec'd by registrar) Huntington Hollingsworth Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 1939, at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1938. to July 30 1939. and that I last saw h alive on July 28th 39.

Immediate cause of death: Anorexia and uremia (over)

Duration: 3 mo.

Due to

Due to old age

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature E. H. Haywood M. D.

Address 115 E Eager St. Date signed

V8 8

60178

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 Registered No. F 60178

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 157 N. Linwood Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6

(e) Length of stay in Baltimore (yrs., mos., or days) 50 y

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 157 N. Linwood Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? 50 years

(a) FULL NAME Mary Heindl

(b) If veteran, name war —

3 (c) Social Security Account No. —

Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

(b) Name of husband or wife: John Heindl

(c) If alive, give age years

Birth date of deceased (mo., day, yr.) Dec 12-1857

AGE: Years	Months	Days	If less than one day
81 82	7	18	hr. min.

Birthplace: Germany (Town, county, and state)

10. Usual Occupation: Housework

11. Industry or business

12. Name: John.

13. Birthplace: Germany

14. Maiden Name: Mary Rauch

15. Birthplace: Germany

16 (a) Informant: Anna Heinkl

(b) Address: 157 N. Linwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 2-39 (month) (day) (year)

(c) Cemetery or crematory: Holy Redeemer

Location: Belair Rd

18 (a) Funeral director: John. A. Midan

(b) Address: 3000 E. Balto. St

19 (a) AUG 1 - 1939 (Date rec'd by registrar) Lawrence Wilkerson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 1939 at 11.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/30 1938 to 7/30 1939 and that I last saw h[illegible] alive on JULY 30 1939.

Immediate cause of death: ARTERIOSCLEROSIS — Duration 1937

CHR. INTERSTITIAL NEPH — 1937

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature: James F Kavanaugh M.D.

Address: 3024 McElderry St Date signed 7/31/39

VS 3

60179 E 60179

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 22

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (a) W. Baltimore Gen. Hosp. (Ward) 16-6

Length of residence in city or town where death occurred ... yrs. ... mos. 1 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Edwin Tyler Birch

(a) Residence: No. St. Inigoes, St. Mary's County, Maryland

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 2, 1911

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
28	5	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. A086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 28

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Edwin C. Birch

14. BIRTHPLACE (city or town) (State or country) St. Inigoes St. Mary's County

15. MAIDEN NAME Lydia Morris

16. BIRTHPLACE (city or town) (State or country) Abbeytown Kent County, Maryland

17. INFORMANT Keech (Address) W Balto Gen Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Leonardtown Date 8/2 1939

19. UNDERTAKER J B Robinson (Address) Leonardtown, Md.

20. FILED 8-2-1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 8-1-1939

22. I HEREBY CERTIFY, That I attended deceased from 7-30 1939 to 8-1 1939

I last saw him alive on 8-1 1939 Death is said to have occurred on the date stated above, at 9:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tetanus (over)	July 23
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Jos. G. Keech M. D.

(Address) W Balto

Stephen Lee Brothers ✓ F 60180

60180 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

Registered No. 1617

1. PLACE OF DEATH Church Home + Infirmary

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran — specify WAR ...

2. FULL NAME Baby Boy Brothers

(a) Residence: No. 605 Gorsuch Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) 7/28/39

AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
3 days		3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Arthur Paul Brothers

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Joyce Sherwood

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Gertrude Sherwood

(Address) 605 Gorsuch Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Aug 3rd 1939

19. UNDERTAKER Wm Cook

(Address) 27 S. Paca St

20. FILED Aug 2 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31st 1939

22. I HEREBY CERTIFY, That I attended deceased from 7/28/39 19... to 7/31 19 39

I last saw him alive on 7/31 19 39. Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adrenal Hemorrhage	7/28/39
Other contributory causes of importance:	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) J. H. Mason Kyser M. D.

(Address) Church Home Baltimore

K3461

12

0181

Hester Walker

F 60181

BALTIMORE CITY HEALTH DEPARTMENT 93c Registered No.

CERTIFICATE OF DEATH

PLACE OF DEATH:
1. Baltimore City, Maryland
2. Street address: 311 N Poppleton
3. Hospital or institution:

4. Length of stay in hospital or inst. (yrs., mos., or days)
5. Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 311 N Poppleton (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Hester Walker (Walker)
(b) If veteran, name war
3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	colored	Widowed

(b) Name of husband or wife Walter Walker
6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) 1890

AGE: Years	Months	Days	If less than one day
49			hr. min.

Birthplace Md. (Town, county, and state)
Usual Occupation Domestic 0070
Industry or business

12. Name Andrew Ballot.
13. Birthplace Maryland.
14. Maiden Name Mary Merrill
15. Birthplace Maryland.
(a) Informant Mrs. Lena Gross.
(b) Address 311 Poppleton St.

(a) (Burial, cremation, or removal) (b) Date thereof Aug 3-1939 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn.
Location Balto. C. & C. Co.
(a) Funeral director Walter S. Sparrow
(b) Address 139 W. Hamburg St.
AUG 2 - 1939 (Date rec'd by registrar) (b) Huntington Ave. Pharmacy

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1939 at 845 P.M.
21. I certify that death occurred on the date above stated, that I attended deceased from June 29 1939 to July 31 1939
and that I last saw h[illegible] alive on July 31 1939

Immediate cause of death: Myocarditis (Chronic)
Due to:
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration: Jan 1939

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address [illegible] Date signed

VS 3

60182

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93c Registered No. F 60182

PLACE OF DEATH:

1. Baltimore City, Maryland
2. Street address 110 N. Kenwood Ave
3. Hospital or institution: No
4. Length of stay in hospital or inst. (yrs., mos., or days)
5. Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
D-3
(d) Street No. 1805 Allicanna St (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

(a) FULL NAME Martin Novak X

(b) If veteran, name war No

3 (c) Social Security Account No. None

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	M.

(b) Name of husband or wife Katie

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Not Known

AGE: Years	Months	Days	If less than one day hr.	min.
about 64				

Birthplace Poland (Town, county, and state)

7. Usual Occupation Laborer
8. Industry or business

12. Name —
13. Birthplace Poland
14. Maiden Name —
15. Birthplace Poland

(a) Informant Katie Novak
(b) Address 1805 Allicanna St

(a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 4. 1939 (month) (day) (year)

(c) Cemetery or crematory St. Stanislaus
Location O'donnell St

(a) Funeral director Wm. S. Fialkowski
(b) Address 2007 Eastern Ave

AUG 2 - 1939 (Date rec'd by registrar)

(b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1939 at 9 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 22 1939 to July 31 1939. and that I last saw him alive on July 30 1939.

Immediate cause of death Pulmonal Bronchopneumonia — Duration 2 days

Due to

Due to

Other Conditions Myocarditis — Duration about

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. C. Mayer M.D.
Address 604 E Baltimore St Date signed 8/2/39

VS 8

F 60183

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

820 Registered No. F 60183

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 212 S Washington St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 X-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
D-1 (d) Street No. 212 S Washington (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME George August Wiessner
(b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W	Widowed

(b) Name of husband or wife Amelia M Wiessner
6 (c) If alive, give age years
Birth date of deceased (mo., day, yr.) Aug 30 - 1857

AGE: Years	Months	Days	If less than one day
84	11	1	hr. min.

Birthplace Baltimore (Town, county, and state)
Usual Occupation Cabinet Finisher
Industry or business Furniture.
12. Name Godfried Wiessner
13. Birthplace Ger
14. Maiden Name Dont Know
15. Birthplace Germany.
(a) Informant Miss Mollie Wiessner
(b) Address 212 S Washington St
(a) Burial (b) Date thereof Aug 5 39
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Immanuel Cem
Location Balto Md
(a) Funeral director John Ulrich
(b) Address 2008 Eutaw
(a) Registrar
(b) Date rec'd by Registrar
AUG 2 - 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 1, 1939. at 2.30 P M
21. I certify that death occurred on the date above stated; that I attended deceased from July 28 1939 to Aug 1 1939
and that I last saw him alive on Aug 1 1939.

Immediate cause of death	Duration
Cerebral Apoplexy	5 days
Due to senile arteriosclerosis.	
Due to —	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Ernest J Pangle M. D.
Address 2007 E Ralph Date signed 8-2-39

0184

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97 F 60184 Registered No.

PLACE OF DEATH:
1) Baltimore City, Maryland
2) Street address 4707 Norwood Ave.
3) Hospital or institution:

4) Length of stay in hospital or inst. (yrs., mos., or days) 28
5) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4707 Norwood Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. (a) FULL NAME Mary Ellen Holmes,
(b) If veteran, name war
3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife ---
6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) February 20. 1845

AGE: Years	Months	Days	If less than one day hr.	min.
94	5	11		

Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

12. Name Richard Holmes,
13. Birthplace England
14. Maiden Name Mary Ann Brooks,
15. Birthplace England

(a) Informant Miss Mary Holmes Arnold,
(b) Address 4707 Norwood Ave

16. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-3-39 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore City
17. (a) Funeral director Geo W Settle
(b) Address 2700 Edmondson Ave

(Date rec'd by Registrar) (b) Huntington Wilkinson Asst Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1939 at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 18 1939 to July 31 1939. and that I last saw h alive on July 31 1939.

Immediate cause of death — Duration
Pulmonary Edema. — 3 days.
Due to arteriosclerosis + general senile degeneration — few yrs
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations no operation
Of autopsy no autopsy.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W Bruce and Kook M. D.
Address 2250 Jarrow on Blvd Date signed Aug 1-39

60185

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 60185

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Foot of Bond St —
(c) Hospital or institution

2. USUAL RESIDENCE OF DEATH:
(a) State Penna (b) County Lancaster
(c) City or town Lancaster (If outside city or town limits, write RURAL and give town)
(d) Street No. 26 E Ross St (If rural give location)

J-3

(e) Length of stay in hospital or inst. (yrs., mos., or days)
(f) Length of stay in Baltimore (yrs., mos., or days) 1

(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Clarence E. Glackin

(b) If veteran, name war

3 (c) Social Security Account No.

Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Divorced

(b) Name of husband or wife Bessie Shue Glackin

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Sept 4 1900

AGE: Years 38? Months 10 Days 27 If less than one day: hr. min.

Birthplace Mc Sparran Penna (Town, county, and state)

Usual Occupation Unemployed
Industry or business

12. Name Oscar Glackin
13. Birthplace Lancaster Co Pa.
14. Maiden Name Laura Ely
15. Birthplace Lancaster Co. Pa.

(a) Informant Mr Oscar Glackin
(b) Address Lancaster Pa.

(a) Removal (Burial, cremation, or removal) (b) Date thereof Aug 2 1939 (month) (day) (year)

(c) Cemetery or Crematory
Location Lancaster Penna.

(a) Funeral director Frank J. Richardson
(b) Address North & Pa. Aves.

AUG 2 - 1939

Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-1-39 19 , at 1:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary Sclerosis — Duration: 1/2 hrs

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Conrad Acton M.D. Medical Examiner
Date signed 8/2/39

60186

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F-60186

920 Registered No.

PLACE OF DEATH:
1. Baltimore City, Maryland
Street address 2404 Arbutus Ave
Hospital or institution:

25-2

Length of stay in hospital or inst. (yrs., mos., or days)
Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 2404 Arbutus Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Caldwell H. Herold

(b) If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	wh	single

(b) Name of husband or wife

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) May 8, 1926

AGE: Years	Months	Days	If less than one day
13	2	23	hr. min.

Birthplace Baltimore, Md. (Town, county, and state)

Usual Occupation School boy
Industry or business

12. Name William H. Herold
13. Birthplace Baltimore, Md.
14. Maiden Name Leona C. Geble
15. Birthplace Baltimore, Md.

(a) Informant Mr. William H. Herold
(b) Address 2404 Arbutus Ave., Lakeland

(a) Burial (Burial, cremation, or removal) (b) Date thereof 8/3/39 (month) (day) (year)
(c) Cemetery or crematory Mt. Olive Cemetery
Location 2930 Frederick Ave.
(a) Funeral director John J. Cowan & Son
(b) Address 901 Hollins St. Huntington Williams M.D.

Registrar

AUG 2 - 1939

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/31/39 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy and Inquiry find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Due to Chronic valvular heart disease	
Due to Mitral Insufficiency	
Other Conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Vandegrift M.D.
Medical Examiner

Date signed 8-1-39

60187

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 F 60187 Registered No.

PLACE OF DEATH:

1. (a) Baltimore City, Maryland
   (b) Street address 108 N. Fulton Ave.
   (c) Hospital or institution:

2. Length of stay in hospital or inst. (yrs., mos., or days)
   Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State MD (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 108 N. Fulton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

201

(a) **FULL NAME** Mary E. O'Neill

(b) If veteran, name war —

3 (c) Social Security Account No. —

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

(b) Name of husband or wife Estelle Marion O'Neill

6 (c) If alive, give age — years

Birth date of deceased (mo., day, yr.) Apr 20 1876

AGE: Years	Months	Days	If less than one day hr.	min.
63	3	11		

Birthplace Richmond, Va (Town, county, and state)

Usual Occupation Housework (037)

Industry or business

12. Name John F. Russell

13. Birthplace South Carolina

14. Maiden Name Ellen Massey

15. Birthplace Richmond, Va

(a) Informant Mrs. Ellen Russell

(b) Address 108 N. Fulton Ave.

(a) Buried (Burial, cremation, or removal) (b) Date thereof 8-2-1939 (month) (day) (year)

(c) Cemetery or crematory New Cathedral Cem

Location 4300 Old Frederick Rd.

(a) Funeral director Wm. F. Conway & Son

(b) Address 701 Madison St.

(a) Filed (Date received by registrar) AUG 3 1939 Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31st 1939, at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1, 1939 to July 31, 1939, and that I last saw h[illegible] alive on 7/31, 1939.

Immediate cause of death	Duration
Chronic Myocarditis.	6 mos
Due to Senility.	
Chronic Int. Nephritis.	6 mos
Due to Senility.	
Other Conditions none.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Chas. Norton, M.D. 888 N. Fulton Ave Date signed 8/1/39

VS 2

F 60188

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

943

Registered No. F 60188

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 616 Edgewood St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 D

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MD (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 616 Edgewood (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Arthur C. Justice

(b) If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Wh	Married

(b) Name of husband or wife Ella Justice

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Jun 6 1876

AGE: Years	Months	Days	If less than one day
63	6	26	hr min

Birthplace Maryland (Town, county, and state)

Usual Occupation Retired Wks

Industry or business

12. Name Thomas Justice

13. Birthplace Maryland

14. Maiden Name Sally Pritchard

15. Birthplace Maryland

(a) Informant Mrs Rose Gantt

(b) Address 616 Edgewood St

(a) Burial (Burial, cremation, or removal) (b) Date thereof 8/2/39 (month) (day) (year)

(c) Cemetery or crematory Jennings Chapel

Location Florence Md

(a) Funeral director Justice & Ingram for Ralph Justice

(b) Address Fulton Ave & Presbury St

(c) Registrar

AUG 2 - 1939

MEDICAL CERTIFICATION

93a

20. DATE OF DEATH 7/31/39 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence No

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

(f) Signature H. M. Blandford Medical Examiner M.D.

Date signed 8/1/39

60189 HEALTH DEPARTMENT—CITY OF BALTIMORE 60189

CERTIFICATE OF DEATH

48

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1830 Light St. Ward) 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds. life

If U. S. Veteran specify WAR

2. FULL NAME Anna (Annie) E. Kegle

(a) Residence: No. 1830 Light St. St., ... Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of William Kegle

7. DATE OF BIRTH (month, day, year) June 9, 1885

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	1	23	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Theodore Bowinkelman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anna Klemons

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Emanuel Utz (Son)

(Address) 3116 W. Franklin St.,

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Aug. 3, 1939

19. UNDERTAKER E. Howard Strong

(Address) 715 Light St.,

20. FILED AUG 2 - 1939 Huntington Hill Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 1, 1939

22. I HEREBY CERTIFY That I attended deceased from July 31, 1939 to Aug 1, 1939 I last saw h[illegible] alive on Aug 1, 1939 Death is said to have occurred on the date stated above at 8:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of	
ther Cervix uteri	July '35
Other contributory causes of importance: metastases to bladder	July '39
and ureters	

Was an operation performed? Biopsy Date of

For what disease or injury?

Name of operation Biopsy & Cauterization

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Isaac Muller M. D.

(Address) 1225 N. Charles St.

0190

BALTIMORE CITY HEALTH DEPARTMENT 95B F 60190 Registered No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Sq. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1748 N. Gay St (If rural give location)
(e) If foreign born, how long in U. S. A.? 55 years

(a) FULL NAME May A Stolt

(b) If veteran, name war: NO

3 (c) Social Security Account No. NO

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

(b) Name of husband or wife Minnie Stolt
6 (c) If alive, give age 64 years

Birth date of deceased (mo., day, yr.) July 19, 1867

AGE: Years	Months	Days	If less than one day: hr.	min.
72	0	12		

Birthplace Germany (Town, county, and state) 0086

Usual Occupation Packer Merchandise
Industry or business Butler Bros.

12. Name Rudolph Stolt
13. Birthplace Germany
14. Maiden Name Unknown
15. Birthplace Germany

(a) Informant Minnie Stolt
(b) Address 1748 N. Gay St.

(a) Burial (Burial, cremation, or removal)
(b) Date thereof Aug 3, 1939 (month) (day) (year)
(c) Cemetery or crematory: Oaklawn
Location Balto Md
(a) Funeral director Jno. Wm. Jno. W. Teufel & Son
(b) Address 801 W. Lafayette St.

Aug 2 1939 (Date registered) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-31- 1939. at 5:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 31, 1939. to July 31, 1939. and that I last saw him alive on July 31, 1939.

Immediate cause of death	Duration
Heart failure - auricular fibrillation -	
Due to Hypertensive cardio-vascular disease	
Due to Obstructable coronary occlusion	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis J. Kolodner M. D.
Address Date signed

60191

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82a

F 60191 Registered No.

PLACE OF DEATH:

1. (a) Baltimore City, Maryland
   (b) Street address 2309 Callow Ave
   (c) Hospital or institution:

2. Length of stay in hospital or inst. (yrs., mos., or days) time
   Length of stay in Baltimore (yrs., mos., or days) 39

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL, and give town)
(d) Street No. 2309 Callow Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 39 years

3. (a) FULL NAME Rose Cipsitz
(b) If veteran, name war
(c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	married

(b) Name of husband or wife Samuel
6 (c) If alive, give age 54 years
Birth date of deceased (mo., day, yr.) — 1884

AGE: Years	Months	Days	If less than one day
55			hr. min.

Birthplace Russia (Town, county, and state)
0027
9. Usual Occupation Home work
10. Industry or business

12. Name Dave Fischmann
13. Birthplace Russia
14. Maiden Name Bluma
15. Birthplace Russia

16. (a) Informant Samuel Rosen
(b) Address 2309 Callow Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-2-39 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location E. Balto. Pk. Lane Ln.

18. (a) Funeral director Louis Pokrass
(b) Address 1439 E. Balto. St.

19. (a) 8-2-1939 (Date received by registrar) (b) Emma for Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 1 1939, at 4 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1939. to Aug 1 1939.
and that I last saw her alive on Aug 1 1939.

Immediate cause of death Cerebral Hemorrhage — Duration 3 yr

Due to Hypertension

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Major findings:
Of operations X
Of autopsy X

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Milton B. Kress M. D.
Address 2312 Callow Ave Date signed 8/1/39

VS 3

60192

F 60192

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

66a

Registered No. .....

PLACE OF DEATH:

1. Baltimore City, Maryland
2. Street address .....
3. Hospital or institution: Union Memorial
4. Length of stay in hospital or inst. (yrs., mos., or days) 12 - 22 days
5. Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Frederick Co.
(c) City or town Frederick (If outside city or town limits, write RURAL and give town)
(d) Street No. 20 Rosemont Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

2. (a) **FULL NAME** Mrs. John Wesley Grove (Elsie J.)

(b) If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W	Married

(b) Name of husband or wife Mr. John Wesley Grove
6 (c) If alive, give age 56 years

Birth date of deceased (mo., day, yr.) Sept 3, 1886

AGE: Years	Months	Days	If less than one day
62	10	29	hr. ..... min.

Birthplace Frederick Co. Md. (Town, county, and state)

7. Usual Occupation Housewife 1937
8. Industry or business

12. Name Mr. Daniel Shook
13. Birthplace Md.
14. Maiden Name Harriet Kinty
15. Birthplace Md

16 (a) Informant Mr. John W. Grove
(b) Address Frederick, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 5, 1939 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location Frederick, Md.

18 (a) Funeral director H. R. Eichelberger & Son
(b) Address Frederick, Md.

19 (a) ..... (b) .....
(Date rec'd by registrar) Registrar

2 AUG 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH August 2 1939, at 3 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 11 1939, to August 2, 1939, and that I last saw her alive on August 1 1939.

Immediate cause of death Not determined — Duration .....

Due to .....

Due to .....

Other Conditions Thyroid heart disease
Auricular fibrillation
(Important contributory conditions and the approximate intervals between onset and death)

Major findings:
Of operations Enlarged left lobe of thyroid.
Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Richard H. Pembroke Jr. M. D.
Address Union Memorial Hosp. Date signed 8/2/39

60193

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E Registered No. 60193

PLACE OF DEATH:

1. (a) Baltimore City, Maryland
   (b) Street address 2118 Ashland Ave
   (c) Hospital or institution:
2. Length of stay in hospital or inst. (yrs., mos., or days)
3. Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town Baltimcre Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2118 Ashland Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 45 years

(a) **FULL NAME** Charles Girardi

(b) If veteran, name war: no

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W.	Married

(b) Name of husband or wife: Michelina Girardi
6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Oct. 3rd 1870

AGE: Years	Months	Days	If less than one day
68	9	28	hr. min.

Birthplace Santefeo Italy (Town, county, and state)

Usual Occupation Tailor 4080

Industry or business

12. Name Vincenzo Girardi
13. Birthplace Santefeo Italy

14. Maiden Name Angela Maria ?
15. Birthplace Italy

(a) Informant Paul P. Girardi (Son)
(b) Address 2118 Ashland Ave

(a) (Burial, cremation, or removal) (b) Date thereof Aug. 4th '39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Holy Redeemer Cem.
Location Baltimore Md.

(a) Funeral director Frank Della Rocca
(b) Address 52 N. Morley St.

AUG 2 - 1939 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 1 1939, at 6.00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1939. to Aug 1 1939. and that I last saw him alive on Aug 1 1939.

Immediate cause of death: Carcinoma of
Due to: Gall Bladder
Due to:
Other Conditions: ✓
(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: ✓

Duration: 3 mos.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph Pokorny M.D.
Address 2200 E Madison St. Date signed 8/2/39

VS 3

60194

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137 Registered No. 60194

PLACE OF DEATH:

1. Baltimore City, Maryland
2. Street address 4940 Eastern Avenue
3. Hospital or institution: Baltimore City Hospitals 27
4. Length of stay in hospital or inst. (yrs., mos., or days) 10 days
5. Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County
(c) City or town Baltimore - Mt. Wash. (If outside city or town limits, write RURAL and give town) 15
(d) Street No. 2106 Uffington Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Clark Dooley

(b) If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Married

(b) Name of husband or wife Dora

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) October 14, 1859

AGE: Years	Months	Days	If less than one day
79	9	17	hr. min.

Birthplace Iowa (Town, county, and state)

Usual Occupation Thield Detective 0086

Industry or business

12. Name John Dooley

13. Birthplace ?

14. Maiden Name Sarah Bowles

15. Birthplace ?

(a) Informant Records

(b) Address Baltimore City Hospitals

(a) Cremation (b) Date thereof 8/2/39 (month) (day) (year) (Burial, cremation, or removal)

(c) ~~Cemetery~~ or crematory Greenmount

Location Baltimore, Md

(a) Funeral director Wm Cooke

(b) Address 217 St Paul St.

AUG 2 - 1939 Huntington Williams Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-1 1939, at 3:45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-21 1939 to 8-1 1939, and that I last saw him alive on 7-31 1939.

Immediate cause of death Benign prostatic hypertrophy with secondary urinary tract infection

Duration ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature L. Woodward Jr. M. D.

Address Balt City Hosp Date signed 8-1-39

VS 2

60195

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95B

E-60195

SD

PLACE OF DEATH:

a) Baltimore City, Maryland

b) Street address: 4940 Eastern Avenue

c) Hospital or institution: Baltimore City Hospitals

d) Length of stay in hospital or inst. (yrs., mos., or days): 2 yrs.

e) Length of stay in Baltimore (yrs., mos., or days): 28 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Maryland (b) County:

(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No.: 109 Aisquith Street (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) **FULL NAME** Thomas Sortorisky (Czartoryski)

(b) If veteran, name war:

3 (c) Social Security Account No.:

Sex: M

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

(b) Name of husband or wife:

6 (c) If alive, give age: years

Birth date of deceased (mo., day, yr.): 1865 ?

AGE: Years: 74 Months: Days: If less than one day: hr. min.

Birthplace: Poland (Town, county, and state)

11. Usual Occupation:

11. Industry or business:

12. Name: Marchi ? (d)

13. Birthplace: Poland

14. Maiden Name: Mary ? (d)

15. Birthplace: Poland

16 (a) Informant: Records

(b) Address: Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8/2/39 (month) (day) (year)

(c) Cemetery or crematory: Sacred Heart Cem.

Location: Seaman Mill Rd - Balto. Co. Md.

18 (a) Funeral director: John J. Fahey Son

(b) Address: 131 Dwight St.

19 AUG 2 - 1939 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. **DATE OF DEATH** July 31 1939, at 1.25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-16 1937, to 7-31 1939, and that I last saw h alive on 7-31 1939.

Immediate cause of death Arteriosclerotic Heart disease — Duration unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. **Signature** C. Stedman Gerard M. D.

Address Balto City Hospitals Date signed 8-2-39

VS 3

F 60196

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

23 ✓ F 60196 Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland — Balto. Maryland.
(b) Street address 131 N. Exeter St.
(c) Hospital or institution: no
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Balto. Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 131 N. Exeter St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

✓

(a) **FULL NAME** Irene Blake
(b) If veteran, name war
3 (c) Social Security Account No. none

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	Colored	Single

(b) Name of husband or wife —
6 (c) If alive, give age years
Birth date of deceased (mo., day, yr.) Oct 26, 1922

AGE: Years	Months	Days	If less than one day
16	9	5	hr. min.

Birthplace Essex County, Va. (Town, county, and state)
Usual Occupation none
Industry or business
12. Name Shirley Blake
13. Birthplace Essex Co. Va.
14. Maiden Name Lucy Roman Va.
15. Birthplace
(a) Informant Shirley Blake Father
(b) Address 131 N. Exeter St.
(a) Burial (Burial, cremation, or removal) (b) Date thereof 8-3-39 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location A A. Co. Md.
(a) Funeral director Mrs V. A. Elliott-Digges
(b) Address 427 N. Carolina St.
(a) Date rec'd 8-2-1939 (Registrar) (b) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31, 1939. at 6 20 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 22 1939. to July 31 1939. and that I last saw her alive on July 31 1939.

Immediate cause of death
Toxemia
Due to Retention Puerperium
Due to Pulmonary Tuberculosis

Duration
1 month

Other Conditions Delivered 4 months ago at City Hospital.
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis C. Hamm M. D.
Address 2340 Madison Ave. Date signed

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60197 — CERTIFICATE OF DEATH — 133 — F 60197

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 17-15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. 0 mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph M. Butler

If U. S. Veteran specify WAR

(a) Residence: No. 1814 Dorcley ST St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) July 17 1872

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	0	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Street Peddler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sat July 15 '37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Martin Butler

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Anne Maher

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Sister, Mrs Dingle

(Address) 1814 Dorcley St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Peter's Cem. Date 8/3 1939

19. UNDERTAKER H. U. Mears and Son

(Address) 805 N. Calvert St

20. FILED 1939 Registrar.

AUG 2 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 1st 1939

22. I HEREBY CERTIFY, That I attended deceased from July 21st 1939 to Aug 1st 1939

I last saw h[e] alive on Aug. 1 1939. Death is said to have occurred on the date stated above, at 11:50 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bacillary Dysentery (Flexner Type) ?	7/17/39
Other contributory causes of importance: Mentally Ill	15 yrs

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Howard B Kemmans M. D.

(Address) Mercy Hospital Balto

Spec.—L12 23—M&T—500 Blks.

198

F 60198

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

59

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Seilings Sanitorium Chapel (ST.) Gate Lane (WARD)

2-FULL NAME Anni e C Thompson

(a) RESIDENCE No. 207 E Lafayette Ave., ST., 12-5 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced (or) WIFE of: John A Thompson

6 DATE OF BIRTH (month, day, and year): Feb 13 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	5	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): York Co Penna

PARENTS

10 NAME OF FATHER: Jacob Markey

11 BIRTHPLACE OF FATHER (city or town) (State or country): York Co Pa

12 MAIDEN NAME OF MOTHER: Elisabeth Trout

13 BIRTHPLACE OF MOTHER (city or town) (State or country): York Co Pa

14 Informant: Arthur E Thompson

(Address): 235 E Lafayette Ave.,

15 AUG 2 - 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 2. 39 19

17 I HEREBY CERTIFY, That I attended deceased from Oct. 4 19 38 to Aug. 2 19 39

that I last saw her alive on July, 29, 39 19

and that death occurred, on the date stated above, at 8:30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis.

(duration) 5+ yrs. mos. ds.

CONTRIBUTORY (Secondary): Diabetes Mellitus

(duration) 5+10 yrs. mos. ds.

18 Where was disease contracted if not at place of death? --

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) V. Lloyd Johnson M. D.

8-2-, 1939 (Address) Catonsville

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem York Pa

DATE OF BURIAL: Aug 5 1939

20 UNDERTAKER: William Coots

ADDRESS: 1217 St Paul St

199 F 60199

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St., 2600 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Ella V. Higgins

(a) Residence: No. Mount Hope Retreat St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

DATE OF BIRTH (month, day, year) Oct. 29. 1863

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	8	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME John Higgins

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Amanda C. Peterson

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Mount Hope Retreat Records (Address) Beaselstown Road, Md.

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date Aug 3 1939

19. UNDERTAKER STEWART & MOWEN COMPANY (Address) (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

20. FILED Aug 3 1939 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) aug. 2 1939

22. I HEREBY CERTIFY, That I attended deceased from May 1938 to 2 Aug. 1939

I last saw h[illegible] alive on August 2 1939 Death is said to have occurred on the date stated above, at 3a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis with hypertension	?
Other contributory causes of importance: Left Cerebral hemorrhage left R side hemiplegia	7/29/39

Was an operation performed? ..... Date .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Duncan P. Mayer M.D.

(Address) 53 W. Fredrick St

F 60200

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

87B

Registered No. F 60200

PLACE OF DEATH:

1) Baltimore City, Maryland

2) Street address 1940 Edmondson Avenue

3) Hospital or institution:

4) Length of stay in hospital or inst. (yrs., mos., or days) 16

5) Length of stay in Baltimore (yrs., mos., or days) 48 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1940 Edmondson Avenue (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) **FULL NAME** Mary Lavinia Posey

(b) If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

(b) Name of husband John B. Posey

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) August 6, 1857

AGE: Years	Months	Days	If less than one day hr.	min.
81	11	26		

Birthplace Calvert County, Maryland. (Town, county, and state)

9. Usual Occupation None

10. Industry or business

12. Name John Wesley Hardesty

13. Birthplace Calvert County, Maryland.

14. Maiden Name Sarah Welsh,

15. Birthplace Calvert County, Maryland.

16 (a) Informant Mrs. Pauline Posey Gaver,

(b) Address 1940 Edmondson Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof August 3rd (month) (day) (year)

(c) Cemetery or crematory Lorraine

Location

18 (a) Funeral director Wm. J. Tickner & Sons,

(b) Address North & Pa. Avenues.

19 (a) Date received by Local Registrar AUG 2 1939

Huntington Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 1 1939, at 11:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from August 1 1939 to August 1 1939, and that I last saw h W alive on July 31 1939

Immediate cause of death

Cerebral Thrombosis - 1 yr

Arteriosclerosis - 1 yr

Due to

Due to

Other Conditions Cerebral

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Robert L. Mitchell M. D.

Address 7111 Maryland Ave Date signed Aug 1-1939

Dr. Robt. L. Mitchell

F 60201

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 60201

1140 - 139c

PLACE OF DEATH:

1. Baltimore City, Maryland
2. Street address 3508 Bank St—
3. Hospital or institution:

4. Length of stay in hospital or inst. (yrs., mos., or days) 1 D.
5. Length of stay in Baltimore (yrs., mos., or days) 2 yrs 4 mos.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1475 S. Linwood (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Pearl Taylor

(b) If veteran, name war

3. (c) Social Security Account No.

Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced married

(b) Name of husband or wife Clifford C. Taylor

6 (c) If alive, give age 24 years

Birth date of deceased (mo., day, yr.) Sept. 8, 1915

AGE: Years	Months	Days	If less than one day: hr.	min.
23	10	26		

Birthplace Carroll Co. Md. (Town, county, and state)

9. Usual Occupation housewife
Industry or business home

12. Name Robert A. Lewis
13. Birthplace Carroll Co. Md.
14. Maiden Name Rose Buckingham
15. Birthplace Carroll Co. Md.

(a) Informant Clifford C. Taylor
(b) Address 1475 S. Linwood St

(a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 4 1939 (month) (day) (year)

(c) Cemetery or crematory Morgan Chapel Cemty.
Location Day Md.

(a) Funeral director C. M. Waltz
(b) Address Winfield Md.

Aug 3 1939 (Date received by registrar) H. Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-2-39 19 , at 1 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to [illegible] death on the day stated above.

Immediate cause of death	Gangrene Uterus	
Due to	Chemical poisons	
Due to	Retained membranes	
Other Conditions	~~Miscarriage~~ ~~pregnant~~ 17½ - 2 mos	

(Include pregnancy within 3 months of death)

Major findings:
Of operations /
Of autopsy as above

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following

(a) Accident, suicide, or homicide ?
(b) Date of occurrence ?
(c) Where did injury occur? ? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ? While at work? (Specify type of place)
(e) Means of injury Chemicals & toxic substance

23. Signature Conrad Aelon M.D. Medical Examiner

Date signed 8-3-39

VS 6

202
60208

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 60202
Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Hoffman & Broadway
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Prince Georges
(c) City or town Capitol Heights (If outside city or town limits, write RURAL and give town)
(d) Street No. # 7 - 61st Pl (If rural give location)
(e) If foreign born, how long in U. S. A.) years

(a) FULL NAME Wm. O. Howard

(b) If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

(b) Name of husband or wife

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.)

AGE: Years	Months	Days	If less than one day: hr.	min.
? 20				

Birthplace Georgia (Town, county, and state)

Usual Occupation Gas Station Attendant
Industry or business

12. Name Chester Howard
13. Birthplace Georgia
14. Maiden Name Ruth Smith
15. Birthplace Georgia

(a) Informant Mrs Catherine Smith
(b) Address Washington D C -

(a) Burial, cremation, or removal? Removal (b) Date thereof 8/2/39 (month) (day) (year)

(c) Cemetery or crematory
Location Sutton Georgia

(a) Funeral director Geo. A Fuller
(b) Address Fulton & Fayette

(c) Date received by registrar [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/1/39 19 , at 7:55 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fractured skull — Duration

Due to

Due to

Other Conditions: Contusions & lacerations
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 8/1/39
(c) Where did injury occur? R R tracks (City or town) Hoffman & Broadway (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? R.R. tracks (Specify type of place) While at work? no
(e) Means of injury R.R. train

23. Signature Conrad Acton M.D. Medical Examiner
Date signed 8/2/39

VS 6

60203 E 60203

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

953

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2024 Madison Ave, Ward) 13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Herbert L. Moseley Social Sec. No. 214-09-1818

(a) Residence: No. 2024 Madison Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

6. If married, widowed, or divorced: RUSBAND of (or) WIFE of Annie Moseley

DATE OF BIRTH (month, day, year) Oct 16, 1882

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
56	9	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pressman 1086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Newspaper

10. Date deceased last worked at this occupation (month and year) 8-11-38 | 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Richmond
(State or country) Va

13. NAME Frank Moseley

14. BIRTHPLACE (city or town) Richmond
(State or country) Va

15. MAIDEN NAME Hannie Farrar

16. BIRTHPLACE (city or town) Richmond
(State or country) Va.

17. INFORMANT Annie Moseley
(Address) 2024 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Arlington Mem Pk Date Aug 3, 1939

19. UNDERTAKER Mrs. Geo. H. Holland
(Address) 1671 Druid Hill Ave

20. FILED , 19 Registrar.

Aug 3 1939 Huntington Fitzcarraldo

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from February to July 30, 1939

I last saw h[illegible] alive on July 30, 1939. Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular Disease	July 1939
Other contributory causes of importance: Hypertension	Nov 1926

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ezra Shaw Wiggins M. D.

(Address) 2243 Madison Ave

F 60204

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94B

Registered No. F 60204

F 60204

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 544 W. Hoffman St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17-0
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 544 W. Hoffman st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. (a) FULL NAME Martha Moore
(b) If veteran, name war
3 (c) Social Security Account No. none

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Widowed

(b) Name of husband or wife Joseph Moore
6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) 6 - 1851

AGE: Years	Months	Days	If less than one day: hr.	min.
88	7			

Birthplace Va. (Town, county, and state)
Usual Occupation Laundress
Industry or business
12. Name John Newman
13. Birthplace Va
14. Maiden Name unknown
15. Birthplace unknown
(a) Informant Eli Newman
(b) Address 544 W. Hoffman st
(a) Burial (Burial, cremation, or removal) (b) Date thereof 8-3-39 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A. A. County Md
(a) Funeral director William A. Jackson
(b) Address 916 Penna. Ave

AUG 3 - 1939 (Date rec'd by registrar)
(b) Hunting Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-1-39 19 , at 6:30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Coronary Sclerosis — Duration: 24 hrs
Due to Arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward Acton M.D.
Medical Examiner
Date signed 8-1-39

VS 4

60205

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 Registered No. F 60205

PLACE OF DEATH:

1. (a) Baltimore City, Maryland
(b) Street address 925 Poplar Grove St.
(c) Hospital or institution:

16-18

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 925 Poplar Grove St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Mary A. Becker
(b) If veteran, name war
(c) Social Security Account No.

4. Sex: male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widowed
(b) Name of husband or wife John L. Becker
(c) If alive, give age years

Birth date of deceased (mo., day, yr.) Jan. 21, 1863

AGE: Years 76 Months 6 Days 11 If less than one day hr. min.

Birthplace Balto., Md. (Town, county, and state)

Usual Occupation At Home
Industry or business —

12. Name John Baer
13. Birthplace Balto., Md.
14. Maiden Name Madaline Hoerner
15. Birthplace Germany
(a) Informant Mrs. L. Menkel,
(b) Address Stemmers Run, Md.

(a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 5, 1939 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Frederick Road
(a) Funeral director F Lancaster Shaw
(b) Address 7401 Belair Road.

8-1939 (Date received) Huntington Williams (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH August 2nd, 1939, at 10:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 19 1939 to Aug 2 1939.
and that I last saw her alive on August 1 1939.

Immediate cause of death Cataract Senile to Old age. — Duration 3 mos

Due to Chronic Parenchymatous Nephritis — Duration 2 months

Due to Arterio-Sclerosis — Duration 2 months (as assigned)

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. Grant M. D.
Address 312 E. Lanvale St. Date signed

VS 3

0206

F 60206

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3145 Clifmont Ave Ward) 8-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Carolina Thiel

(a) Residence: No. 3145 Clifmont Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single, Married, Widowed, or Divorced~~ (write the word)
Female	White	Widowed

6. If ~~married, widowed, or divorced~~ (or) WIFE of William A. Thiel

DATE OF BIRTH (month, day, year) May 22nd 1869

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	2	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 1937

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME George Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Nathaniel Jackson

(Address) 3145 Clifmont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Trinity Date Aug 3rd 1939

19. UNDERTAKER Wm Cook

(Address) 217 E Paul St

Huntington Williams M.D.

AUG 3 - 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31st 1939

22. I HEREBY CERTIFY, That I attended deceased from June 2 1939 to July 31 1939

I last saw her alive on July 31 1939 Death is said to have occurred on the date stated above, at 10:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Jan 37
Other contributory causes of importance:	
Arterio-sclerosis	1935

Was an operation performed? no Date of none

For what disease or injury? none

Name of operation none Date of

What test confirmed diagnosis? Symptoms Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify none

(Signed) Frank M. Ogden M. D.

(Address) 2701 N. Calvert St.

0207

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93c

F 60207

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1015 E. Eutaw st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1015 E. Eutaw st (If rural give location)
(e) If foreign born, how long in U. S. A.? 45 years

3. (a) FULL NAME Dora Freiberg Buffenstein
(b) If veteran, name war
(c) Social Security Account No.

4. Sex female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow
(b) Name of husband or wife Eisbel Buffenstein
6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) 10-15-1862

AGE: Years 76 | Months 9 | Days 17 | If less than one day hr. min.

Birthplace Poland (Town, county, and state)

10. Usual Occupation Home duties
11. Industry or business

12. Name Chaim Levin
13. Birthplace Poland
14. Maiden Name Maria Levin
15. Birthplace Poland

16. (a) Informant Israel Levin
(b) Address 3837 Park Heights ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-3-39 (month) (day) (year)
(c) Cemetery or crematory Mount Freindship
Location Balto Md
18. (a) Funeral director Park Lewis Inc
(b) Address 1439 E. Balto st

(Date rec'd AUG 3 1939) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 2, 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 29, 1939 to Aug. 2, 1939; and that I last saw h or alive on Aug. 2, 1939.

Immediate cause of death Myocardial dilatation
Arteriosclerosis.
Due to Natural causes of age.
Due to
Other Conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration: From history at 16h aday the patient was sick about one week.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nathan H. Shapiro M.D.
Address 351 Eutaw St. Date signed 8/3/39.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

60208 F 60208

CERTIFICATE OF DEATH 46a

Registered No. .....

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Maryland. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR WW

2. FULL NAME Edward Johnson

(a) Residence: No. 601 N. Paca Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

6. If married, widowed, or divorced: HUSBAND of (OR WIFE OF) Maggie Dunaway

7. DATE OF BIRTH (month, day, year) Aug. 25, 1884

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	11	16 5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6040

10. Date deceased last worked at this occupation (month and year) 7/38

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond County, Virginia.

13. NAME Albert Johnson

14. BIRTHPLACE (city or town) (State or country) Richmond County Virginia

15. MAIDEN NAME Rose Talbott

16. BIRTHPLACE (city or town) (State or country) Richmond County Virginia

17. INFORMANT (Address) Records-U. S. Marine Hospital, Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL Place National Cemetery Date Aug 3, 1939

19. UNDERTAKER (Address) Mrs Katie R. Williams 322 N. Schroeder St

Huntington Williams, Registrar.

1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1939 to July 30, 1939

I last saw him alive on July 30, 1939 Death is said to have occurred on the date stated above, at 2:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, squamous cell esophagus	Dec. 1938

Other contributory causes of importance:

Was an operation performed? Yes Date of April 18, 1939

For what disease or injury? Under observation, lymphosarcoma

Name of operation Laparotomy exploratory

What test confirmed diagnosis? P. M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) R. R. Nelson, M. D.

(Address) U. S. Marine Hospital, Baltimore, Maryland.

0209 366342

BALTIMORE CITY HEALTH DEPARTMENT 59 ✓ F 60209

CERTIFICATE OF DEATH

Registered No. .....

PLACE OF DEATH:
Baltimore City, Maryland

Street address .....
Hospital or institution: JOHNS HOPKINS HOSPITAL 12-7

Length of stay in hospital or inst. (yrs., mos., or days) 2 days

Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County .....

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 2605 miles ave
(If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

1. FULL NAME Dorothy Fisher (Piechnicki)

(b) If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	Widow

(b) Name of husband or wife .....

6 (c) If alive, give age ..... years

Birth date of deceased (mo., day, yr.) 12-29-83

AGE: Years	Months	Days	If less than one day
55	7	3	hr. ..... min.

Birthplace md 1939
(Town, county, and state)

Usual Occupation Housewife

Industry or business .....

12. Name Daniel Cooper

13. Birthplace md

14. Maiden Name Catharine Griffith

15. Birthplace md

Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

(a) Burial (b) Date thereof Aug 5. 1939
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory St Marys Cem.

Location Hampden

(a) Funeral director Wm Cook

(b) Address 10 Pine St.

AUG 3 - 1939 Huntington Williams
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 2 1939 at 1140 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 31 1939 to Aug 2 1939, and that I last saw her alive on Aug 2 1939.

Immediate cause of death	Duration
Arterio-sclerotic heart disease	?
Due to Diabetes, hypertension,	4 yrs.
Due to	
Other Conditions Infected cellulitis of foot	

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Lee Teichman M. D.

Address John Hopkins Hospital Date signed

VS 3

F 60210 HEALTH DEPARTMENT—CITY OF BALTIMORE F 60210

CERTIFICATE OF DEATH

X 59

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Md. Gen. Hosp. St., 11-3 Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Florence F. Morris
If U. S. Veteran specify WAR
(a) Residence: No. Freeland Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clarence A.

6. DATE OF BIRTH (month, day, year) April 16, 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	3	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown.

13. NAME Samuel L. Robinson

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Lydia L. Kurtz

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Florence Morris
(Address) Freeland Md.

18. BURIAL, CREMATION, OR REMOVAL
Bur. Freeland Md. Date Aug 5 1939

19. UNDERTAKER C. Thomas Stiles & Son
(Address) 36[illegible] Edmondson Ave

20. FILED ... 19... Registrar

8-7-1939 Huntington Williamsport Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/3/39. 19

22. I HEREBY CERTIFY, That I attended deceased from 8/2/39, 19... to 8/3/39, 19... I last saw h[illegible] alive on 8/3/39, 19... Death is said to have occurred on the date stated above, at 7:35 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	
Diabetic Coma	
Other contributory causes of importance:	

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edward L. Hassinger, M. D.
(Address) Md Gen Hosp

F 60211

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94B F 60211 Registered No.

PLACE OF DEATH:
1. Baltimore City, Maryland
Street address Fayette near Payson St
Hospital or institution:
Bon Secours Hosp
Length of stay in hospital or inst. (yrs., mos., or days) 10 days
Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1028 Greenmount Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Mrs. Marie C. Delker
(b) If veteran, name war No
3 (c) Social Security Account No. None

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

(b) Name of husband or wife William E. Delker
6 (c) If alive, give age 61 years
Birth date of deceased (mo., day, yr.) Sept 1, 1870

AGE: Years	Months	Days	If less than one day: hr.	min.
68	11	1		

Birthplace Baltimore Md (Town, county, and state)
Usual Occupation Housework at Home
Industry or business Home Wife
12. Name Simon Lauer
13. Birthplace Germany
14. Maiden Name Christina Wurz.
15. Birthplace Germany
(a) Informant Mrs. Wm E. Walker
(b) Address 1028 Greenmount Ave
Burial, cremation, or removal Royal
(b) Date thereof Aug 5, 1939 (month) (day) (year)
Cemetery or crematory Old Town Cath. Cemetery Frederick Co.
Location Old Frederick Road.
(a) Funeral director Edwin W. Conklin
(b) Address 924 E. Eager St.
Date received (Date received by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 2 1939, at 6.25 PM
21. I certify that death occurred on the date above stated; that I attended deceased from 7-23-1939 to 8-2-1939 and that I last saw h alive on 8-2-1939.

Immediate cause of death Coronary thrombosis — Duration 30 Min
Due to
Due to
Other Conditions Generalized arteriosclerosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature William J. McClafferty M. D.
Address Bon Secours Hospital Date signed 8-2-39

VS 3

60212

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92a Registered No. F 60212

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address I 7I4 Sexton St

(c) Hospital or institution:

25-3

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 56

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County ---

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. I7I4 Sexton St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) **FULL NAME** Ella I Crook

(b) If veteran, name war

3 (c) Social Security Account No.

Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

(b) Name of husband or wife James H Crook

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) 8-II- I883

AGE: Years 56 | Months 0 | Days 9 | If less than one day hr. min.

Birthplace Baltimore Md (City, county, and state)

Usual Occupation Housewife

Industry or business

12. Name George Wiseman

13. Birthplace Germany

14. Maiden Name Cassandrew Shipley

15. Birthplace Maryland

(a) Informant Mable E Galway

(b) Address I7I4 Sexton St

(a) Burial (Burial, cremation, or removal) (b) Date thereof 8-5-I939 (month) (day) (year)

(c) Cemetery or crematory Loudon Pk

Location Frederick Ave

(a) Funeral director Edward Toulson

(b) Address 2359 Wash Blvd

(c) Registered by registrar AUG 3 - 1939 Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-2-I939 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/17 1939 to 8/1 1939 and that I last saw her alive on 8/1 1939.

Immediate cause of death Auricular Fibrillation — Duration 7/17/39

Due to Chr. Rheumatic Heart Disease with Mitral Stenosis — ?

Due to

Other Conditions Cardiac Enlargement Congestive Heart Failure — ?

(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)

(e) Means of injury —

23. Signature E P Rostling

Address 2623 Washington Blvd Date signed 8/3/39

213

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46e

F 60213 Registered No.

PLACE OF DEATH:

Baltimore City, Maryland

Street address 1203 Chatham St

Hospital or institution:

Length of stay in hospital or inst. (yrs., mos., or days)

Length of stay in Baltimore (yrs., mos., or days) 5 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1203 Chatham St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

1. (a) FULL NAME George Terry

(b) If veteran, name war None

3 (c) Social Security Account No. 216-09-5715

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	married

(b) Name of husband or wife Marie Terry

6 (c) If alive, give age 32 years

Birth date of deceased (mo., day, yr.) 9-7-1904

AGE: Years	Months	Days	If less than one day: hr	min
34	10			

Birthplace Prospect. Va. (Town, county, and state)

Usual Occupation laborer

Industry or business steel

12. Name unknown

13. Birthplace Va

14. Maiden Name Mary ——

15. Birthplace Va

(a) Informant Mrs. Marie Terry

(b) Address 1203 Chatham St

(a) Buried (Burial, cremation, or removal) (b) Date thereof Aug 7-39 (month) (day) (year)

(c) Cemetery Prospect Va

Location Farnsworth Va

(a) Funeral director Robert Williams

(b) Address 1515 McElderry St

(c) Huntington Williams Registrar

AUG 3 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-2 1939 at 4:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/14 1939 to 8-2 1939 and that I last saw him alive on 7-31 1939.

Immediate cause of death

Carcinoma of caecum with metastases — Duration 3-38

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature M. D.

Address 1500 E. Madison St Date signed 8/2/39

VS 3

0214

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

23

F 60214
Registered No.

PLACE OF DEATH:

(a) Baltimore City, Baltimore Co. Balto City Hospitals

(b) Street address or Hospital or institution: Eastern ave

(c) Length of stay in hospital or inst. (yrs., mos., or days) 9 mos.

(d) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 1714 Harlem ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

16-3

(a) FULL NAME Mary Branch

(b) If veteran, name war

3 (c) Social Security Account No.

Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Single

(b) Name of husband or wife

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) May 2, 1916

AGE: Years 23 | Months 2 | Days 29 | If less than one day hr. min.

Birthplace Va (Town, county, state or foreign country)

Usual Occupation domestic

Industry or business

12. Name Warner Branch

13. Birthplace Va.

14. Maiden Name Ida Watkins

15. Birthplace Va.

(a) Informant Catherine Robinson

(b) Address 1319 Presstman

(a) Burial (Burial, cremation, or removal) (b) Date thereof 7/1/39 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location

(a) Funeral director Thos. E. Kelson

(b) Address 1303 Pleasant

(a) AUG 3 - 1939 (Date filed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 1 1939 at 1306 M

21. I certify that death occurred on the date above stated, that I attended deceased from Oct 21 1938 to Aug 1 1939 and that I last saw h alive on Aug 1 1939

Immediate cause of death Tuberculosis of lungs — Duration 9/1/38

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Yes

If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

Means of injury

23. Signature Edgar Nelson M. D.

Address Balto City Hosp Date signed Aug 3/39

PHYSICIAN

Underline the cause to which death should be charged statistically.

VS 2

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

60215 — 82a — F 60215

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 818 Madison Ave. St. Ward 14-3 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rev. Edijon B. Mack

(a) Residence: No. 818 Madison Ave St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	col	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Maria Mack

DATE OF BIRTH (month, day, year) March 27

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	4	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hodgkins South Carolina

13. NAME OF FATHER Jackson Mack

14. BIRTHPLACE (city or town) (State or country) South Carolina

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Greenhoof

(Address) 818 Madison Ave.

18. BURIAL, CREMATION, OR REMOVAL Date 8/3 39

Place Mt Zion

19. UNDERTAKER Thos. E. Kelson

(Address) 1303 Pitcairn

20. FILED AUG 3 — 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 4 39

22. I HEREBY CERTIFY, That I attended deceased from April 5, 39 to July 31 39

I last saw h[illegible] alive on July 31 39 Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1 wk
Other contributory causes of importance: Hypertension	6 mo

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, state

(Signed) Bradshaw Higgins M. D.

(Address) 2423 Madison Ave.

60216 F 60216

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94B

Registered No.

1. PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No. 7200 W. 40th St. St., Ward) 7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? 43 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Emma S. Thomas

(a) Residence: No. Home for Incurables Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) April 15, 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
81	yrs.	3	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick, Md. " Co.

13. NAME Christian Thomas

14. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

15. MAIDEN NAME Mary Kemp

16. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

17. INFORMANT C. R. Cunningham

(Address) Home for Incurables

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date August 15th 1939

19. UNDERTAKER Wm. J. Lickwar & Sons

(Address) North & Pa Aves.

20. FILED Aug 15 1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from September 22, 1937, to August 3, 1939.

I last saw her alive on August 2, 1939. Death is said to have occurred on the date stated above, at 4:35 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis (Generalized)	1914
Other contributory causes of importance:	
Coronary Sclerosis	1937
Bronchopneumonia July 31	1939

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. Grafton Wraparger M. D.

(Address) 214 Medical Art. Building

60217

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60217

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Josephs Hospital (Ward) 7-11

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Caroline Margaret Hopp

(a) Residence: No. 2713 Monument St (Usual place of abode) St., ... Ward. ... later. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) July 29. 1939

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			4 3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Baltimore, (State or country) Maryland.

13. NAME William C. Hopp

14. BIRTHPLACE (city or town) Baltimore, (State or country) Maryland.

15. MAIDEN NAME Margaret Thoms

16. BIRTHPLACE (city or town) Baltimore, (State or country) Maryland.

17. INFORMANT Mother

(Address) 2713 Monument St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 8-3-39

19. UNDERTAKER Wendell E Humphreys

(Address) 2-01 N. Broadway Huntingdon Pittsburgh

20. FILED AUG 3 - 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 31 1939, to August 2 1939

I last saw h.e.r. alive on August 2, 1939. Death is said to have occurred on the date stated above, at 5:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis Fatal.	
Prematurity	
Other contributory causes of importance:	

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify ...

(Signed) H. Hopp Josephs M. D.

(Address) St. Joseph's Hospital

GKG

60218

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163 F 60218 Registered No.

PLACE OF DEATH:
1. Baltimore City, Maryland
Street address
Hospital or institution: Md. Gen. Hosp

Length of stay in hospital or inst. (yrs., mos., or days) 7 days
Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1086 E. Eutaw St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Edith Dubin (Elizabeth Wilson) assisted
(b) If veteran, name war
(c) Social Security Account No. 216-01-6569

Sex: female | 5. Color or race: White | 6 (a) Single, married, widowed or divorced: Divorced
(b) Name of husband or wife: Martin
6 (c) If alive, give age: 35 years

Birth date of deceased (mo., day, yr.)
AGE: Years 35 | Months | Days | If less than one day: hr. min.

Birthplace: Russia (Town, county, and state)
Usual Occupation: Saleslady
Industry or business:
12. Name: Ellis Ansell
13. Birthplace: Russia
14. Maiden Name: Fanny Phillipson
15. Birthplace: Russia
(a) Informant: Joseph Ansell
(b) Address: 2458 Raymath Ave
(c) Burial (Burial, cremation, or removal) (b) Date thereof 8-3-39 (month) (day) (year)
(c) Cemetery or crematory: Greater Baltimore
Location: Phila. Rd.
(a) Funeral director: Jack Sans Bro.
(b) Address: 1739 E. Balto St
3-1939 (Date received by registrar) Hunting to Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/2/39 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Bichloride of Mercury poisoning
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 7-26-39
(c) Where did injury occur? Home - 1086 E. Eutaw St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury: Took 5 - bichloride Mercury tablets

23. Signature: H. Blendheim M.D. Medical Examiner
Date signed 8-4-39

VS 6

60219

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. F 60219

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 7-1 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Frances Fentella

(a) Residence: No. 606 N. Potomac St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Vincent Fentella

7. DATE OF BIRTH (month, day, year) 3/12/1885

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	5	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Vincent Calcagno

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Santa Cambria

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Vincent Fentella Jr.
(Address) 606 N Potomac St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Aug 4 1939

19. UNDERTAKER Frank V. Pepersone
(Address) 2815 E. Baltimore

20. FILED AUG 3 - 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from 7-29, 1939, to August 1, 1939. I last saw her alive on August 1, 1939. Death is said to have occurred on the date stated above, at 12:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	7/29/39
Intestinal Obstruction	7/29/39
Carcinoma of Sigmoid	

Other contributory causes of importance:

Was an operation performed? Yes Date of 7/29/39

For what disease or injury? Intestinal Obstruction

Name of operation Colostomy

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Raymond J. Fegan M. D.

(Address) Mercy Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60220

CERTIFICATE OF DEATH

108

F 60220

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp. St., 8-3 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph W. Dare 2742 E. Chase St.

(a) Residence: No. Dec'd at St. Joseph's Hosp St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed or divorced HUSBAND of (or) WIFE of Mary E. Dare

7. DATE OF BIRTH (month, day, year) Jan. 4-1887

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	6 7	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. No 3 & No. 2086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Ephrian Dare

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Dot Knew

16. BIRTHPLACE (city or town) (State or country) U

17. INFORMANT Mary E. Dare

(Address) 2742 E. Chase st.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cem. Date Aug 5. 1939

19. UNDERTAKER Wm. H. Valentine

(Address) 2326 Aisquith St

20. FILED AUG 3 - 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1939 to Aug 2 1939

I last saw him alive on Aug 2 1939. Death is said to have occurred on the date stated above, at 3 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	July 29
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. P. Tennyson M. D.

(Address) St. Joseph's Hospital

60221

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164 Registered No. F 60221

PLACE OF DEATH:
1. Baltimore City, Maryland
Street address Garage in alley -
Hospital or institution
first north on N. Paul St about 25 ft
Length of stay in hospital or inst. (yrs., mos., or days)
Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2704 N. St. Paul St (If rural give location)
(e) If foreign born, how long in U. S. A.? X years

(a) FULL NAME Claude Warfield Keefer (Nursing Service)
(b) If veteran, name war World
3 (c) Social Security Account No. 220-07-4090
Sex M
5. Color or race wh
6 (a) Single, married, widowed, or divorced Married
(b) Name of husband or wife Myrtle Keefer
6 (c) If alive, give age 45 years
Birth date of deceased (mo., day, yr.) Jan 8. 1893
AGE: Years — Months 6 — Days 25 — If less than one day: hr — min
Birthplace Charlestown Mass (Town, county, and state)
9. Usual Occupation Contractors Engineer
Industry or business 420
12. Name Michael Keefer
13. Birthplace Mass
14. Maiden Name Pauline Sullivan
15. Birthplace Mass
(a) Informant Myrtle Keefer
(b) Address 2704 St Paul St
16. Burial (Burial, cremation, or removal) (b) Date thereof Aug 4 39 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Baltimore Md
(a) Funeral director Mahoney (Co)
(b) Address 1217 St Paul St
(a) Date received by registrar Aug 4 1939 (b) Registrar's signature for Williams

MEDICAL CERTIFICATION (Nursing Service)

20. DATE OF DEATH 8/3/39 19 . at 8 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration
Carbon Monoxide Poisoning
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence August 7/17/39
(c) Where did injury occur? Garage - Baltimore (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Garage (Specify type of place) While at work? —
(e) Means of injury Auto exhaust
23. Signature W. P. Lamdin Medical Examiner
Date signed 8/4/39

VS 4

F 60222

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60222

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5616 Fondue Ave St., Ward) Govans

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Annie R. Morgan

(a) Residence: No. 5616 Fondue Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Chas Morgan

6. DATE OF BIRTH (month, day, year): Dec 17 1850

7. AGE: Years 88 | Months 7 | Days 25 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

OCCUPATION

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Not Known

14. BIRTHPLACE (city or town) (State or country): "

MOTHER

15. MAIDEN NAME: "

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT: Clarence T. Bentley

(Address) 5616 Fondue Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Aug 4 1939

19. UNDERTAKER: Jno Cole & Son

(Address) 1219 E Baltimore St

Aug 1939 Hunting for Williamsburg Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 2 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 29th. 1938 to August 2nd. 1939.

I last saw her alive on 7/25 1939. Death is said to have occurred on the date stated above, at 6:30 A.M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis — Date of onset unknown

Other contributory causes of importance:

Chronic Interstitial Nephritis

Was an operation performed? no Date of --

For what disease or injury? none

Name of operation ---- Date of --

What test confirmed diagnosis? clinical examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ---- Date of injury --- 19

Where did injury occur? ---

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ---

Manner of injury ---

Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Clarence T. Bentley

(Address) 501 E. 25th. Street.

F 60223

F 60223

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

23 — 6677 SD — Registered No.

PLACE OF DEATH:

a) Baltimore City, Maryland

b) Street address 4940 Eastern Ave nue

c) Hospital or institution: Baltimore City Hospitals

d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo.

e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 4218 E. Hamilton Avenue (If rural give location)

(e) If foreign born, how long in U. S. A? years

(a) **FULL NAME** Frank Horak

(b) If veteran, name war

3 (c) Social Security Account No.

Sex M

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

(b) Name of husband or wife Catherine

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) 2/2/73

AGE: Years	Months	Days	If less than one day
66	3	1	hr. min.

Birthplace Baltimore (Town, county, and state)

Usual Occupation Blocker

Industry or business Hat Houses

12. Name John Horak

13. Birthplace Austria

14. Maiden Name Barbara Singer

15. Birthplace Austria

(a) Informant Records

(b) Address Baltimore City Hospitals

(a) Burial (Burial, cremation, or removal) (b) Date thereof 8-5-1939 (month) (day) (year)

(c) Cemetery or crematory Oak Hill

Location Balto. Md

(a) Funeral director John J Cowan & Son

(b) Address 901 Hollins St

(Date rec'd by Registrar) AUG 4 - 1939 (Signature of Registrar) Huntington Willis

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 2 1939 at 3:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 17 19 to August 2 1939.

and that I last saw him alive on Aug 2 1939.

Immediate cause of death Tuberculosis of lungs

Due to Tuberculosis of intestines

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Yes

Duration 7 mos 7 mos

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Jaleson M. D.

Address Balto City Hospitals Date signed Aug 3 1939

VS 3

60224

HEALTH DEPARTMENT—CITY OF BALTIMORE

60224

CERTIFICATE OF DEATH

97

Registered No. 42-2

1. PLACE OF DEATH Church Home & Infirmary

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward) ..... If outside city limits, give county and State.

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Charles Henry Short

If U. S. Veteran specify WAR ——

(a) Residence: No. Greenway Apt - (Charles & 34th St) St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

6a. If married, widowed, or divorced HUSBAND of — (or) WIFE of — Mrs Ida Short

6. DATE OF BIRTH (month, day, year) Sept 8, 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78 1879	(10)	(25)	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. T. J. Haines & Co

10. Date deceased last worked at this occupation (month and year) ×

11. Total time (years) spent in this occupation ×

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Robert Short

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME Ann Jobb

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Records Church Home - Infirmary

and Address Ida May Short (Greenway Apt)

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Druid Ridge Date Aug 5th 1939

19. UNDERTAKER William Cook

(Address) 1217 St Paul St

20. FILED AUG 7 1939 Hunting for Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1939, to August 3, 1939

I last saw h.IM. alive on August 3, 1939. Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	
Other contributory causes of importance:	
Multiple pulmonary abscess	
probably staphylococcic origin	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

26. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Packenham M. D.

(Address) Church Home & Infirmary

25
36 58475

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

57C Registered No. 60275

PLACE OF DEATH:
1. Baltimore City, Maryland
2. Street address
3. Hospital or institution: JOHNS HOPKINS HOSPITAL 16
4. Length of stay in hospital or inst. (yrs., mos., or days) 14 days
5. Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2861 Prospect St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Horace Dunlap
(b) If veteran, name war
(c) Social Security Account No.

4. Sex male | 5. Color or race white | 6 (a) Single, married, widowed, or divorced Widowed
(b) Name of ~~husband or~~ wife Grace Dunlap
6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) 2-28-70

AGE: Years 69 | Months 5 | Days 4 | If less than one day hr. min.

7. Birthplace Pa (Town, county, and state)
8. Usual Occupation none
9. Industry or business

12. Name Wm Dunlap
13. Birthplace Pa
14. Maiden Name Annie
15. Birthplace Pa
(a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

(a) Burial (Burial, ~~cremation or removal~~) (b) Date thereof Aug 5th 1939 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt Hope Cemetery
Location Woodsboro Carroll Co. Md
(a) Funeral director William Cook
(b) Address 1217 St. Paul St

(a) Aug 7 1939 (Date rec'd by Registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 2 1939, at 830 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 19 1939, to Aug 2 1939, and that I last saw him alive on Aug 2 1939.

	Duration
Immediate cause of death Uremia	
Due to Extension prostatic carcinoma to ureter, bladder, seminal vesicles	2 yrs.
Due to bone: Sacrum, femora & vertebrae.	
Other Conditions Cirrhosis of Liver	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Extensive carcinoma

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury —

23. Signature Bruno Barcellos, Jr. M. D.
Address Johns Hopkins Hosp. Date signed 8-2-39

VS 3

F 60226 HEALTH DEPARTMENT—CITY OF BALTIMORE F 60226

CERTIFICATE OF DEATH

34c-953

1. PLACE OF DEATH Mercy Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME James Fudas — Social Sec. No. 217-05-5510

(a) Residence: No. 338 Lionel St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Negro
5. Single, Married, Widowed, or Divorced (write the word): Married
6a. If married, widowed or divorced — HUSBAND of (or) WIFE of
7. DATE OF BIRTH (month, day, year): July 30, 1909
8. AGE — Years: 30 — Months: — Days: — If LESS than 1 day, ... hrs. or ... min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer (Gen Repair)
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: City Auto Parking
10. Date deceased last worked at this occupation (month and year): 8/1/39
11. Total time (years) spent in this occupation: 6
12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland
13. NAME: James Fudas
14. BIRTHPLACE (city or town) (State or country): S. Carolina
15. MAIDEN NAME: Lissley Graves
16. BIRTHPLACE (city or town) (State or country): S. Carolina
17. INFORMANT: Bell Clark (Address) 1323 E. Eager St.
18. BURIAL, CREMATION, OR REMOVAL: Mullan's F.H. Inc. 8-4-39
19. UNDERTAKER: Adolph Levin Habbard (Address) 4150 Liberty Hts.
20. FILED ..... By ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8/2/39, 19

22. I HEREBY CERTIFY, That I attended deceased from 8/2/39, 19 ... to 8/2/39, 19 ...
I last saw him alive on 8/1/39 Death is said to have occurred on the date stated above, at 5:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary cause not determined. Chronic adhesive pericarditis. Fatty infiltration.	
Other contributory causes of importance: Hypertension and chronic G.U. disease.	

Was an operation performed? No — Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19 .....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Donald A. Cross, M. D.
(Address) Mercy Hospital

AUG 4 - 1939

F 60227

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

165

F 60227 Registered No.

PLACE OF DEATH:
1. Baltimore City, Maryland
Street address 2312 Whittier Ave
Hospital or institution:

Length of stay in hospital or inst. (yrs., mos., or days) —
Length of stay in Baltimore (yrs., mos., or days) 31 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2312 Whittier Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

15-4

(a) FULL NAME Ethel Fleischer

(b) If veteran, name war —

3 (c) Social Security Account No. —

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Wh	Single

(b) Name of husband or wife —

6 (c) If alive, give age — years

Birth date of deceased (mo., day, yr.)

AGE: Years	Months	Days	If less than one day: hr.	min.
31				

Birthplace Baltimore Md. (Town, county, and state)

Usual Occupation Housewife
Industry or business Home

12. Name Sarah Fleischer
13. Birthplace Russia
14. Maiden Name Sarah Schmutz
15. Birthplace Russia

(a) Informant Joseph Seidman
(b) Address 2312 Whittier Ave

(a) Burial (Burial, cremation, or removal) (b) Date thereof 8-4-39 (month) (day) (year)

(c) Cemetery or crematory Shaarei Tfiloh
Location Windsor Mill Rd

(a) Funeral director Jos. Louis Sons
(b) Address 1739 E. Balto St

(a) (Date rec'd by registrar) AUG 1 - 1939 (b) H. Williams Registrar
Hunter for Williams

VS 6

MEDICAL CERTIFICATION Early am.

20. DATE OF DEATH 8/3/39 19 . at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death — **Duration**

Due to Strangulation by Hanging

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence 8/3/39
(c) Where did injury occur? Home (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home 2312 Whittier Ave (Specify type of place) While at work? No
(e) Means of injury hanging by apparatus in cellar

23. Signature H. Blanchard Wright M.D. Medical Examiner
Date signed 8/3/39

60228 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 60228

CERTIFICATE OF DEATH

958

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 10) Balto Genl Hosp. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Albert F. Greffen
If U. S. Veteran specify WAR 216-01-7176
(a) Residence: No. 454 ~~Fayette~~ S. Furrow St. 454 S. Furrow St.
(Usual place of abode) St., Ward
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced WIFE of (or) HUSBAND of Annie C. Greffen

DATE OF BIRTH (month, day, year) July 28-1881

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	-	4 3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meat Cutter 50-13
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steamwald RK
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland
13. NAME OF FATHER Henry Greffen
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME OF MOTHER Sophia Beverley
16. BIRTHPLACE (city or town) (State or country) Germany
17. INFORMANT Mrs. Annie C. Greffen
(Address) 454 S. Furrow St.
18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Aug 2/39
19. UNDERTAKER F. B. Kisbert
(Address) 1322 Eutaw Place
20. FILED Aug 2 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-1-39. 19

22. I HEREBY CERTIFY, That I attended deceased from 7-31-39. 19 to 8-1-39 19
I last saw h alive on 8-1-39 19 Death is said to have occurred on the date stated above, at 1245 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	7-30-
Hypertensive - arteriosclerotic Heart disease - decompensated	11 yrs
Other contributory causes of importance: Possible G.I. Malignancy	

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? [redacted] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) Samuel L. Lee M. D.
(Address) Balto Genl Hosp

F 60229 2435 Md. Ave Rem 6046 V F 60229

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1384 W. North Ave St. 13-3 Ward)

Length of residence in city or town where death occurred 16 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

Canada Veteran (specify WAR World War)

2. FULL NAME Clarence C. Thomas

(a) Residence: No. 1384 W. North Ave St. ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed, or Divorced~~ (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 20th 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1924

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ontario Canada

MOTHER'S MAIDEN NAME

13. NAME Samuel Thomas

14. BIRTHPLACE (city or town) (State or country) Canada

15. MAIDEN NAME Ann Easterbrook

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Mrs Alice Lyon

(Address) 1384 W. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Hamilton Ontario, Canada Date Aug 4th, 1939

19. UNDERTAKER William Cook

(Address) 1217 St. Paul St

Aug 4 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 3rd, 1939

22. I HEREBY CERTIFY, That I attended deceased from August 3, 1939, to August 3, 1939

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 5:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Cerebral Thrombosis	July 20 1939

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Thomas McGrath M. D.

(Address) 2430 Maryland Ave

Cerebral Arteriosclerosis

60230

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 D

✓ F 60230
Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimor (If outside city or town limits, write RURAL and give town)
(d) Street No. 1926 E Eager St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME John H Morton

(b) If veteran, name war

3 (c) Social Security Account No. 213-07-5092

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Widower

(b) Name of husband or wife Delia

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) 3-15-1889

AGE: Years	Months	Days	If less than one day hr.	min.
50?	4	18		

Birthplace Virginia (Town, county, and state)

9. Usual Occupation Laborer
Industry or business Bethlehem Steel

12. Name Unknown
13. Birthplace Unknown
14. Maiden Name Unknown
15. Birthplace Virginia

(a) Informant Cleveland Morton
(b) Address Drake Branch Va

(a) Removal (b) Date thereof Aug 4 1939 (month) (day) (year)
(Burial, cremation, or removal)

(c) Cemetery or crematory Green Cem
Location Drake Branch Va

(a) Funeral director Mrs R. A. Elliott Sr
(b) Address 1125 N. Caroline St

(d) Date received by registrar — 1939 — Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-4-39 19 , at 7:10 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Hypertension
Due to: Myocardial failure
Due to: Pulmonary edema
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
Means of injury

23. Signature Conrad Actonsus M.D
Medical Examiner
Date signed 8/2/39

VS 6

0231

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59 ✓ F 60231 Registered No.

PLACE OF DEATH:

1) Baltimore City, Maryland
2) Street address 400 N. Bouldin St.
3) Hospital or institution:

4) Length of stay in hospital or inst. (yrs., mos., or days) 26 10

5) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)

(d) Street No. 400 N. Bouldin St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) **FULL NAME** William J. Beehler

(b) If veteran, name war None

3 (c) Social Security Account No. None

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

(b) Name of husband or wife Lida L. Beehler

6 (c) If alive, give age 58 years

Birth date of deceased (mo., day, yr.) May 8, 1880

AGE: Years	Months	Days	If less than one day
59	2	25	hr. min.

Birthplace Baltimore (Town, county, and state) 0031

9. Usual Occupation Machinist

10. Industry or business 7 years in Confectionery Store

12. Name William Beehler

13. Birthplace Denmark

14. Maiden Name Margaret Johnson

15. Birthplace Baltimore

16. (a) Informant Lida L. Beehler

(b) Address 400 N. Bouldin St.

17. (a) Burial (b) Date thereof Aug 5, 1939 (Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Moreland Park Cemetery

Location 5806 Harford Rd.

18. (a) Funeral director S. Walter Mayo

(b) Address 619 N. Bouldin St

(a) (Date rec'd by registrar) (b) Hunting for Williams (Registrar)

Vs: 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 2 1939, at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 14 1939 to Aug 2 1939. and that I last saw him alive on Aug 2 1939.

Immediate cause of death	Duration
Diabetic Coma	Aug 1 39
Due to Diabetes Mellitus	Sept 1938
Due to	
Other Conditions Amputation of leg at Knee (R) (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature William J. Beehler M. D.

Address 801 Kennedy Ave Date signed Aug 3. 39

60232

OK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ F 60232

40587

95B

Registered No.

PLACE OF DEATH:

1) Baltimore City, Maryland

2) Street address Baltimore Maryland

3) Hospital or institution:

Baltimore City Hospitals 17

4) Length of stay in hospital or inst. (yrs., mos., or days)

5) Length of stay in Baltimore (yrs., mos., or days) 16 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1312 Pennsylvania Ave.

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) **FULL NAME** William Morgan

(b) If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

(b) Name of husband or wife Lenie Morgan

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Oct. 19, 1885

AGE: Years	Months	Days	If less than one day
53	9	13	hr. min.

Birthplace N.C.

(Town, county, and state)

10. Usual Occupation Laborer 6040

11. Industry or business

12. Name Robert Morgan

13. Birthplace N.C.

14. Maiden Name Hixie Brown

15. Birthplace N.C.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof August 4th/39 (month) (day) (year)

(c) Cemetery or crematory Zebulon N.C. Location Zebulon N.C.

18 (a) Funeral director Ethey O Wilson

(b) Address 1000 Bluntley

19 (a) Washington D.C.

(Date rec'd by registrar) AUG 4 - 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH August 2 1939, at 3:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 25 1939 to August 2 1939, and that I last saw h alive on Aug 2 1939.

Immediate cause of death cerebral hemorrhage — Duration 1 week

Due to arterio sclerosis — unknown

Due to

Other Conditions Hypertensive Heart disease — unknown

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Enlarged heart, congestive changes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature C. Holmes Boyd M. D.

Address Balto City Hospitals Date signed 8-3-39

233

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Fr. 60233

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address or Hospital or institution: Johns Hopkins Hospital
(c) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(d) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1311 Mary St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) **FULL NAME** Sarah Miles (Myers) - also Henrietta

(b) If veteran, name war

3 (c) Social Security Account No.

Sex: F
5. Color or race: Col
6 (a) Single, married, widowed, or divorced.

(b) Name of husband or wife: Widow.
6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.)

AGE: Years: 51 Months: Days: If less than one day: by min.

Birthplace: Richmond Va (Town, county, and state)

11. Usual Occupation
Industry or business: Domestic.

12. Name: Unknown
13. Birthplace: " "
14. Maiden Name: Unknown
15. Birthplace

(a) Informant: Mamie Johnson
(b) Address: 1311 Mary St

(a) Burial (Burial, cremation, or removal)
(b) Date thereof: Aug 5th 1939 (month) (day) (year)

(c) Cemetery or crematory: Mt Auburn Cem
Location: Mt Winans

(a) Funeral director: Edw C Wilson
(b) Address: 1050 Brantley Ave

(Date received) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/2/39 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to my death on the day stated above.

Immediate cause of death
Fracture right femur
Due to Thrombosis left internal jugular vein
Due to and left lateral sinus
Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Thrombosis of veins

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 8/1/39
(c) Where did injury occur? Gaythe & Caroline Sts (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Street While at work? ?
(Specify type of place)
(e) Means of injury Knocked down by motor car

23. Signature W H Vandersluis M.D
Medical Examiner
Date signed 8/2/39

VS 6

F 60234

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164 Registered No. F 60234

F 60234

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Woods at Roundtable Lane and Greenspring Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 8 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 3320 Woodland Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Willard B. Schley

(b) If veteran, name war

3 (c) Social Security Account No. 705-05-8951

Sex M | 5. Color or race Wh | 6 (a) Single, married, widowed, or divorced Single

(b) Name of husband or wife

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) November 6, 1912

AGE: Years	Months	Days	If less than one day
26	8	26	hr. min

Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Gas Station Attendant
11. Industry or business

12. Name John T. Schley
13. Birthplace Baltimore, Md.
14. Maiden Name Lula D. Browning
15. Birthplace Kemptown, Md.

(a) Informant Mrs John T. Schley
(b) Address 3320 Woodland Ave.

(a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 5 1939 (month) (day) (year)

(c) Cemetery or crematory Woodlawn Cemetery
Location Baltimore County

(a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pa. Avenues, Huntington Williams, Registrar

AUG 4 1939

VS 6

MEDICAL CERTIFICATION Early P.M.

20. DATE OF DEATH 8/2/39 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death

Due to Carbon Monoxide Poisoning

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy none

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 8/2/39
(c) Where did injury occur? Woods-Roundtable Lane & Greenspring Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Woods (Specify type of place) While at work? No
(e) Means of injury Gas Lieutenant Lantern

23. Signature W. B. Lansdale Medical Examiner M.D.
Date signed 8/3/39

0235

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

468 Registered No. E 60235

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Balt City Hosp.
(c) Hospital or institution.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1317 W 42nd St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Alice Jones
(b) If veteran, name war
(c) Social Security Account No.

4. Sex Female | 5. Color or race white | 6 (a) Single, married, widowed, or divorced widowed.
(b) Name of husband or wife Elisha Jones
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 29, 1863

AGE: Years 75 | Months 11 | Days 4 | If less than one day hr. min

8. Birthplace maryland (Town, county, and state)

9. Usual Occupation housework
10. Industry or business

11. Name of father Jacob Cattrider
12. Birthplace md.
13. Maiden Name of mother Anna M. Sellers
14. Birthplace md.

15. (a) Informant Mrs. Elva Powell
(b) Address 1317 W 42nd St

16. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 5 1939 (month) (day) (year)
(c) Cemetery or crematory St Mary's Hampden
Location Roland Ave

17. (a) Funeral director Ehrenfeld
(b) Address 3615 Greenmount Ave

18. (a) Filed (Registrar) AUG 4 1939 (b) Registrar Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/3/39 19 , at 10 am M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Cancer of Stomach with metastases to brain — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence None
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. W. Vandenhoff M.D. (Medical Examiner)
Date signed 8/3/39

60236 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 60236

CERTIFICATE OF DEATH

957

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. 4 mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Edgar M. Peterson Sr

(a) Residence: No. 1120 Cleveland St St., 21-2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine B.

6. DATE OF BIRTH (month, day, year) Mar 4. 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	4	2928	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bureau Water Supply

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation Ret.

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Charles A Peterson

14. BIRTHPLACE (city or town) (State or country) Sweden

15. MAIDEN NAME Susan Kingfisch

16. BIRTHPLACE (city or town) (State or country) Caroline County, Maryland

17. INFORMANT Edgar M. Peterson (son)
(Address) 1439 Griffis Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Aug 5, 1939

19. UNDERTAKER Mr & Mrs. John W. Turpin & Son
(Address) 801 W. Fayette St

FILED 1939 By Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from August 1, 1939, to August 2, 1939.

I last saw him alive on August 2, 1939. Death is said to have occurred on the date stated above, at 10:15 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophic Cardiovascular Disease	
Arteriosclerotic Heart Disease	
Uremia	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical | Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) John M. Coughlan M. D.

(Address) Church Home & Infirmary

60237 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46B F 60237

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St. 2-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR —

2. FULL NAME Mr. Albert Simms

(a) Residence: No. 2002 Portugal St., — Ward. Res. Sec. No. 218-09-90

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mrs. Minnie Simms.

6. DATE OF BIRTH (month, day, year) Nov. 15 1902

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	8	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oiler 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Garment mfg. plant

10. Date deceased last worked at this occupation (month and year) 1938

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

13. NAME Albert Simms.

14. BIRTHPLACE (city or town) (State or country) Ohio

15. MAIDEN NAME Mary Coyne

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Record.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Aug 5, 1939

19. UNDERTAKER Lilly & Zeiler Co. Wolfe St.

(Address) 403 No.

FILED AUG 4 — 1939 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1939 to Aug. 2, 1939

I last saw him alive on Aug. 1, 1939. Death is said to have occurred on the date stated above, at 4:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	?
Metastasis to all organs of printoneal cavity.	?
Other contributory causes of importance: Emaciation	?

Was an operation performed? yes Date July 22, 1939

For what disease or injury? Carcinoma of stomach.

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Howard W. Jones, M. D.

(Address) Church Home & Infirmary

0238

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

23 ✓ F 60238 Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1410 Druid Hill Ave
(c) Hospital or institution

14-1

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1416 Rutter (If rural give location)
(e) If foreign born, how long in U. S. A.? years ✓

(a) FULL NAME Claudia May Johnson

(b) If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Married

(b) Name of husband or wife Alexander Johnson
6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Aug 24-1919

AGE: Years	Months	Days	If less than one day: hr	min.
19	11			

Birthplace Conaway S. C. (town, county, and state)

Usual Occupation none
Industry or business At Home

12. Name Eulise Johnson
13. Birthplace S. C.
14. Maiden Name Viola Flowers
15. Birthplace Sumter S. C.
(a) Informant Viola Johnson
(b) Address 1410 Druid Hill ave

Int Calvary
(Burial, cremation, or removal) (b) Date thereof 8-3-1939 (month) (day) (year)
(c) Cemetery or crematory Int Calvary
Location A. G. for Md
(a) Funeral director Chas N Alexander
(b) Address 120 W Fayette

8-4-1939 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-1-39 19 , at 1 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death

Pulmonary Tuberculosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
2 mo

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Conrad Acton M.D.
Medical Examiner.
Date signed 8-1-39

VS 6

60239

HEALTH DEPARTMENT—CITY OF BALTIMORE

60239

CERTIFICATE OF DEATH

943

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2017 W. Pratt St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. ... mos. ... da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME John Miller

If U. S. Veteran specify WAR .....

(a) Residence: No. 2017 W. Pratt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Miller

6. DATE OF BIRTH (month, day, year) March 2-1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wheelwright

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 1939

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME George Miller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John G. Miller Jr.
(Address) 2017 W. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Cathedral Cem. Date 8/3/39

19. UNDERTAKER George L. Lehnert & Sons Funeral Dirs.
(Address) 2101 Eutaw Pl.

20. FILED 1939 Hunting of Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19...

I last saw h... alive on ..... 19... Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	
Other contributory causes of importance:	

Was an operation performed? Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Conrad Acton ... M. D.

(Address) Asst Med Examiner

60240 HEALTH DEPARTMENT—CITY OF BALTIMORE F 60240

CERTIFICATE OF DEATH 82a

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2031 Hollins St. 20-9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... dys. How long in U. S. If of foreign birth? ... yrs. ... mos. ... dys.

If U. S. Veteran specify WAR .....

2. FULL NAME Ida M. Crawford

(a) Residence: No. 2031 Hollins St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James Franklin Crawford

6. DATE OF BIRTH (month, day, year) February 12, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	5	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0'37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Church Creek,
(State or country) Dorchester County, Md.

13. NAME John Airey

14. BIRTHPLACE (city or town) Dorchester County
(State or country) Maryland

15. MAIDEN NAME Miss Coursey

16. BIRTHPLACE (city or town) Dorchester County
(State or country) Maryland

17. INFORMANT Mrs. Margaret E. Crawford
(Address) 2031 Hollins St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date August 5, 1939

19. UNDERTAKER [illegible]
(Address) 1005 N. Baltimore St.

AUG 4 - 1939 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1937, 19... to August 2, 1939

I last saw her alive on Aug 2, 1939. Death is said to have occurred on the date stated above, at 4.44 P m.

The principal cause of death and related causes of importance were as follows:

Terminal Pneumonia — Date of onset .....
Hypertension — Arterio-sclerosis .....

Other contributory causes of importance:
Senility — Cerebral Hem.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Walter Spencer M.D. M. D.

(Address) 3603 Edmondson Ave.

F 60241

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 159

PLACE OF DEATH:
1. Baltimore City, Maryland
2. Street address
3. Hospital or institution: JOHNS HOPKINS HOSPITAL
4. Length of stay in hospital or inst. (yrs., mos., or days)
5. Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Highland, Howard, Co. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Baby Boy Carroll
(b) If veteran, name war
3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	

(b) Name of husband or wife
6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.)

AGE: Years	Months	Days	If less than one day
	1	1	hr. min.

Birthplace Maryland (Town, county, and state)

7. Usual Occupation
8. Industry or business Child

12. Name George Kosh
13. Birthplace Maryland
14. Maiden Name Helen Carroll
15. Birthplace Maryland

(a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

(a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Location JOHNS HOPKINS MEDICAL SCHOOL
AUG 4 - 1939
Commissioner of Health

(a) Funeral director
(b) Address Mrs. H. A. Moore
(a) (b) Huntington Williams
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1939, at 620 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 19 1939, to July 29 1939, and that I last saw h IM alive on July 29 1939.

Immediate cause of death Prematurity

Due to

Due to

Other Conditions jaundice
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: 1 month

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ethel Walker M. D.
Address Baltimore Date signed 7/30/39

(Date received by Registrar) AUG 4 1939

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE 60242

60242

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 935 S. Hanover St., 23 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. 10 mos. — da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Charles H. Cumberland If U. S. Veteran specify WAR

(a) Residence: No. 935 S. Hanover St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary A. Healy Cumberland

7. DATE OF BIRTH (month, day, year) Aug 22, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	11	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chicago Illinois

13. NAME John Cumberland

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Mary A. Cumberland
(Address) 935 S Hanover St.

18. BURIAL, CREMATION, OR REMOVAL
Place, Cemetery New Cathedral Aug 5, 39

19. UNDERTAKER Easton Lord
(Address) Ellicott City Md.

20. FILED AUG 4 1939 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1939 to Aug 2, 1939. Death is said to have occurred on the date stated above, at 11:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension, Arteriosclerosis	
Hemiplegia, Pneumonia	
Chronic Nephritis	

Other contributory causes of importance: Pulmonary Edema

Was an operation performed? No Date of

For what disease or injury? —

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed) Norbert O Nitsch M. D.
(Address) 2151 Arlington Ave

Inglart

60243

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95B

Registered No. F 60243

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Fayette & Calhoun

(c) Hospital or institution: Franklin Square Hosp

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltim (If outside city or town limits, write RURAL and give town)

(d) Street No. 21 E. Hamburg (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) **FULL NAME** Mrs. Katherine Inglart

(b) If veteran, name war —

3 (c) Social Security Account No. —

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fe	White	W

(b) Name of husband or wife Philip E.

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) August 3, 1867

AGE: Years	Months	Days	If less than one day: hr.	min.
72		1		

Birthplace Scotland (Town, county, and state)

Usual Occupation None

Industry or business 1937

12. Name John Grant

13. Birthplace Scotland

14. Maiden Name Mary Henderson

15. Birthplace Scotland

(a) Informant Mrs Chas Spangler

(b) Address 25 E. Hamburg

(a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 8, 39 (month) (day) (year)

(c) Cemetery or crematory Balto. Cem.

Location

(a) Funeral director Margaret G. Flynn

(b) Address 1432 Light St. Huntington Williams M.D.

AUG 4 - 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-4 1939, at 5 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-18 1939, to 8-4 1939, and that I last saw him alive on 8-4 1939.

Immediate cause of death Hypertensive Cardiovascular Disease & Cerebral Hemorrhage — Duration

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. Wallace Walker M. D.

Address 9 E. Lex. Bldg. Date signed

VS 3

60244

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 60244

PLACE OF DEATH:

(a) ~~Baltimore City~~, Maryland

(b) Street address Laurel, Md.

(c) Hospital or institution: Dead on arrival at home 7:45 P.M. 7/30/39

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Pa (b) County Philadelphia

(c) City or town Philadelphia (If outside city or town limits, write RURAL and give town)

(d) Street No. 2330 Greenwood St (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

(a) FULL NAME Richard Davis

(b) If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	

(b) Name of husband or wife

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.)

AGE: Years	Months	Days	If less than one day
	5		hr. min.

Birthplace (Town, county, and state) Penn

10. Usual Occupation

11. Industry or business

12. Name

13. Birthplace

14. Maiden Name

15. Birthplace

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Location

UNIVERSITY MEDICAL SCHOOL AUG 4 - 1939
COMMISSIONER OF HEALTH

18. (a) Funeral director Per H. A. Moore

(b) Address Huntington Williams

AUG 4 - 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-30-39 19 , at about 9:30 a.m. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Fractured skull

Due to

Due to

Other Conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Accident

(b) Date of occurrence 7-30-39

(c) Where did injury occur? Laurel Md (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? District. (Specify type of place) While at work? No

(e) Means of injury Capsized - truck abutment

23. Signature [illegible] M.D. Medical Examiner.

Date signed 7/31/39

VS 6

60245

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 174 F 60245

PLACE OF DEATH:

1. (a) Baltimore City, Maryland
   (b) Street address Provident Hospital
   (c) Hospital or institution:
2. Length of stay in hospital or inst. (yrs., mos., or days) 3 hrs!
3. Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 422 Laurens St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Sam Mitchell

(b) If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	

(b) Name of husband or wife

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.)

AGE: Years	Months	Days	If less than one day hr.	min.
66				

Birthplace (Town, county, and state)

8. Usual Occupation
9. Industry or business

12. Name
13. Birthplace
14. Maiden Name
15. Birthplace

(a) Informant
(b) Address

(a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location

(a) Funeral director
(b) Address

AUG 4 - 1939
(Date rec'd by registrar)

MEDICAL CERTIFICATION 3:12 P.M.

20. DATE OF DEATH 7/29/39 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Subarachnoid hemorrhage	
Exsanguination	
Due to Alcoholic intoxication	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 7/29/39
(c) Where did injury occur? Home - Baltimore Baltimore Md
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Subarachnoid hemorrhage - exsanguination

23. Signature H. A. Moore M.D.
Medical Examiner
Date signed 7/30/39

HOWARD MEDICAL SCHOOL AUG 4 - 1939

Commissioner of Health

Per H. A. Moore
Huntington Williams
Registrar

41969

VS 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60246

CERTIFICATE OF DEATH

126 F 60246

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2614 E. Hoffman St. St., 8-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Andrew C. White

(a) Residence: No. 2614 E. Hoffman St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of of Alice M. White

7. DATE OF BIRTH (month, day, year) Feb.-7-1883

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56Yrs.	1 Mo.	1 day	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Charles G. White

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Carrie Kimmerline

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Alice M. White

(Address) 2614 E. Hoffman St.

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Cem. Date Aug.-5-1939 19

Place

19. UNDERTAKER Henry Hoeck & Sons Inc

(Address) 1201 E. Eager St

AUG 4 - 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug.-3-1939 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 7 1939 to Aug 3 1939

that I saw h[illegible] alive on Aug 3 1939 Death is said to have occurred on the date stated above, at 2 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	7/27/39
Cerebral Hemorrhage	7/27/39
Contributory causes of importance: Pulmonary Oedema	8/2/39

Was an operation performed? No Date of 1939

For what disease or injury?

Nature of operation

What was confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James J. Rutenberg M. D.

(Address) 721 McCulloh St

247

Case No. 39980 dk

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

23 ✓ F 60247 Registered No.

PLACE OF DEATH:

1) Baltimore City, Maryland

2) Street address Baltimore, Maryland

3) Hospital or institution: Baltimore City Hospitals

4) Length of stay in hospital or inst. (yrs., mos., or days) 7 18

5) Length of stay in Baltimore (yrs., mos., or days) life

8-6

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1703 N. Register St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

✓

(a) **FULL NAME** Carroll Patrick Brown

(b) If veteran, name war None

3 (c) Social Security Account No. 213-03-3895

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

(b) Name of husband or wife Helen G. Brown

6 (c) If alive, give age 31 years

Birth date of deceased (mo., day, yr.) 3/18/08

AGE: Years	Months	Days	If less than one day
31	4	15	hr. min.

Birthplace Maryland (Town, county, and state)

10. Usual Occupation Machinist 1031

11. Industry or business

12. Name Walter Brown

13. Birthplace Baltimore Maryland

14. Maiden Name Marie Mullen

15. Birthplace Baltimore Maryland

16 (a) Informant B. C. H. Records

(b) Address

17 (a) Burial (b) Date thereof Aug 7-1939

(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Baltimore

Location Baltimore, Md.

18 (a) Funeral director Wm. J. Leebrandtown

(b) Address North & Pa Ave

19 Filed AUG 4 - 1939 Registrar

Attended by Huntington Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 3 1939 6:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 27 1938 to Aug 3 1939, and that I last saw h[illegible] alive on Aug 3 1939.

Immediate cause of death Tuberculosis of the Lungs — Duration Aug 1936

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Edna [illegible] Bal City Hosp

Address Date signed 8/3/39

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 60248 82a F 60248

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2246 Bank St., 1-5 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Thomas P. Doughney

(a) Residence: No. 2246 Bank St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mal	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mary Mc. Donough Stoughney

6. DATE OF BIRTH (month, day, year) Sept 6, 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70 71	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1020

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Michael Roughney

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Margaret Cosgrove

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Ronald Doughney

(Address) 2246 Bank St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date Aug 5, 1939

19. UNDERTAKER Frank V. Pupitone

(Address) 2818 E. Baltimore St.

20. FILED AUG 4 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1939, to Aug 3, 1939. I last saw him alive on Aug 3, 1939. Death is said to have occurred on the date stated above, at 1:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia	Feb. 1939
Other contributory causes of importance: Arteriosclerosis	over

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Jos L. Valentine & G. M. D.

(Address) 6 N. Broadway

60249

BALTIMORE CITY HEALTH DEPARTMENT 533

CERTIFICATE OF DEATH

Registered No. F 60249

PLACE OF DEATH:

a) Baltimore City, Maryland

b) Street address Fayette & Payson Sts.

c) Hospital or institution: Bon Secour Hospital

d) Length of stay in hospital or inst. (yrs., mos., or days) 5 DAYS

e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1126 Forest St. (If rural give location)

(e) If foreign born, how long in U. S. A.? 60 yrs. years

1 (a) FULL NAME Mary Ann Casserly

(b) If veteran, name war No

3 (c) Social Security Account No. No

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

(b) Name of husband or wife Single

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) June 8, 1862

AGE: Years	Months	Days	If less than one day
77	1	25	hr. min.

Birthplace Ireland (Town, county, and state)

10. Usual Occupation none

11. Industry or business —

12. Name Byrne Casserly

13. Birthplace Ireland

14. Maiden Name Catherine McDermott

15. Birthplace Ireland

16. (a) Informant Miss Casserly (niece)

(b) Address 725 E. Biddle St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 7, 1939 (month) (day) (year)

(c) Cemetery or crematory New Cathedral Cemetery

Location Old Frederick Rd

18. (a) Funeral director Elmer W. Conklin & Son

(b) Address 924 E. Eager St.

19. (a) [illegible] (b) Huntington Williams Registrar

(Date rec'd by Registrar) AUG 4 - 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 3rd 1939, at 10 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-31 1939, to 8-4 1939, and that I last saw her alive on 8-4 1939.

Immediate cause of death thrombosis inferior vena cava & portal vein

Due to carcinoma of bladder with metastases to lymphatics, liver, & gall bladder.

Due to

Other Conditions pyonephrosis & pyoureter right.

(Include pregnancy within 2 months of death)

Major findings:

Of operations

Of autopsy

Duration
over

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify) While at work?

(e) Means of injury

23. Signature J. M. Collins M. D.

Address Bon Secour Hospital Date signed 8-3-39

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60250

F 60250

CERTIFICATE OF DEATH

463

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 214 N. Luzerne Ave Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2. FULL NAME Marion E. Robier If U. S. Veteran specify WAR No.

(a) Residence: No. 214 N. Luzerne Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) Jan 1, 1858

8. AGE — Years: 81 — Months: 7 — Days: 21 — If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Thomas M. Robier

14. BIRTHPLACE (city or town) (State or country) Richmond Va

15. MAIDEN NAME Hannah M. Parrott

16. BIRTHPLACE (city or town) (State or country) Easton Md

17. INFORMANT Florence Robier

(Address) 214 N. Luzerne Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Pk Date Aug 5, 1939

19. UNDERTAKER Durward L. Covington

(Address) 21 W 25th St.

20. AUG 5 - 1939 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1939 to Aug 2, 1939

I last saw h[illegible] alive on Aug 2, 1939 Death is said to have occurred on the date stated above, at 6:30 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Carcinoma Stomach	?
Other contributory causes of importance: Mitral Stenosis	?

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Bruce M. Condon M. D.

(Address) 3707 Gatewood Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60251.

CERTIFICATE OF DEATH

97

60251

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1516 Mt. Royal Ave (Ward) 14th

Length of residence in city or town where death occurred 67 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Spilman

(a) Residence: No. 1516 Mt. Royal Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Helene Spilman

DATE OF BIRTH (month, day, year) June 11, 1871

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	1	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Broker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stocks & Bonds

10. Date deceased last worked at this occupation (month and year) Aug 4, 1939

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Charles Spilman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Helene Spilman

(Address) 1516 Mt. Royal Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Pk Date Aug 5, 1939

19. UNDERTAKER Howard D. Crimpton

(Address) 21 W. 25th St.

AUG 5 1939 Huntington, W. Va. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 1925, to Aug 3, 1939

I last saw h[illegible] alive on Aug 2, 1939. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral arteriosclerosis	1937
Other contributory causes of importance:	
Chronic nephritis	1935
b.	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Howard Huntington M. D.

(Address) 810 Eutaw St.

Case No. 46877 dk

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1223

Registered No. F 60252

~~60252~~

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Maryland
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 45/50 years

5-2

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1114 Orleans St. (If rural give location)
(e) If foreign born, how long in U. S. A? years

3. (a) FULL NAME George Blake
(b) If veteran, name war
3 (c) Social Security Account No.
4. Sex Male
5. Color or race Black
6 (a) Single, married, widowed, or divorced. Widowed
(b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 8/13/80
8. AGE: Years 58 | Months 11 | Days 20 | If less than one day hr. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Oyster Opener
11. Industry or business

0049

12. Name Thomas
13. Birthplace Maryland
14. Maiden Name Sarah Drummon
15. Birthplace Maryland
16. (a) Informant B. C. H. Records
(b) Address
17. (a) (Burial, cremation, or removal)
(b) Date thereof 8/7/39 (month) (day) (year)
(c) Cemetery or crematory Woodbury
Location Eastern Ave
18. (a) Funeral director John W Henderson
(b) Address 936 Eden st
19. (Date received by registrar) AUG 5 - 1939 Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-3 1939, at 5:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-26 1939, to 8-3 1939, and that I last saw h/ in alive on 8-3 1939.

Immediate cause of death: Paralytic ileus and Bronchial pneumonia — Duration: few days
Due to Urinary retention — few days
Due to Urethral strictures and peri-urethral abscess - etiology unknown — ?
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations Urinary retention and peri urethral abscess
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L K Woodward Jr M. D.
Address Balto city Hosp. Date signed 8-3-39

VS 3

F 60253

0253

BALTIMORE CITY HEALTH DEPARTMENT 953 Registered No.

CERTIFICATE OF DEATH

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 421 N. Central Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 1/2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 421 N. Central Ave. (If rural give location)
(e) If foreign born, how long in U. S. A? years

(a) FULL NAME Helen Hall

(b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Married

(b) Name of husband or wife Jesse Hall

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 20, 1896

AGE: Years 43 | Months | Days 13 | If less than one day hr min

8. Birthplace Md. (Town, county, and state)

10. Usual Occupation Housewife 1037
11. Industry or business

12. Name Brouwer
13. Birthplace Md.
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Jesse Hall
(b) Address 421 W. Central Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/5/39 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Md.

18 (a) Funeral director Joseph L. Young
(b) Address 804 W. Caroline St.

19 (a) AUG 5 - 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATION 5:30 P.M.

20. DATE OF DEATH 8/3/39 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said I (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death — Duration

Due to Idiopathic hypertension
Cardiac hypertrophy
Pulmonary Edema

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. DeVandeSluft M.D.
Medical Examiner
Date signed 8/3/39

VS 6

54

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107a

✓ F 60254

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 335 Forest St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
5-2 (d) Street No. 335 Forrest St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years ✓

(a) FULL NAME Charley Wright.
(b) If veteran, name war none
3 (c) Social Security Account No.

4. Sex female 5. Color or race Col 6 (a) Single, married, widowed, or divorced widowed

(b) Name of husband or wife Dec'd (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1868

AGE: Years 71 Months — Days — If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Domestic 0070
11. Industry or business Unknown

12. Name
13. Birthplace
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Robert Bratton
(b) Address 935 Forrest St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/3/39 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location
18 (a) Funeral director Roberts Funeral Home
(b) Address 804 W. Caroline St.
19 Date 8-3 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1939 at 3:30 P M

21. I certify that death occurred on the date above stated, that I attended deceased from July 29 1939 to July 31 1939, and that I last saw her alive on July 31 1939.

Immediate cause of death Acute Bronchitis (Pneumonia) Duration 2 days

Due to (Pneumonia) Duration 2 days

Due to (Opium) Duration

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Address 80 Forrest St Date signed 8-3-39

VS 3

60255

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107a

Registered Number 60255

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 307 Edgevale Road

(c) Hospital or institution:

2 7 3

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 45 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County ------

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 307 Edgevale Road (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

(a) FULL NAME Florence Price Dryden

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widowed

(b) Name of husband or wife Franklin W. Dryden

6 (c) If alive, give age ..... years

Birth date of deceased (mo., day, yr.) March 3, 1859

AGE: Years 80 | Months 5 | Days 1 | If less than one day: hr. ..... min.

9. Birthplace Charles County, Maryland (Town, county, and state)

10. Usual Occupation Housewife (retired)

11. Industry or business

12. Name Dr. Thomas C. Price

13. Birthplace Maryland

14. Maiden Name Ellen M. Dyson

15. Birthplace Charles County, Md.

16 (a) Informant Mr. Thomas P. Dryden

(b) Address 6212 Blackburn Lane, Cedarcroft

17 (a) burial (Burial, cremation, or removal) (b) Date thereof Aug. 7, 1939 (month) (day) (year)

(c) Cemetery ~~Cremation~~ Druid Ridge

Location Pikesville, Md.

18 (a) Funeral director John C. Mitchell & Sons Inc. per MBM

(b) Address 1906 Eutaw Place

19 AUG 5 - 1939 Huntington Williams, Registrar

(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH August 4 1939, at 1407 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 31 1939, to Aug 4 1939, and that I last saw her alive on Aug 4. 1939.

Immediate cause of death: Broncho-Pneumonia — Duration 5 days

Due to Senile Arteriosclerosis

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:

Of operations No -

Of autopsy No -

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide No

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?

(e) Means of injury —

23. Signature M. Gibson Porter M. D.

Address 4822 Roland Ave Date signed 8/4/39

VS 3

F 60256

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

823 Registered No.

PLACE OF DEATH:

1. Baltimore City, Maryland
   Street address 18 N. Castle St.
   Hospital or institution:

Length of stay in hospital or inst. (yrs., mos., or days)

Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. 18 N. Castle St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Anna Sterner

(b) If veteran, name war

(c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Widowed

(b) Name of husband or wife John

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) May 19 1857

AGE: Years	Months	Days	If less than one day hr.	min.
82	2	15		

Birthplace Balto. (Town, county and state)

Usual Occupation At Home

Industry or business

12. Name Martin Yeager

13. Birthplace Germany

14. Maiden Name Rose ?

15. Birthplace Germany

(a) Informant Elizabeth Kapstain

(b) Address 210 N. Castle St.

(a) Burial (Burial, cremation, or removal) (b) Date thereof 8/7/39 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Rd.

(a) Funeral director Martin W. E. Oppel

Address 37 S. Carey St.

AUG 5 - 1939 (Date rec'd by registrar)

(a) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 4 1939, at 1 50 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 4 1938 to Aug. 4 1939.

and that I last saw h alive on Aug. 4 1939.

Immediate cause of death Cerebral Apoplexy

Due to Cerebral arterio-sclerosis + Hypertension

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy

Duration 2 wks. ?

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible]

Address 700 E. Baltimore Date signed 8/11/39

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 121 E 60257

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 7-
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 33 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Fla (b) County
(c) City or town Daytona Beach (If outside city or town limits, write RURAL and give town)
(d) Street No. 709 Mulberry St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Dixie Patterson

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex female | 5. Color or race white | 6 (a) Single, married, widowed, or divorced Widow

(b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-18-01

8. AGE: Years 38 | Months 9 | Days 17 | If less than one day hr. min.

9. Birthplace Mulberry Mo (Town, county, and state)

10. Usual Occupation Waitress

11. Industry or business Hotel

12. Name John Scott

13. Birthplace Mo

14. Maiden Name Mollie Grimstead

15. Birthplace Mo

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-5-39 (month) (day) (year)

(c) Cemetery or crematory Daytona Beach Fla

Location

18 (a) Funeral director John Uffel

(b) Address 2008 Orleans

AUG 5 1939 Huntington Williams M.D. Registrar

Date received by local registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 5 1939, at 7 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 3 1939 to Aug 5 1939 and that I last saw her alive on Aug 5 1939.

Immediate cause of death Chronic nephritis — Duration 1 yr

Due to

Due to

Other Conditions Hypertensive Cardio vascular disease (Include pregnancy within 3 months of death) — ?

Major findings:
Of operations
Of autopsy None performed

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward W. Berg M.D.

Address Johns Hopkins Hosp Date signed 8/5/39

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121 F 60258

F 60258

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Dunkus

If U. S. Veteran specify WAR

Social Security No. 215-09-2321

(a) Residence: No. 1249 Glyndon Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

4a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Dunkus

6. DATE OF BIRTH (month, day, year) Sept 3 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailoress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1080

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lith

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Lith

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Lith

17. INFORMANT Anna Dunkus

(Address) 1249 Glyndon Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Aug 7 1939

19. UNDERTAKER Joseph Kasmykas Jr.

(Address) 1602 Washington Blvd.

20. AUG 5 - 1939 Hunting for Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from August 2, 1939 to August 4, 1939

I last saw her alive on August 4, 1939. Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

Thrombosis of Omentum — 8/1/39

Chronic appendicitis

Other contributory causes of importance:

Pulmonary Embolus — Aug 4

Was an operation performed? Yes Date of August 3, 1939

For what disease or injury? Thrombosis of Omentum

Name of operation Resection of Omentum, Appendectomy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify

(Signed) Irene O Klemkowski M. D.

(Address) Maryland General Hospital

60252 / 36745 2

Hulda Elsner

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

121

Registered No. F 60259

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 7-5

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Howard

(c) City or town Churchville (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Hulda Elsner

(b) If veteran, name war

3 (c) Social Security Account No.

Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Widow

(b) Name of husband George Elsner

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) 10-5-80

AGE: Years 58 Months 10 Days If less than one day hr. min.

Birthplace Md (Town, county, and state)

Usual Occupation H-Wife

Industry or business

12. Name John Glassman

13. Birthplace Germany

14. Maiden Name Marie Wheeler

15. Birthplace Germany

(a) Informant Records

(b) Address JOHNS HOPKINS HOSP.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 5, 1939 (month) (day) (year)

(c) Cemetery or crematory Lutheran

Location Aberdeen Md

18 (a) Funeral director Henry Fleming Jones

(b) Address Aberdeen Md

19 (a) Filed AUG 5 1939 (b) Registrar Hunter Williams M.D.

(Date to be written)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 5 1939 at 3.48 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 2 1939 to Aug 5 1939.

and that I last saw her alive on Aug 5 1939.

Immediate cause of death generalized peritonitis — Duration 7 days

Due to Perforated Appendix

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations Perforated Appendix Peritonitis

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Charles E. Graham M. D.

Address Date signed Aug 5

VS 3

F 60260

0260 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

59

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 432 N. Lakewood Ave St., 6-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Laura Wright

(a) Residence: No. 432 N. Lakewood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Samuel Wright

6. DATE OF BIRTH (month, day, year) July 3, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	1	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lancaster
(State or country) Va.

13. NAME John W. George

14. BIRTHPLACE (city or town) Virginia
(State or country)

15. MAIDEN NAME Susan A. ?

16. BIRTHPLACE (city or town) Virginia
(State or country)

17. INFORMANT Mr. Crawford
(Address) 432 N. Lakewood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date Aug. 7, 1939

19. UNDERTAKER Louis Heemann and Son
(Address) 32 S. Broadway

Rec. AUG 5 - 1939 19 Huntington Williamsport

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from 4/10, 1939 to aug 4, 1939
I last saw her alive on aug 4, 1939 Death is said to have occurred on the date stated above, at 5 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	2 yr
Nephritis	
Other contributory causes of importance: none	

Was an operation performed? no Date of —
For what disease or injury? —
Name of operation —
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 19....
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) A. A. Kearney M. D.
(Address) 432 N. Lakewood Ave

0261

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 60261

498 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2737 E. Monument St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2736 E Monument St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Mary Jane Pitman

(b) If veteran, name war ~~---~~

3 (c) Social Security Account No. none

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

(b) Name of husband ~~or wife~~ John H. Pitman

6 (c) If alive, give age ~~dead~~ years

7. Birth date of deceased (mo., day, yr.) March 23, 1872

AGE: Years 67 ~~---~~ Months 4 Days 10 If less than one day hr. min.

8. Birthplace New York, N.Y. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

12. Name John Moore

13. Birthplace New York

14. Maiden Name Unknown

15. Birthplace unknown

16 (a) Informant Wm Pitman

(b) Address 2214 Hennemann Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 7, 39 (month) (day) (year)

(c) Cemetery or crematory London Park Cem

Location Frederick Rd (Lot 359 Section Maple)

18 (a) Funeral director Wilton Schilling

(b) Address 1122 E Monument St Balto. Md

19 (a) [illegible] (b) Hunting [illegible]

AUG 5 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 3 1939, at 6.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 10 1936, to Aug 3 1939, and that I last saw her alive on Aug 3 1939.

Immediate cause of death Basal cell Carcinoma of right Bartholins Gland

Duration 3½ yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Same as above

Of operations Bon Secours Hosp. 4/20/36

Of autopsy ✓

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph Pokorny M.D.

Address 2200 E Madison St Date signed 8/4/39 M. D.

262

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 Registered No. F 60262

PLACE OF DEATH:

1) Baltimore City, Maryland

2) Street address 716 N. Bond St

3) Hospital or institution:

4) Length of stay in hospital or inst. (yrs., mos., or days)

5) Length of stay in Baltimore (yrs., mos., or days) 70 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 716 N. Bond St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

1. (a) FULL NAME Emma White

(b) If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	widowed

6 (b) Name of husband or wife Laban W. White

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) 1860

AGE: Years	Months	Days	If less than one day
79 78			hr. min.

Birthplace St. Mary's Co. Md. (Town, county, and state)

8. Usual Occupation poultry dealer

9. Industry or business 0045

12. Name unknown

13. Birthplace

14. Maiden Name Ann Cole

15. Birthplace St. Mary's Co. Md.

16. (a) Informant Mrs B. Williams

(b) Address 715 N. Bond St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 6-39 (month) (day) (year)

(c) Cemetery or crematory Arbutus Memorial Pk

Location Arbutus Md

18. (a) Funeral director Robert F. Wiggin

(b) Address 1515 McElderry St

19. (a) Date received by registrar (b) Registrar

1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 7·30 1939 at 10 05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5·27 1939 to 7·30 1939 and that I last saw her alive on 7·29 1939.

Immediate cause of death	Duration
Hypertensive heart disease	5 yrs
Due to chr. interstitial nephritis	5 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature M. D.

Address 1500 E. Madison St Date signed 8·2·39

263

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 60263

CERTIFICATE OF DEATH

82a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 612 N Central Avenue St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Georgianna Lawrence

If U. S. Veteran specify WAR

(a) Residence: No. 612 N Central ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
68			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME OF FATHER James Thomas

14. BIRTHPLACE (city or town) (State or country) Balto, city

15. MAIDEN NAME OF MOTHER Unknown

16. BIRTHPLACE (city or town) (State or country) Balto city

17. INFORMANT Rebecca Harris

(Address) 612 N Central avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem. Date Aug 7 1939

19. UNDERTAKER Robert T Williams

(Address) 1510 W Lafayette Ave

20. FILED AUG 5 1939 Huntington Williams Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 2 1939

22. I HEREBY CERTIFY, That I attended deceased from July 18 1939 to Aug 2 1939

I last saw her alive on Aug 2 1939 Death is said to have occurred on the date stated above, at 12.05 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	8-1-39
Other contributory causes of importance: Arterio-Sclerosis	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Edward Fisher M. D.

(Address) 1612 E. Monument St

60264

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183 ✓ Registered No. F 60264

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4th & Chesapeake
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 1315 W Lanvale (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3. (a) FULL NAME Thomas Bailey
(b) If veteran, name war
(c) Social Security Account No. 212-14-1335
4. Sex M
5. Color or race C
6. (a) Single, married, widowed, or divorced married
(b) Name of husband or wife Dolores
(c) If alive, give age 18 years
7. Birth date of deceased (mo., day, yr.) 12/13/20
8. AGE: Years 18 Months 7 Days 18 If less than one day hr. min.
9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Porter 0070
11. Industry or business
12. Name Thomas W Bailey
13. Birthplace Balto Md
14. Maiden Name Ella Bailey
15. Birthplace Balto Md
16. (a) Informant Thomas W Bailey
(b) Address 1315 Lanvale St
17. (a) (Burial, cremation, or removal)
(b) Date thereof Aug 6 1939 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto Md
18. (a) Funeral director Isaiah L Brown Son
(b) Address 1080 Montgomery St
Huntington Williams M.D.
19. (a) (Date rec'd by registrar) AUG 5 - 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-1-39 19 , at 6 P M
21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Drowning — Duration

Due to

Due to

Other Conditions contusions of head

(Include pregnancy within 3 months of death)

Major findings:
Of operations /
Of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ?
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Conrad Acton M.D. Medical Examiner
Date signed 8-2-39

60265

OK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

953

47076 F 60265

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore Maryland

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1331 w. Pratt st. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

953

(a) FULL NAME Wm Edward Henry Bruchey

(b) If veteran, name war No

3 (c) Social Security Account No. 219-07-1117

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Single

(b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ~~8x~~ 7-27-21

AGE: Years	Months	Days	If less than one day
18	0	7	hr. min.

8. Birthplace Baltimore, Md. (Town, county, and state) 1086

10. Usual Occupation

11. Industry or business Newspapers

12. Name Frank Bruchey

13. Birthplace Balto.

14. Maiden Name Elizabeth Metzler

15. Birthplace Balto.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 7 '39 (month) (day) (year)

(c) Cemetery or crematory Western

Location Baltimore, Md.

18 (a) Funeral director Fred G. Cole

(b) Address 1200 W. Lombard St.

19 (a) Date rec'd by registrar AUG 5 1939 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 4 1939, at 5 09 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 8-1-39 19 , to 8-4 1939, and that I last saw h alive on 8-4 1939.

Immediate cause of death: Congestive Heart Failure — Duration: 5 months

Due to: Rheumatic Heart Disease — Duration: 6 years

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Enlarged rheumatic heart & congestion

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [signature] M. D.

Address Balto City Hosp Date signed 8-4-39

Registrar

VS 3

60266

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 60266

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St. Agnes Hospital
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days 25
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town (or outside city or town limits, write RURAL and give town) Owings Mills
Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. (a) FULL NAME Mary Louella Harrison
(b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Fe | 5. Color or race wh | 6 (a) Single, married, widowed, or divorced Single

(b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 29, 1937

AGE: Years	Months	Days	If less than one day hr	min
1	10	5		

8. Birthplace Owings Mills, Balto Co., Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business

12. Name Beverly Harrison
13. Birthplace md.
14. Maiden Name Jeannette Paddy
15. Birthplace md

16. (a) Informant Mrs. Glenn Gaugh
(b) Address Ellicott City Md

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 7 1939 (month) (day) (year)
(c) Cemetery or crematory St Johns Cem.
Location Ellicott City Md.

18. (a) Funeral director F.C. Higinbotham Jr
(b) Address Ellicott City Md

19. AUG 5 - 1939 (Date rec'd by registrar) Huntington Hillendale Baltimore

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-4 1939, at 6.15 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Fracture of skull Cerebral & Concussion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Elevation & fragments of fracture
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 8/1/39
(c) Where did injury occur? Owings Mills Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? In front the road. While at work? No (Specify type of place)
(e) Means of injury. Struck by auto car

23. Signature [illegible] M.D. Medical Examiner
Date signed 8/2/39

VS 6

60267

HEALTH DEPARTMENT—CITY OF BALTIMORE

60267

CERTIFICATE OF DEATH

7 82-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. [illegible] Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Alice Wilson

(a) Residence: No. Ridge Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Wilson

6. DATE OF BIRTH (month, day, year) Sept 1879

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
59	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia Maryland

FATHER

13. NAME William Green

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Anna Lumpkins

16. BIRTHPLACE (city or town) (State or country) St Mary's Co. Md.

17. INFORMANT Fay Lucado

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's Ct. Date 8/6 1939

19. UNDERTAKER C L Robinson

(Address) Bowie Md

20. FILED Huntingtown Williamsport

Registrar.

8 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 4, 19 39 to Aug 5, 19 39

I last saw her alive on Aug 5, 19 39 Death is said to have occurred on the date stated above, at 11 45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	8/4/39
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph E. Schenthal M. D.

(Address) Mercy Hospital

F 60268

36923

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3809 Hickory av (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Dora Henderson
(b) If veteran, name war
3 (c) Social Security Account No.
4. Sex female
5. Color or race white
6 (a) Single, married, widowed, or divorced Married
(b) Name of husband or wife John
6 (c) If wife, give age years
7. Birth date of deceased (mo., day, yr.) 2-9-72
AGE: Years 67 Months 5 Days 25 If less than one day hr. min.
8. Birthplace Va (Town, county, and state)
9. Usual Occupation Housewife
10. Industry or business
11. Name John Phillips
12. Birthplace Va
13. Maiden Name Margaret
14. Birthplace Va
15. (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL
16. (a) Burial, cremation or removal Stanley Va (b) Date thereof (month) Aug (day) 7 (year) 39
(c) Cemetery or crematory
Location Stanley Virginia
17. (a) Funeral director McElligan Bros
(b) Address 1217 St Paul Street
(c) Date received by Registrar Aug 7 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 4 1939 at 7.40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 21 1939 to Aug 4 1939. and that I last saw h alive on Aug 4 1939.

	Duration
Immediate cause of death ~~Heart~~ ~~failure~~ with pulmonary oedema	2 Weeks
Due to Arteriosclerotic heart disease	8 years
Due to Diabetes	5 years
Other Conditions Diabetes	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy See above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Palmer H. Futcher M. D.
Address Johns Hopkins Hosp. Date signed Aug 5 39

VS 3

F 60269

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

20149 SD Registered No. F 60269

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2½ yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Since 1902

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4312 Edgewood Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John B. Haynie
(b) If veteran, name war
3 (c) Social Security Account No.
4. Sex M
5. Color or race White
6 (a) Single, married, widowed, or divorced. Single
(b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 6/7/60
AGE: Years 79 Months 1 Days 25 If less than one day hr. min.
9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

12. Name deceased
13. Birthplace
14. Maiden Name deceased
15. Birthplace

16 (a) Informant Records
(b) Address Baltimore City Hospitals
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 4/1939 (month) (day) (year)
(c) Cemetery or crematory Bethel
Location Lancaster Co Va
18 (a) Funeral director Harry R Amacost
(b) Address 4204 Edgewood Ave
19 (a) (Date received by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 2 1939, at 9:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 8 1937 to August 2 1939, and that I last saw h alive on August 2 1939.

Immediate cause of death: Gastric Hemorrhage — Duration: 12 hours
Due to: Carcinoma of the Stomach — Duration: 2 years
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D B Veitt M. D.
Address Balto City Hospitals Date signed 8-2-39

60270 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 60270

CERTIFICATE OF DEATH

Registered No. 4 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 306 W. Preston St. 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lillian Mayo

(a) Residence: No. 306 W. Preston St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Married

5a. If married, widowed, or divorced (HUSBAND of) (or) WIFE of Cicero Mayo

6. DATE OF BIRTH (month, day, year) Nov. 6, 1919

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	19	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife (no?)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Magnolia Md.

FATHER

13. NAME Johnson, Gilbert

14. BIRTHPLACE (city or town) (State or country) Magnolia Md

MOTHER

15. MAIDEN NAME Aussie Johnson

16. BIRTHPLACE (city or town) (State or country) Magnolia Md.

17. INFORMANT Theresa Mayo

(Address) 306 W. Preston St

18. BURIAL, CREMATION, OR REMOVAL

Place Magnolia Md. 8-6-39

19. UNDERTAKER Alphonso Hubbard

(Address) 1218 Druid Hill Ave

20. FILED ..... 19.....

8-6-1939 Registrar. Hunter Jos Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1939, to Aug 3, 1939

I last saw her alive on Aug 3 - 1939 Death is said to have occurred on the date stated above, at 4.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute endocarditis	5-18-39

Other contributory causes of importance:

Rheumatic arthritis
Dry pleurisy & pulmonary T.B.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Chas Pendleton M. D.

(Address) 1632 Druid Hill Ave.

60271

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 60271

Registered No. 30

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 307 S. Chester St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 307 S. Chester St. (If rural give location)

(e) If foreign born, how long in U. S. A? years

(a) FULL NAME Letticha E. Ludwig

(b) If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W.	Partial Dymna

(b) Name of husband or wife Dominick Ludwig

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Dec. 3 - 1907

AGE: Years	Months	Days	If less than one day
31	8		hr. min.

Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Housework.

11. Industry or business

12. Name John Despeaux

13. Birthplace Balto. Md.

14. Maiden Name Lena Osbourne

15. Birthplace Balto. Md.

(a) Informant Lena Despeaux

(b) Address 307 S. Chester St.

17. (a) Burial (burial, cremation, or removal) (b) Date thereof Aug. 6/39 (month) (day) (year)

(c) Cemetery or crematory Cedar Lawn Cem.

Location Eastern Ave.

18. (a) Funeral director John G. Miller

(b) Address 2033 Jefferson St.

19. (a) 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 3 1939, at 11.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 14 1936, to Aug. 3 1939, and that I last saw h alive on Aug 1939.

Immediate cause of death Renal Tuberculosis — Duration 6 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible] M. D.

Address 432 S. Patterson Ave. Date signed 8/5/39

VS 3

72
366444

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V/31

Registered No. F 60272

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1120 Low St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

(a) FULL NAME Louis Raymond
(b) If veteran, name war
3 (c) Social Security Account No.
4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. Single
(b) Name of husband or wife
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) 10-30-17
8. AGE: Years 21 Months 9 Days 5 If less than one day ____ hr. ____ min.
9. Birthplace Md. (Town, county, and state)
10. Usual Occupation fruit Dealer
11. Industry or business
12. Name Tony Raymond
13. Birthplace Md.
14. Maiden Name Josephine Carey
15. Birthplace Italy
16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/5/39 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md
18 (a) Funeral director George J Kuth Inc
(b) Address 1220 Hollins Ave.
19 (a) ____ (Date rec'd by registrar) (b) ____ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 4 1939 at 4 10 P M
21. I certify that death occurred on the date above stated; that I attended deceased from Aug 2 1939 to Aug 4 1939 and that I last saw him alive on Aug 4 1939.

Immediate cause of death: Glomerular nephritis — Duration 1½ yrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings: Of operations Nephritis
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Palmer H. Futcher M. D.
Address Johns Hopkins Hosp Date signed Aug 4 39

6 AUG 1939

VR 3

60273

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 60273 Registered No. 164

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1309 S Hanover St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1309 S. Hanover St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Maud Estella Atkinson
(b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Fe | 5. Color or race Wh | 6 (a) Single, married, widowed, or divorced Single
(b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 20 1881

AGE: Years	Months	Days	If less than one day
58	3	15	— hr. — min.

8. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

12. Name Wm B Atkinson
13. Birthplace Baltimore Md
14. Maiden Name Elizabeth Cooke
15. Birthplace Baltimore Md
16. (a) Informant Wm L. Atkinson (Nephew)
(b) Address 1737 Harford Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 7 1939 (month) (day) (year)
(c) Cemetery or crematory London Park Cem.
Location Frederick Road Balto Md
18. (a) Funeral director J. Melville Jenkins
(b) Address 1605 E Lafayette Ave

AUG 6 – 1939 Huntington Williams Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/4/39 19 . at 9 a.m. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Illuminating gas poisoning	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Non

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? Suicide
(b) Date of occurrence 8/4/39
(c) Where did injury occur? Home - 1309 S. Hanover St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No
(Specify type of place)
(e) Means of injury? Gas from open jet in toilet.

23. Signature W B Standiford M.D.
Medical Examiner
Date signed 8/5/39

F 60274

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

111-B Registered No. F 60274

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1322 Pennsylvania Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 1322 Penna Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Margaret Rollins
(b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F
5. Color or race Col
6 (a) Single, married, widowed, or divorced Married
(b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec-25-1836
8. AGE: Years 52 Months 7 Days 21 If less than one day hr. min.
9. Birthplace Caroline Co Va (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FAMILY

12. Name Alfred Reed
13. Birthplace Va
14. Maiden Name Mary Jane Wilkins
15. Birthplace Va

16. (a) Informant Carl Rollins Williams
(b) Address 2223 Penna Ave
17. (a) (Burial, cremation, or removal)
(b) Date thereof 8-8-39 (month) (day) (year)
(c) Cemetery or crematory Druid Hill Cemetery
Location
18. (a) Funeral director T. J. Brooks
(b) Address 1463 N. Gilmor St. Attending for Reliford Inc.
19. (b) 8-6-1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/5/39 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said I. (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Pulmonary edema	
Cause undetermined	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. M. Goudelock M.D.
Medical Examiner.
Date signed 8/5/39

VS 4

365029

F 60275

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-1-14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1001 1/2 Providence St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Moses Holmes

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Widowed

(b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-15-80

8. AGE: Years 59 | Months 2 | Days 18 | If less than one day: hr. min.

9. Birthplace Va (Town, county, and State)

10. Usual Occupation Butler

11. Industry or business

12. Name Henry Holmes
13. Birthplace Va
14. Maiden Name Martha Maven
15. Birthplace Va

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 6-1939 (month) (day) (year)
(c) Cemetery or crematory St Thomas Cemetery
Location Pasadena, Md.

18 (a) Funeral director W. A. Brooks
(b) Address 1463 N. Carey St.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 3 1939 at 6 20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 24 1939 to Aug 3 1939 and that I last saw him alive on Aug 3 1939.

	Duration
Immediate cause of death: CEREBRAL EMBOLUS	3 Days
Due to: ARTERIOSCLEROTIC HEART DISEASE	2 years
Due to:	
Other Conditions: ARTERIOSCLEROTIC GANGRENE, LEFT FOOT	2 mos.

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John C. Sammons
Johns Hopkins Hosp. Date signed 8/3/39

F 60276 HEALTH DEPARTMENT—CITY OF BALTIMORE F 60276

CERTIFICATE OF DEATH

✓ 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) So. Balto Genl Hospital (Street)

Registered No. 3-1936

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Clarence Oliver Klemm Jr

(a) Residence: No. 1617 Marshall St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, ~~Married, Widowed, or Divorced~~ (write the word): Single

6a. If married, widowed, or divorced — HUSBAND of — (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 21st 1925

7. AGE — Years: 13 — Months: 8 — Days: 13 — If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Scholar

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public School

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Clarence O. Klemm

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Marguerite F. Clardy

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Marguerite F. Clardy

(Address) 1617 Marshall St.

18. BURIAL, CREMATION, OR REMOVAL.

Place Oak Lawn Date 8/7 1939

19. UNDERTAKER William Cook

(Address) 1217 St. Paul St

20. FILED 19 Huntington Williams Registrar

8/6 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 4 1939

22. I HEREBY CERTIFY, That I attended deceased from 7-25-39 19 to 8-4-39 19

I last saw him alive on 8-4-39 19 Death is said to have occurred on the date stated above, at 9.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Peritonitis	7-23-
Subphrenic abscess	
Bronchopneumonia, Bilateral	

Other contributory causes of importance:

Was an operation performed? Yes Date of 7-25-39

For what disease or injury? Acute Appendicitis

Name of operation Appendectomy

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel L. Lee M. D.

(Address) So. Balto. Genl. Hosp.

60277

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-3F 60277 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2757 Fenwick Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 12 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 2757 Fenwick Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARGARET HUGHES
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Charles E. Hughes
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan. 23, 1882
8. AGE: Years 57 Months 6 Days 5 If less than one day hr. min.
9. Birthplace Elizabeth, New Jersey (Town, county, and state)
10. Usual Occupation At home.
11. Industry or business

MOTHER'S FAMILY
12. Name Wm. Rogers
13. Birthplace England
14. Maiden Name Don't know
15. Birthplace England

16 (a) Informant Mr. Charles E. Hughes
(b) Address 2757 Fenwick Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 7, 1939 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location Parkville, Md.
18 (a) Funeral director John Ullrich
(b) Address 2008 Orleans St.
(Date received) (Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 4 1939 at 4:30 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Jan 28 1937 to Aug 4 1939 and that I last saw her alive on Aug 4 1939.

Immediate cause of death
Due to Arteriosclerotic Cardio Vascular Disease with Hypertension. — Duration: Jan 1937
Due to Coronary Thrombosis — Aug 4 1939
Other Conditions

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Otho W. Edmunds, M.D.
Address 2746 Alameda Date signed 8/5/39

VS 3

Dead Arrival
H Lane Disp
Med Exam Case

F 60278

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B Registered No. C 3990

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County Cecil
(c) City or town Conowingo (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hazel Amelia Boyer

(b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Single

(b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-20-38

8. AGE: Years 1 | Months 13 | Days 16 | If less than one day: hr. min.

9. Birthplace MD (Town, county, and state)

10. Usual Occupation
11. Industry or business

12. Name Sherman Boyer
13. Birthplace

14. Maiden Name Amelia Miller
15. Birthplace

16 (a) Informant Records
(b) Address Johns Hopkins Hospital

17 (a) (Burial, cremation, or removal) (b) Date thereof 8-8-38 (month) (day) (year)
(c) Cemetery or crematory Mt Goar Md
Location Conowingo

18 (a) Funeral director J. E. Tyson
(b) Address Rising Sun Md.

19 (a) (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 6 1938 at 1 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 .
and that I last saw h alive on 19 .

Immediate cause of death: Dehydration
Dysentery
Disease or condition directly leading to death: Dead on Arrival
Onset: 1 AM 8-6-38

Duration: over

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles H. Closen M. D.
Address 1134 McElderry ST. Date signed

VS 3

60279 F 60279

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. [illegible] Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sophie Haeffner

(a) Residence: No. 413 N. Castle St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

6a. If married, widowed, or divorced: BUSBAND of (or) WIFE of Joseph W Haeffner

6. DATE OF BIRTH (month, day, year) Oct 31 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68 68	9 10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Wm Schneider

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Sophia Kemper

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT John Haeffner
(Address) 413 N Castle St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Aug 7 1939

19. UNDERTAKER John Uhlo
(Address) 2008 Orleans St

20. FILED Aug 7 1939 Huntington Williams Registrar.

Temple Fredericksburg Va

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1939 to Aug 4, 1939

I last saw her alive on Aug. 4, 1939 Death is said to have occurred on the date stated above, at 2 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal hypostatic pneumonia	7/28/39
Fracture - dislocated femur	7/1/39
shoulder	

Other contributory causes of importance:

Arteriosclerotic Cardiac disease ?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 7-1, 1939

Where did injury occur? 413 N Castle St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fall down steps

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) M. R. Turgut M. D.

(Address) St. Joseph Hosp.

Lot 1145 Woodcliff

F 60280

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-B 47121 F 60280

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3033 Barclay St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louise Timpel
(b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced. Widow
(b) Name of husband or wife Frederick
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-13-65

8. AGE: Years 73 | Months 10 | Days 21 | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

12. Name William Broesael
13. Birthplace Europe
14. Maiden Name Catherine Ebert
15. Birthplace Europe

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 7 1939 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md.

18 (a) Funeral director Mrs Chas. A. G. Rohde
(b) Address 2327 Edmondson Ave

19 (a) (Date rec'd by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH August 4 1939, at 9:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from August 3 1939, to August 4 1939, and that I last saw her alive on August 4 1939.

Immediate cause of death	Duration
General Peritonitis	1 week
Due to Ruptured duodenal ulcer	1 week
Due to	
Other Conditions Cirrhosis of the liver	unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Peritonitis, ulcer & cirrhosis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. M. Waghelstein M. D.
Address Balto City Hosp. Date signed 8-5-39

60281 F 60281

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert and 33rd St.
(c) Hospital or institution: Union Memorial
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 days
(e) Length of stay in Baltimore (yrs., mos., or days) 58 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 2501 Walpole Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

2T9

3 (a) FULL NAME Mrs Henry Julius Bothe (MATILDA H. BOTHE)
(b) If veteran, name war — 3 (c) Social Security Account No.

4. Sex FEM. | 5. Color or race WHITE | 6 (a) Single, married, widowed, or divorced. Married

(b) Name of husband ~~or wife~~ Henry Julius Bothe. (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) Dec 3, 1880

8. AGE: Years 58 | Months 8 | Days 2 | If less than one day hr. — min.

9. Birthplace Baltimore City, Md (Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business —

12. Name Ernst Hackwell
13. Birthplace Germany
14. Maiden Name Mathilde Haasloop
15. Birthplace Germany

16 (a) Informant Patient
(b) Address —

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 7 1939 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Parkwood Md

18 (a) Funeral director Mrs Chas A. G. Rohde
(b) Address 2327 Edmondson Ave

19 (a) — (b) Filed Aug 7 1939 Registrar
Date received by registrar AUG 6 1939
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 5, 1939, at 6.57 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/8/39 19 . to 8/5/39 19 , and that I last saw her alive on 8/5/39 at 19 6.55 P.M.

Immediate cause of death: Generalized ~~Carcinomatosis~~ with terminal pneumonia — Duration 3 days.
Due to —
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations Breast malignancy
General abdominal Carcinomatosis
Of autopsy No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Not due to external cause
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature Hammond Lodyan M. D.
Address Union Memorial (Date signed) 8/5/39

0282 361662

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

+ ✓ 26 F 60282 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3½ mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Calvert
(c) City or town Chesapeake Beach (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Florence Victoria Jones ✓
(b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Female
5. Color or race Black
6 (a) Single, married, widowed, or divorced. married
(b) Name of husband or wife Leon
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-14-14

8. AGE: Years 24 | Months 9 | Days 22 | If less than one day hr. min.

9. Birthplace MD (Town, county, and state)
10. Usual Occupation H.W.
11. Industry or business

12. Name William Jones md
13. Birthplace
14. Maiden Name Druscilla Emerson md
15. Birthplace

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof 8/8/39 (month) (day) (year)
(c) Cemetery or crematory G H Edmonds & Co
Location Calvert Co
18 (a) Funeral director M T Hutchins
(b) Address Owings Md

19 (a) Aug 1939 (Date received by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 6 1939, at 4:12 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 22 1939 to Aug 6 1939, and that I last saw her alive on Aug 6 1939.

Immediate cause of death: Tbc. of spine
Due to: Decubitus and Morphine
Due to: Poisoning
Due to: Empyema

Duration

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Roy Pollard
Address J. H-H. Date signed 8-6-39 M. D.

VS 3

F 60283

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 60283 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8½ days.
(e) Length of stay in Baltimore (yrs., mos., or days) 8½ days.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County St. Mary's
(c) City or town Wynne (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Campbell, Marie Lorraine.
(b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F
5. Color or race Black
6 (a) Single, married, widowed, or divorced. S
(b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 9, 1938
8. AGE: Years Months 7 Days 27 If less than one day hr. min.
9. Birthplace Baltimore (Town) Maryland. (County, and state)
10. Usual Occupation Infant
11. Industry or business

12. Name Campbell, Fairfax
13. Birthplace Maryland
14. Maiden Name Hopewell, Helen
15. Birthplace North Carolina
16 (a) Informant Campbell, Fairfax
(b) Address Wynne, St. Mary's County, Md.
17 (a) [illegible] (Burial, cremation, or removal) (b) Date thereof 8-7-39 (month) (day) (year)
(c) Cemetery or crematory Ridge
Location E. L. Johnson
18 (a) Funeral director Cameron
(b) Address [illegible]
19 Aug 1939 (Date rec'd by registrar) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 5 1939, at 8:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 28 1939. to Aug. 5 1939. and that I last saw her alive on Aug. 5 1939.

	Duration
Immediate cause of death: Meningitis	
Due to: Tubercle Bacillus	3 weeks
Due to:	
Other Conditions: Pulmonary, Miliary, Mediastinal Glandular Tbc. (Include pregnancy within 3 months of death)	Unknown

Major findings:
Of operations
Of autopsy Tbc as above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jacob Schiff Fight M. D.
Address Sydenham Hospital Date signed Aug. 6, 1939

VS 3

0284

345473

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 66-B 60284 ✓ Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Washington
(c) City or town Hagerstown (If outside city or town limits, write RURAL and give town)
(d) Street No. 845 W Washington St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Lelia Shelton
(b) If veteran, name war
(c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. MARRIED
(b) Name of husband or wife ELLIS
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-8-95

8. AGE: Years 43 | Months 11 | Days 28 | If less than one day hr. min.

9. Birthplace PENN (Town, county, and state)

10. Usual Occupation House Wife
11. Industry or business

12. Name Charles Peters
13. Birthplace Pa
14. Maiden Name Eliza Smith
15. Birthplace

16. (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17. (a) Harbaugh's C. (Burial, cremation, or removal) (b) Date thereof Aug 6 1939 (month) (day) (year)
(c) Cemetery or crematory Harbaugh
Location near Waynesboro Pa.,

18. (a) Funeral director Walter Y Grove
(b) Address Waynesboro Pa.,

19. (a) 1939 (Date rec'd by registrar) (b) Huntington Williamsport

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 6 1939. at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jul. 12 1939. to Aug 6 1939.
and that I last saw her alive on Aug 6 1939. 12 M

Immediate cause of death Hyperthyroidism — Duration 2 mo?

Due to nodular goiter — ?

Due to

Other Conditions heart failure — 2 mo?

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney Mayer Jr. M. D.
Address Johns Hopkins Hosp. Date signed 8/6/39

VS 8

60285 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 60285

L

CERTIFICATE OF DEATH

+ 114-B

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. 1 mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Harry Minnicks

(a) Residence: No. Cumberland St., ... Ward. Maryland

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Pearl Minnicks

6. DATE OF BIRTH (month, day, year) 5/1/94

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	45	2 3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Garage do

10. Date deceased last worked at this occupation (month and year) 6/1/39

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Cumberland Maryland

FATHER

13. NAME John Minnick

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth Rice

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Pearl Minnick

(Address) Cumberland Md

18. BURIAL, CREMATION, OR REMOVAL

Place Rose Hill Cumberland Date Aug. 8 1939

19. UNDERTAKER Wm. J. Tichnell & Sons

(Address) 20 N. Centre

20. FILED ..... 19.... Registrar

AUG 6 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/6/39 19

22. I HEREBY CERTIFY, That I attended deceased from 7/4/39 19.... to 8/6/39 19....

I last saw h.. alive on 8/6/39 19.... Death is said to have occurred on the date stated above, at 7 40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung abcess	7/4/39
Other contributory causes of importance: Cancer	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? X ray Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) P. F. Vollmer M. D.

(Address) Mercy Hosp

60286

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C

F 60286 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3206 Westwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3206 Westwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Gilbert Robert Busey

(b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

(b) Name of husband or wife Elizabeth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 18 1863

8. AGE: Years 75 | Months 10 | Days 17 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Retired B & O R R
11. Industry or business Conductor

12. Name Benton Busey
13. Birthplace Md.
14. Maiden Name Hannah Woolford
15. Birthplace Md

16 (a) Informant Mrs. Elizabeth Busey
(b) Address 3206 Westwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 7 1939 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md

18 (a) Funeral director Hutton & Deford & Son
(b) Address Lynch & Penna Ave

19 (a) (Date rec'd by registrar) (b) Registrar

AUG 7 - 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 5 1939, at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1938 to Aug 5 1939. and that I last saw him alive on Aug 4 1939.

Immediate cause of death Myocarditis — Duration about June 1-38

Due to

Due to

Other Conditions Arterio sclerosis ?

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? none (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury none

23. Signature Walter S Webb M. D.
Address 2220 Garrison Date signed Aug 5/39

60287

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

23

F 60287 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Court ave near 1125
(c) Hospital or institution: Welcome Alley
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 713 Bruce St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Irene Bellinger (Bell)
(b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Fe
5. Color or race Col
6 (a) Single, married, widowed, or divorced Single
(b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 10, 1894

8. AGE: Years 39 | Months 10 | Days 25 | If less than one day: hr. min.

9. Birthplace Estella S C (Town, county, and state)

10. Usual Occupation cook
11. Industry or business

12. Name John Bellinger
13. Birthplace S C
14. Maiden Name Sallie Jackson
15. Birthplace S C

16 (a) Informant Sallie Wilson
(b) Address 713 Bruce St

17 (a) (Burial, cremation, or removal) (b) Date thereof 8-8-39. (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location Baltimore Md.

18 (a) Funeral director Frances A Hemsley.
(b) Address 578 W Biddle St.

19 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION Early a.m.

20. DATE OF DEATH 8/5/39 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said I (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death — Duration

Due to Pulmonary tuberculosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence None
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm D Goode Geoff M.D. Medical Examiner.
Date signed 8/5/39

VS 6

F 60288

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C Registered No.

F 60288

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Balto md
(b) Street address or Hospital or institution: Johns Hopkins Genl Hospital 1512 N. Gilmor
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Reisterstown Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 61 52 Bond ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Estelle Smith
(b) If veteran, name war
(c) Social Security Account No.

4. Sex: female | 5. Color or race: negro | 6 (a) Single, married, widowed, or divorced: Widow
(b) Name of husband or wife Ruben A Smith Sr
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-6-1862

8. AGE: Years 76 | Months 7 | Days 28 | If less than one day: hr. min.

9. Birthplace Balto md (Town, county, and state)

10. Usual Occupation House work
11. Industry or business

12. Name John Steward
13. Birthplace Woodstock Md.
14. Maiden Name Ruth A Garrett
15. Birthplace Howard Co Md

16. (a) Informant Estelle Smith
(b) Address Reisterstown md

17. (a) (Burial, cremation, or removal) (b) Date thereof 8-7-39 (month) (day) (year)
(c) Cemetery or crematory West Liberty
Location Harford Co. Md.

18. (a) Funeral director Frances A Hemsley Jr.
(b) Address 5 7 8 N Biddle St. (Burying for Williams)

AUG 7 1939 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 4 1939, at 9:25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-26-1939, to 8-4-1939, and that I last saw h er alive on 8-4-1939.

Immediate cause of death: General Toxemia — Duration: 2

Due to: Gangrene of foot

Due to: Arterio-Sclerosis

Other Conditions: Myo Carditis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. R. Boykin M.D.
Address 1512 N. Gilmor Date signed 8/5/39

VS 3

60289

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

46950 F 60289 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 415 Pearl Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Otho Eames
(b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M
5. Color or race Colored
6 (a) Single, married, widowed, or divorced. Single
(b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 8/22/90
8. AGE: Years 48 Months 11 Days 10 If less than one day hr. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Waiter
11. Industry or business Hotel

MOTHER'S MAIDEN NAME
12. Name Charles
13. Birthplace Maryland
14. Maiden Name Mollie watkins
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimor City Hospitals
17 (a) 8-8- (Burial, cremation, or removal) (b) Date thereof 8-8-37 (month) (day) (year)
(c) Cemetery or crematory National Cem.
Location Baltimore City Md
18 (a) Funeral director Frances A. Hemsley
(b) Address 578 W Biddle St
19 (a) (Date rec'd by registrar) (b) Registrar

AUG 9 1937

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-2 1937, at 7.50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-28 1937, to 8-2 1937, and that I last saw him alive on 8-2 1937.

Immediate cause of death: Cerebral Hemorrhage — Duration: 2 days
Due to: Hypertensive cardio vascular disease — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. K. Woodward Jr. M. D.
Address Balto city Hosp. Date signed 8-2-37

60290 HEALTH DEPARTMENT—CITY OF BALTIMORE E 60290

CERTIFICATE OF DEATH

Registered No. 11-2 V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1401 N. Charles St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME George N. Taylor Social Sec. No. 213-01-0595

(a) Residence: No. 1401 N. Charles St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Taylor

6. DATE OF BIRTH (month, day, year) June 14th 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Crown Cork & Seal Co

10. Date deceased last worked at this occupation (month and year) 1935 | 11. Total time (years) spent in this occupation do

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME William Taylor

14. BIRTHPLACE (city or town) (State or country) Alabama

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mary Taylor (Address) 1409 N. Charles St.

18. BURIAL, CREMATION, OR REMOVAL Place Roseland Park Date Aug 8th 1939

19. UNDERTAKER William Cook (Address) 1217 St Paul St

Huntington Williams M.D.

AUG 7 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 5th, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1939 to Aug 5, 1939

I last saw him alive on Aug 4, 1939 Death is said to have occurred on the date stated above, at 1:50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Chronic Interstitial Nephritis Cardio vascular disease	?
Other contributory causes of importance: Pulmonary Tuberculosis Chronic	?
Anemia Secondary	?

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No - If so, specify

(Signed) Allen P. Liberty M. D.

(Address) 2939 Fox Ave City

60891

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59

F 60891

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3108 Glenmore Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State ..... (b) County .....
(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3108 Glenmore Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 20 Yrs. years

3 (a) FULL NAME Giacomina Casale
(b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Fem.
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
(b) Name of husband or wife: Giuseppe Casale
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 25 1873

8. AGE: Years 65 66 | Months 11 | Days 9 | If less than one day: hr. ..... min.

9. Birthplace Villarosa Italy (Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business

MOTHER'S NAME
12. Name Vincenzo Palmeri
13. Birthplace Villarosa Italy

FATHER'S NAME
14. Maiden Name Maria Iannello
15. Birthplace Italy

16 (a) Informant Giuseppe Casale (Husband)
(b) Address 3108 Glenmore Ave

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof 8-8-1939 (month) (day) (year)
(c) Cemetery or ~~cemetery~~ Holy Redeemer
Location Baltimore Md.

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Morley st.

19 (a) ..... (Date recd by registrar) (b) Huntington Williams Registrar

(vs) 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH August 5 1939 at 1.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 4 1938. to Aug 5 1939.
and that I last saw h alive on Aug 5 & 1939

Immediate cause of death: Chronic myocardial insuf

Duration: 2 yrs.

Due to .....

Due to .....

Other Conditions Diabetes Mellitus 13 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....

23. Signature Albert Iannuzzi
Address 4116 Northern Parkway Date signed 8/6/39 (M. D.)

60292

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60292

CERTIFICATE OF DEATH

1. PLACE OF DEATH Mercy Hospital V197-a Registered No.

CITY OF BALTIMORE: (No. Eutaw St St. 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 20 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Laura Kyle Redding

If U. S. Veteran specify WAR

(a) Residence: No. 117 Guilford Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
F	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 7, 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		2 0 19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Infant (Dead)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Everett Redding

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Ethel Hamill

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mr. Redding (brother)

(Address) 117 Guilford Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Pk Date Aug 7, 1939

19. UNDERTAKER William Cook

(Address) 1217 St. Paul Street

20. FILED AUG 7 - 1939 Waiting for Written Report

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 6th, 1939

22. I HEREBY CERTIFY, That I attended deceased from P.O.W. to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobular pneumonia	
(a) Acute otitis media	8, 5, 39

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Howard M. Cooper M. D.

(Address) Mercy Hospital

F 60293

60293
366130

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
46-B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 3
(e) Length of stay in Baltimore (yrs., mos., or days) 35yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2124 E Balto St (If rural give location)

(e) If foreign born, how long in U. S. A.? 41 years

3 (a) FULL NAME Abraham Lazerovitz (LAZEROW)
(b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced MARRIED

(b) Name of husband or wife IDA
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-?-80

8. AGE: Years 59 | Months 3 | Days | If less than one day hr. min.

9. Birthplace RUSSIA (Town, county, and state)
10. Usual Occupation Painting
11. Industry or business

FATHER
12. Name Samuel Lazerovitz
13. Birthplace Russia

MOTHER
14. Maiden Name Edith Wenier
15. Birthplace Russia

16 (a) Informant Records JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-7-39 (month) (day) (year)
(c) Cemetery or crematory Wash. Blvd.
Location Wash. Blvd. Loop Levin Ave

18 (a) Funeral director
(b) Address 1729 E. Balto. St.

19 (a) (Date received by registrar) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug-7 1939. at 345 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 25 1939. to Aug 7 1939. and that I last saw him alive on Aug 7 1939.

Immediate cause of death Cancer of Stomach — Duration 1 yr.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney Kurtz, M. D.
Address Johns Hopkins Hosp. Date signed 8/7/39

60294

F 60294

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 93-C

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 902 E. Biddle St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 902 E Biddle St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary C. Lackey
(b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced Widow
(b) Name of husband or wife James A. Lackey
If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 12, 1892

8. AGE: Years 47 Months 2 Days 22 If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation House wife
11. Industry or business

MOTHER'S FAMILY
12. Name John Welby
13. Birthplace Ireland
14. Maiden Name Annie
15. Birthplace Ireland

16 (a) Informant James Lackey
(b) Address 902 E. Biddle St

17 (a) (Burial, cremation, or removal)
(b) Date thereof Aug 8, 1939 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore, Md.

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

19 (a) (Date received by Registrar) AUG 7 1939
(b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 4, 1939 at 8:35 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from July 27 1939 to Aug 4 1939, and that I last saw h[illegible] alive on Aug 4 1939.

Immediate cause of death	Duration
~~Congestive~~ heart failure	6 mos.
~~chronic~~ myocarditis	~~2 yrs~~
Due to chronic myocarditis	2 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel Silverfield M. D.
Address 714 E. Preston St Date signed 8/6/39

60295

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B F 60295 Registered No.

1. PLACE OF DEATH: 3141 N. Louisiana St.
(a) Baltimore City, Maryland
(b) Street address 3141 N. Louisiana St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3141 N. Louisiana St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Thomas McCann

3 (b) If veteran, name war: Spanish American
3 (c) Social Security Account No.

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Sophia McCann
6 (c) If alive, give age: 59 years

7. Birth date of deceased (mo., day, yr.) Dec 27, 1880

8. AGE: Years 58 | Months 7 | Days 14, 3 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Truckman
11. Industry or business Ry

FATHER
12. Name Patrick McCann.
13. Birthplace unknown

MOTHER
14. Maiden Name Henrietta Barrell,
15. Birthplace unknown

16 (a) Informant Mary Cooper
(b) Address 3033 Frederick Ave
17 (a) Burial, cremation, or removal? Poplar Cem (b) Date thereof Aug 8, 1939 (month) (day) (year)
(c) Cemetery or crematory Poplar Cemetery
Location Baltimore Co. Md.
18 (a) Funeral director Walter P. McNamee
(b) Address 4114 Hall Road
(b) Name of Minister or Rabbi: Hunting for Minister

AUG 7 1939 (Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/6 1939 at 10:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/6 1939 to 8/6 1939 and that I last saw him alive on 8/6 1939.

Immediate cause of death: General Arteriosclerosis — Duration:
Due to:
Due to:
Other Conditions: Coronary Thrombosis & according to history

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Raymond P. Alonso
Address 33 N. Frederick Ave Signed 8/7/39

Joseph J. Riddle, Jr. per D. Thomas
Asst. Registrar

VS 3

E 60296

Case No. 44062 dk

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

23

Registered No. E 60296

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Maryland
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 13
(e) Length of stay in Baltimore (yrs., mos., or days) 11 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1808 N. Spring St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME James Robinson
(b) If veteran, name war
(c) Social Security Account No.

4. Sex: Male
5. Color or race: Black
6 (a) Single, married, widowed, or divorced: Married
(b) Name of husband or wife: Josephine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/2/01

8. AGE: Years 38 | Months 4 | Days 3 | If less than one day: hr. min.

9. Birthplace South Carolina (Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

12. Name Jasper Robinson
13. Birthplace South Carolina

14. Maiden Name Chalcy Jones
15. Birthplace South Carolina

16 (a) Informant B. C. H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof aug 7, 39 (month) (day) (year)
(c) Cemetery or crematory Mt calvery
Location an a. county

18 (a) Funeral director Edward Bryson
(b) Address 1241 orleans st

19 Date rec'd by reg'r Huntington Williams M.D. Registrar

VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH August 5 1939, at 11:39 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 22 1939, to aug 5 1939, and that I last saw h alive on aug 5 1939.

Immediate cause of death: Tuberculosis of the lungs — Duration 9 mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dalsano M. D.
Address Balto City Hospitals Date signed 8/5/39

F 60297

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

181 Registered No. F 60297

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3320 Ingleside Ave. (Pimlico)
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3320 Ingleside Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** NICHOLAS T. BRENNAN

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married.
6 (b) Name of husband or wife: Ellen J. O'Neill
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 28, 1859

8. AGE: Years 79 | Months 8 | Days 8 | If less than one day hr. min.

9. Birthplace Mt. Washington, Md. (Town, county and state)
10. Usual Occupation Retired Farmer
11. Industry or business Farming.

MOTHER / FATHER
12. Name Edward. Brennan
13. Birthplace Ireland.
14. Maiden Name Mary Cook
15. Birthplace Ireland

16 (a) Informant Mrs. Ellen Brennan
(b) Address 3320 Ingleside ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 8 1939 (month) (day) (year)
(c) Cemetery or crematory St Marys Gem. Govans.
Location

18 (a) Funeral director Vernon Lawrence
(b) Address 7611 Park Heights

19 AUG 7 - 1939 (Date rec'd by registrar) Huntingtown Williamsport Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 6 1939, at 1.05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1939, to Aug 6 1939, and that I last saw h[illegible] alive on 8/6 1939.

Immediate cause of death: Cerebral Atrophia Cataract Sclerosis
Due to: Arterio-sclerosis
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Volimert M.D.
Address 4710 Liberty Hts Date signed 8/5/39

VS 3

F 60298

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 60298 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) [redacted] or institution: Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 543 W. Barre Street (If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Mary Ann Savage
(b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: F
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Single
(b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 24-1929

8. AGE: Years 10 | Months 6 | Days 109 | If less than one day: hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation School Child
11. Industry or business

MOTHER FATHER
12. Name Arthur Savage
13. Birthplace N. C.
14. Maiden Name Lena Dons
15. Birthplace Va

16 (a) Informant Arthur Savage
(b) Address 543 W. Barre Street

17 (a) Mount Lion (Burial, cremation, or removal) (b) Date thereof 8 - 7 - 1939 (month) (day) (year)
(c) Cemetery or crematory Cemetery
Location Baltimore County

18 (a) Funeral director Joseph A Fively
(b) Address 409 N Mount Street

19 (a) Filed AUG 7 1939 (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 3 1939, at 6.5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 1 1939, to Aug. 3 1939, and that I last saw h[illegible] alive on Aug. 3 1939.

	Duration
Immediate cause of death: Generalized peritonitis	
Due to gangrenous + perforated appendicitis	4 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Peritonitis
Of autopsy Generalized Peritonitis gangrenous appendicitis & rupture

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town.) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis J McCandless M. D.
Address Franklin Square Hosp. Date signed 8-3-39

E 60299

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-a E 60299 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 831 N. 36th St.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 45-11-11

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 831 N. 36th St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Harry L. Pfeiffer
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Catherine Pfeiffer
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr) Aug. 24-1893
8. AGE: Years 45 | Months 11 | Days 11 | If less than one day hr. min.
9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Pool-room owner
11. Industry or business

MOTHER FATHER
12. Name William A. Pfeiffer
13. Birthplace Maryland
14. Maiden Name Mary E. Riley
15. Birthplace Maryland

16 (a) Informant Mrs. Helen A. Pfeiffer
(b) Address 831 N. 36th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 8-1939 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Baltimore Md.

18 (a) Funeral director Horace F. Burger
(b) Address 3631 Fells Road
(c) Huntington Williams Registrar

1939 AUG 7 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 5 1939, at 1.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 5 1939 to Aug 5 1939, and that I last saw h[illegible] alive on Aug 5 1939.

Immediate cause of death: Acute Myocardial Failure — Duration: Instant

Due to: Chronic Valvular

Due to: Lesions

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Knudsen M. D.
Address 831 N. 36th St. Date signed Aug 7 1939

Howard J. Knudsen M. D. Med. Examiner Baltimore City

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 60300 ✓46-cF 60300

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Gen Hosp St. 12-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs Mary V. Spicer

If U. S. Veteran specify WAR

(a) Residence: No. 418 East 21st St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anderson F. Spicer

6. DATE OF BIRTH (month, day, year) Sept. 29-1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Maryland

FATHER

13. NAME Alpha Ruby

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Barbara E. Snyder

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Pearl M. Ruark

(Address) 418 E. 21st St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Aug. 8 1939

19. UNDERTAKER Horace H. Burgee

(Address) 3121 Falls Road

20. FILED AUG 7 — 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1939, to August 5, 1939

I last saw h.er alive on August 5, 1939. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ca of Caecum c metastasis to Liver	(?)
Other contributory causes of importance:	

Was an operation performed? yes Date of July 24 1939

For what disease or injury? Suppose abdomen

Name of operation Exploratory laparotomy

What test confirmed diagnosis? Operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) W. B. Peat, M. D.

(Address) W Balto

E 60301

OGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59

46906 Registered No. E 60301

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore Maryland

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 830 N. Carey St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Stevenson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex male

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife Naomi

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 4, 1883

8. AGE: Years 56 | Months 7 | Days 0 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER

12. Name George

13. Birthplace N.C.

MOTHER

14. Maiden Name Debbie Johnson

15. Birthplace Md.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal)

(b) Date thereof aug 7, 1939 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location

18 (a) Funeral director Mrs Katie R Williams

(b) Address 322 N. Schroeder St

19 (a) Aug 7 1939 (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH August 4 1939, at 2 50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 27 1939 to August 4 1939, and that I last saw h alive on August 4 1939.

Immediate cause of death Arteriosclerosis hypertensive Cardio vascular disease — Duration unknown

Due to — unknown

Due to Diabetes mellitus — unknown

Other Conditions Arteriosclerosis, general — unknown

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [illegible] M. D.

Address Baltimore City Hospitals Date signed 8-6-39

60302

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 B F 60302 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2339 Annapolis Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 19 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 2339 Annapolis Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wilbert H Daughtry
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Roberta Parsons Daughtry
6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) January 12 1884

8. AGE: Years 55 | Months 6 | Days 13 | If less than one day: hr. min.

9. Birthplace New Jersey (Town, county, and state)

10. Usual Occupation Guard
11. Industry or business Balto. Art Museum

FATHER
12. Name Benj. H. Daughtry
13. Birthplace New Jersey

MOTHER
14. Maiden Name Josephine Steelman
15. Birthplace New Jersey

16 (a) Informant Mrs Roberta Daughtry
(b) Address 2339 Annapolis Road.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 3-39 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md
18 (a) Funeral director Geo. E Boyer Jr
(b) Address 1512 Hollins St

(a) Filed (Date received by local registrar) AUG 7 1939 (b) Registrar

MEDICAL CERTIFICATION In early a m

20. DATE OF DEATH Aug 3/39 19 . at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said I (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Wm Landenhutt M.D. Medical Examiner.
Date signed Aug 4 39

VS 4

0303

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

43800 60303 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 29 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 802 N. Gilmore St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Amelia Witherspoon

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex female

5. Color or race Colored

6 (a) Single, married, widowed, or divorced Married

(b) Name of husband or wife John

6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) Oct. 17, 1898

AGE: Years	Months	Days	If less than one day
40	9	19	hr. min.

8. Birthplace Va. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

12. Name Washington Johnson

13. Birthplace Va.

14. Maiden Name Columbia Fisher

15. Birthplace Va.

(a) Informant Records

(b) Address Baltimore City Hospitals

(a) Burial (Burial, cremation, or removal) (b) Date thereof 8-9-39 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location A. G. Co.

(a) Funeral director Saml. McCausland Son

(b) Address 638 N. Gilmor St.

(a) (Date rec'd by registrar) (b) Huntington Williams M.D.

1367 - 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH August 6 1939, at 3:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 3 1939, to August 6 1939, and that I last saw her alive on August 6 1939.

Immediate cause of death: Arteriolar nephrosclerosis — Hypertensive Cardio vascular disease

Duration: unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Scarred kidneys, large heart.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.

Address Balto City Hosp Date signed 8-6-39

60304 F 60304

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93c Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4003 Dorchester Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 9 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 4003 Dorchester Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Gertrude Young MACLEAN
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Widow
6 (b) Name of husband or wife Late Paul.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug 24 1870
8. AGE: Years 68 Months 11 Days 13 If less than one day hr. min.
9. Birthplace Maine (Town, county, and state)
10. Usual Occupation None
11. Industry or business

MOTHER
12. Name Sarah E. Macomber
13. Birthplace Maine

FATHER
14. Maiden Name Wm P. Young.
15. Birthplace Maine

16 (a) Informant Major G. A. Graves
(b) Address 4003 Dorchester Road
17 (a) (Burial, cremation, or removal)
(b) Date thereof Aug 7/39 (month) (day) (year)
(c) Cemetery ~~crematory~~ Woodlawn Cemetery
Location Gwynn Oak one
18 (a) Funeral director Sol Furman & Bro.
(b) Address 1124-26 W. Fayette St.
19 (a) AUG 7 - 1939 Registrar
(b)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 6 1939 at 9 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from August 1937 to Aug. 6 1939.
and that I last saw h~~er~~ alive on Aug. 6 1939.

Immediate cause of death Arteriosclerosis — Duration 4 years.
Due to
Due to
Other Conditions Chronic Myocarditis 4 years
& Myocardial Failure
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Jas. M. Blanchard
Address 2009 Hollins St. Date signed 8/6/39

0305
366519

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

78

F 60305
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1914 Bank St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lillian Carstensen
(b) If veteran, name war
3 (c) Social Security Account No. 213-10-8902

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 7-8-91
8. AGE: Years 48 | Months | Days 26 | If less than one day hr. min.
9. Birthplace md (Town, county, and state)
10. Usual Occupation Seamstress
11. Industry or business

12. Name Peter Carstensen
13. Birthplace Germany
14. Maiden Name Mary Wicklein
15. Birthplace Germany
16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) (Burial, cremation, or removal) (b) Date thereof 8-8-39 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Gwynn Oak Pk.
18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 403 S. Wolfe St.
19 (a) (Filed by registrar) (b) Hunting for Williams M.D. Registrar

AUG 7 - 1939
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 4 1939 at 11 05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 3 1939 to Aug 4 1939 and that I last saw her alive on Aug 4 1939.

Immediate cause of death: Brain abscess — Duration 2 wks.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations Brain abscess
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles E. Ireland M. D.
Address Johns Hopkins Hosp. Date signed 8-3-39

F 60306

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119 Registered No. F 60306

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 days
(e) Length of stay in Baltimore (yrs., mos., or days) 32 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 1019 S. Sharpe Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

X

3 (a) FULL NAME Elizabeth Muller
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex Female
5. Color or race Colored
6 (a) Single, married, widowed, or divorced. Infant
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 4, 1939
8. AGE: Years | Months 1 | Days 32 | If less than one day hr. min.
9. Birthplace Baltimore, Maryland (Town, County, and State)
10. Usual Occupation Infant
11. Industry or business None

MOTHER / FATHER
12. Name George Miller
13. Birthplace Georgia
14. Maiden Name Flossie Brown
15. Birthplace Baltimore

16 (a) Informant Richard Brown
(b) Address 1019 S Sharp St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/8/39 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Mt Wilson Balto
18 (a) Funeral director Isaiah L Brown & Son
(b) Address 108 W Montgomery St
19 (a) AUG 7 1939 (b) (Registered by (Registrar)) (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 5 1939. at 11:45 p.M
21. I certify that death occurred on the date above stated; that I attended deceased from July 11 1939. to August 5 1939. and that I last saw her alive on August 5 1939.

Immediate cause of death
Prematurity
Diarrhea
Due to Parenteral infection

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
Diarrhea and vomiting of 3 days duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edwin R. Ruzicka M. D.
Address University Hospital Date signed August 9 1939

60307 ✓ F 60307

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Maryland
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days 4 Mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 810 Edmondson Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Susie Davis (Ferguson)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: colored

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 15, 1877

8. AGE: Years 61 | Months 11 | Days 21 | If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

MOTHER / FATHER

12. Name William Davis

13. Birthplace Va.

14. Maiden Name Millie ?

15. Birthplace Va.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/7/39 (month) (day) (year)

(c) Cemetery or crematory Victoria

Location Va

18 (a) Funeral director Leo. E. Kelson

(b) Address 1303 Presstman

19 (a) (Date rec'd by registrar) (b) Hunter & Williams

Registrar

AUG 7 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8 6 1939. at 9 55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-1 1939. to 8-6 1939. and that I last saw hC alive on 8-6 1939.

Immediate cause of death: Bronchial pneumonia — Duration: last days

Due to: arterio sclerotic gangrene rt. leg — Duration: several months

Due to:

Other Conditions: Diabetes mellitus — Duration: ?

(Include pregnancy within 3 months of death)

Major findings:
Of operations: arterio sclerotic gangrene rt. leg
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. Kelly Howard Jr. M. D.
Address Balto. City Hosp. Date signed 8-7-39

F 60308

F 60308

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3605 Buena Vista Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State md (b) County

(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)

(d) Street No. 3605 Buena Vista Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William James Byrne.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	widower.

6 (b) Name of husband or wife Alice M. Byrne

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 2, 1865

8. AGE: Years	Months	Days	If less than one day hr.	min.
73	11	4		

9. Birthplace Maryland. (Town, county, and state)

10. Usual Occupation Stove Molder

11. Industry or business

MOTHER / FATHER

12. Name Laurence Byrne.

13. Birthplace md.

14. Maiden Name Annie E. Litzinger

15. Birthplace md.

16 (a) Informant Paul Byrne

(b) Address 1326 W 41st St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 9, 1939. (month) (day) (year)

(c) Cemetery or crematory Cedar Hill

Location Brooklyn

18 (a) Funeral director Theodore J. Williams

(b) Address 2615-17 Chestnut Ave.

AUG 7 - 1939 (Date rec'd by registrar)

(a) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 6, 1939 at 8:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 18 1939. to Aug 6 1939. and that I last saw him alive on Aug 6 1939.

Immediate cause of death	Duration
Coronary Thrombosis	1 day
Due to Cardio-Renal-Vascular Disease	
Due to	
Other conditions Right ophthalmic Embolus	7/21/39

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J N Wilson M. D.

Address 617 W 40th St Date signed 8/7/39.

VS 3

0309

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

77-a 49154 (0309) Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 702 W. Fayette St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Juanita Kuhs

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-4-1938

8. AGE: Years 1 | Months 3 | Days 2 | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

MOTHER / FATHER

12. Name John Kuhs
13. Birthplace N.Y.
14. Maiden Name Hilda Arnold
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 8. 1939 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto City

18 (a) Funeral director Jno. Jas. John W. Teufel & Son
(b) Address 801 W. Fayette St.

19 (a) (Date rec'd by registrar) (b) Huntington Williamsburg Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 6. 1939. at 2:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 4 1939. to Aug. 6 1939. and that I last saw her alive on Aug. 6 1939.

Immediate cause of death: Toxic Encephalitis — Duration: 2 days

Due to head Poisoning — Duration: ?

Due to — Duration:

Other Conditions — Duration:

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address Balto City Hospitals signed

mullins

F 60310

F 60310

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

Registered No. 41859 SD

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr.

(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 301 E. 21st Street (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Marilyn Milliard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Willie (d)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 7/26/84

8. AGE: Years 55 Months Days 5 If less than one day hr. min.

9. Birthplace New York (Town, county, and state)

10. Usual Occupation

11. Industry or business

FURNISH PARENTS

12. Name Emory Pipe ?

13. Birthplace

14. Maiden Name Mary Hackett

15. Birthplace New Hamp.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Location

UNIVERSITY MEDICAL SCHOOL AUG 7 - 1939

Commissioner of Health

18 (a) Funeral director

(b) Address Per H. A. Moore

19 (a) (Signature of registrar) (b) Registrar

AUG 7 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1939, at 2.05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 9 1939, to July 31 1939, and that I last saw her alive on July 31 1939.

Immediate cause of death: Cerebral hemorrhage

Arteriosclerotic Heart Disease

Duration: 12 hours

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature C. J. Holmes Burch M. D.

Address Balto City Hospitals Date signed 8-7-39

F 60311

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60311

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1620 W. Mulberry St., 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Lester Franklin Pierson, Jr.

If U. S. Veteran specify WAR ...

(a) Residence: No. 1620 W. Mulberry St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or 50 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

FATHER

13. NAME Lester Franklin Pierson

14. BIRTHPLACE (city or town) Howard County
(State or country) Md

MOTHER

15. MAIDEN NAME Hattie Mitchell Blue

16. BIRTHPLACE (city or town) Baltimore
(State or country) Md

17. INFORMANT Hattie Mitchell Blue
(Address) 1620 W. Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL
Place [redacted] Date AUG 7 - 1939 19

Commissioner of Health

19. UNDERTAKER
(Address) Dr. H. A. Moore

20. FILED ... 19 ... Huntington Pittsburgh

AUG 7 - 1939

4973

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1939, to ..., 19...

I last saw him alive on Abortion, 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abortion - 20 weeks.	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) J. W. Dorman Jr., M. D.

(Address) University Hospital

F 60312

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a

F 60312

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 907 Pinney Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida Bell Curry

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race White

6 (a) Single, married, widowed, or divorced. Separated

6 (b) Name of husband or wife George

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/16/82

8. AGE: Years 57 | Months 4 | Days 16 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name William Wessells
13. Birthplace Va.

MOTHER
14. Maiden Name Caroline Jestis
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL AUG 7 - 1939
Commissioner of Health

18 (a) Funeral director
(b) Address Per M. A. Moore

19 (a) (Signature of registrar) (b) Registrar

4970

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 1939, at 2:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 13 1937, to July 30 1939, and that I last saw h er alive on July 30 1939.

Immediate cause of death Cerebral hemorrhage — Duration 2 days.

Due to

Due to

Other Conditions Hypertension — unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. Norman Boyd M. D.
Address Balto City Hosps. Date signed 8-7-39

60313 HEALTH DEPARTMENT—CITY OF BALTIMORE E60313

CERTIFICATE OF DEATH

82-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 535 Bloom St., 14-3 Ward)

Length of residence in city or town where death occurred 60+ yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Emma Bell

(a) Residence: No. 535 Bloom St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Bell.

6. DATE OF BIRTH (month, day, year) March 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	5	0 ?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation 57 yrs

12. BIRTHPLACE (city or town) (State or country) Charles Co. Md. - Waldorf.

FATHER

13. NAME James Moore

14. BIRTHPLACE (city or town) (State or country) Charles Co.

MOTHER

15. MAIDEN NAME Ann Coates?

16. BIRTHPLACE (city or town) (State or country) Charles Co.

17. INFORMANT Peter Bell

(Address) 535 Bloom

18. BURIAL, CREMATION, OR REMOVAL

Place Mem. Cathedral Date Aug. 7 19 39

19. UNDERTAKER Wm. Geo. H. Ballard

(Address) 1631 Druid Hill Ave.

20. FILED ... 19 ... Registrar.

8-7-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 23 1939 to August 4 1939

I last saw her alive on Aug 4 1939. Death is said to have occurred on the date stated above, at 3.15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Hemorrhage 2nd attack July 23-1939	Sept. 1937
Other contributory causes of importance Senile Sclerosis age - Arterio	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) W. H. Wright M. D.

(Address) 1709 Presstman St.

60314

HEALTH DEPARTMENT—CITY OF BALTIMORE 60314

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 42 S. Pulaski St., 20-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. dys. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Mazie E. Schmitz

(a) Residence: No. 42 S. Pulaski St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Charles Schmitz

6. DATE OF BIRTH (month, day, year) Jan. 7 - 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 64

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Francis X Guth

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louise Hunschel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs John F. Beck

(Address) 2012 Hollins St

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Aug 8 1939

19. UNDERTAKER George L. Schubert

(Address) 2101 Frederick Ave

20. FILED AUG 6 - 1939 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 5 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1 1938 to Aug 5 1939

I last saw her alive on Aug 5 1939 Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

(a) Cerebral Hemorrhage — Date of onset 8/5/39

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Harry S. Shewalter M. D.

(Address) 1975 W. Balto

60315

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-a

Registered No. E 60315

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Calhoun and Fayette Sts.

(c) Hospital or institution: Franklin Square Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) one

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)

(d) Street No. 2628 Lehman St. (If rural give location)

(e) If foreign born, how long in U. S. A.? 6 years

3 (a) **FULL NAME** Frederick Kisten

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1863

8. AGE: Years 76 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Brush factory

FATHER 12. Name Kisten

13. Birthplace Germany

MOTHER 14. Maiden Name Agnes

15. Birthplace Germany

16 (a) Informant William J. Smith

(b) Address 466 S. Smallwood St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 9-1939 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Baltimore Md.

18 (a) Funeral director George F. Schmelz

(b) Address 2101 Eutaw Place

Aug 7 - 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/6/39 1939 at 2.35 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from August 5 1939 to August 6 1939 and that I last saw h[illegible] alive on Aug. 5 1939.

Immediate cause of death gangrene of small intestine

Due to Strangulated umbilical hernia

Due to

Other Conditions Paleus alternans with cardiac failure.

(Include pregnancy within 3 months of death)

Duration

PHYSICIAN Underline the cause to which death should be charged statistically.

Major findings:

Of operations strangulated umbilical hernia - discolored intestine

Of autopsy [illegible] Sanguineous effusion Cardiac hypertrophy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Louis J. Balodemas M. D.

Address Franklin Square Hosp. Date signed 8/6/39

VS 8

0316

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. District No. 9 — F-60316

CERTIFICATE OF DEATH

PLACE OF DEATH: Baltimore, Md.

City or town: (If outside city or town limits, write RURAL and give town)

Street address, hospital, or institution: Lenthan Hospital, Herring Run & Harford Rds

Length of stay in hospital or inst. (yrs., mos., or days): (Emergency Arrival)

Length of stay in this community (yrs., mos., or days):

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State: Maryland (b) County: Balto

(c) City or town: Sparrows Point, Md. (If outside city or town limits, write RURAL and give town)

(d) Street No.: Rnt 10 Brn 3 C (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

FULL NAME: Lewis Owens

If veteran, name war: —

3 (c) Social Security No.: None

4. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Infant

Name of husband or wife: —

6. (c) If alive, give age: years

Date of deceased (mo., day, yr.): Aug 19 38

Years	Months	Days	If less than one day
	11	18	hr. min.

Birthplace: Sparrows Point Md (Town, county, and state)

Usual occupation: —

Industry or business:

Name of father: Luther Owens

Birthplace of father: Agnes Georgia

Maiden name of mother: Mattie Youngblood

Birthplace of mother: Agnes Georgia

Informant: Luther Owens

Address: Rnt 10 Brn 3 C

Burial, cremation, or removal: (b) Date thereof: Aug 8 39 (month) (day) (year)

Cemetery or crematory: Mt Calvary

Location: Anne Arundel Co

Funeral director: Ragner Sanders

Address: 1413 E. Preston St

67 - 1939 (Do not write in this space)

(b) Registrar: Huntington Williams

MEDICAL CERTIFICATION

20. Date of death: Aug 7 1939, at 1 09 A. M.

21. I certify that death occurred on the date above stated, that I attended deceased from Aug 4 1939 to Aug 7 1939, and that I last saw him alive on Aug 6 1939

	Duration
Immediate cause of death: Whooping Cough	Two weeks
Due to: Bronchopneumonia	three days
Due to: Toxemia Due to Dehydration	
Other conditions: Convulsions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide:

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury:

23. Signature: Dawson L. Farber (M. D. or other)

Address: Sparrows Point Date signed: Aug 7-39

F 60317

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107-aF 60317

Registered No. 43909

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mo
(e) Length of stay in Baltimore (yrs., mos., or days) 80 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 9-9 1327 E. North Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Millard Cross

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Kate
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/10/1855 1858

8. AGE: Years 82 ~~83~~ | Months 9 ~~10~~ | Days 26 | If less than one day: hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation unknown

11. Industry or business

FATHER
12. Name Caleb Cross
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Merriman
15. Birthplace unknown

16 (a) Informant Baltimore City Hosp.
(b) Address

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Aug 8th 1939 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Jerusalem M. E. Church
Location near Corkeyville Balto. Co. Md.

18 (a) Funeral director Mrs Cook
(b) Address 1217 E Pratt St

19 (a) Date received by registrar AUG 8 1939 (b) Registrar Huntington Hollins M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH August 6 1939, at 2:5 PM

21. I certify that death occurred on the date above stated, that I attended deceased from April 17 1939, to August 6 1939, and that I last saw h~~im~~ alive on August 6 1939.

Immediate cause of death: Bronchopneumonia — Duration: 3 days

Due to

Due to

Other Conditions Arteriosclerosis, general — autopsy

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address Balto City Hosp. Date signed 8-7-39

AUG 8 1939

60318

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

169 F 60318 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mercy Hospital
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 130 - W. 21st St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME William Whittaker
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M
5. Color or race Col
6 (a) Single, married, widowed, or divorced Mar
6 (b) Name of husband or wife Fannie Whittaker
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 3-23-1900
8. AGE: Years 39 Months 4 Days 13 If less than one day hr. min
9. Birthplace Balto. - Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Wm Whittaker
13. Birthplace Idaho

MOTHER
14. Maiden Name Fannie Whittaker
15. Birthplace Md.

16 (a) Informant Fannie Whittaker
(b) Address 130 W. 21st St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-9-39 (month) (day) (year)
(c) Cemetery or crematory Johnsville Cem
Location Carroll Co.

18 (a) Funeral director Saml. W. Chase & Son
(b) Address 638 N. Gilmor St.

8-8-1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/6/39 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death Suicide Crushing injury of face and forehead.	
Due to Laceration of brain Fractures of skull & concussion.	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ~~Accident~~ Suicide
(b) Date of occurrence 8/6/39
(c) Where did injury occur? Calloway near Fayette (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Central Police Bldg While at work? No (Specify type of place)
(e) Means of injury Jumped out of 5th story window

23. Signature Wm B. VanderStucken M.D. Medical Examiner
Date signed 8/7/39

VS 6

60319

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B

F- 60319
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 511 Myrtle ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17-3

(e) Length of stay in Baltimore (yrs., mos., or days) 5-9

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 511 Myrtle ave,
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mamie Milton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife About 1866

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 83 | Months | Days | If less than one day: hr. min.

9. Birthplace md.
(Town, county, and state)

10. Usual Occupation Maid

11. Industry or business

FATHER
12. Name unknown
13. Birthplace ,

MOTHER
14. Maiden Name unknown
15. Birthplace ,

16 (a) Informant Mrs Johnson
(b) Address 511 Myrtle ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 8-8-39 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn
Location Westport

18 (a) Funeral director Adolphus Halstead
(b) Address 915 Druid Hill ave

19 (Signature of registrar) AUG 8 - 1939 Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 6 1939 at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 6 1939 to Aug 6 1939 and that I last saw h[illegible] alive on Aug 6 1939

Immediate cause of death
Coronary occlusion
Due to Arteriosclerosis
Due to
Other Conditions Carcinoma Hemorrhage
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

5 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 755 Gay Date signed 8/7/39

VS 3

366201
60321

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

96 F 60320 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4212 Groveland ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Wilmer Poteet

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Marian
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-24-69

8. AGE: Years 69 | Months 7 | Days 11 | If less than one day: hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Unemployed
11. Industry or business Accountant

FATHER 12. Name John Poteet
13. Birthplace Md

MOTHER 14. Maiden Name Marian Gilbert
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 8 39 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Co. Md

18 (a) Funeral director Wilson & Dukes Inc
(b) Address North & Penna Ave

(a) Date received by Registrar AUG 8 1939 Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 5 1939, at 9.25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 27 1939, to Aug 5 1939, and that I last saw h[illegible] alive on Aug 5 1939.

Immediate cause of death Pulmonary embolism — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Popliteal aneurysm over
Of autopsy Pulmonary Embolism

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Johns Hopkins Hospital Date signed 8-6-39

F 60321

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60321

CERTIFICATE OF DEATH

186-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp St. 16-S Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mr. Albert Sauerwein

(a) Residence: No. 714 Mt. Holly St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Magdalena Sauerwein

6. DATE OF BIRTH (month, day, year) May 4, 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Motorman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Transit

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 28

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Conrad Sauerwein

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Ralph Bowersox
(Address) 714 Mt. Holly St.

18. BURIAL, CREMATION, OR REMOVAL
Place Westlawn Date 8/11 1939

19. UNDERTAKER Frederick R. Cole
(Address) 1200 W Lombard St

20. FILED AUG 8 — 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 7 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 2 1939 to Aug 7 1939

I last saw him alive on Aug 7 1939 Death is said to have occurred on the date stated above, at 8:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	
Other contributory causes of importance: Fracture - left femur	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Aug 2 1939

Where did injury occur? at Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home

Manner of injury fell down steps

Nature of injury Fracture - left femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. R. Trump M. D.

(Address) St. Joseph's Hosp

O.K. W.H.V. Vanderhoff

F 60322

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 60322

95-B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4304 Gwynland Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 48 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4304 Gwynland Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Clarence Warwick Perkins

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Elizabeth Owens Perkins
6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) March 18, 1871

8. AGE: Years	Months	Days	If less than one day
68	4	20	hr. ____ min. ____

9. Birthplace Chestertown, Md (Town, county, and state)
10. Usual Occupation Lawyer
11. Industry or business

FATHER
12. Name Eben F. Perkins.
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary Warwick
15. Birthplace Philadelphia, Pa.

16 (a) Informant Mrs Elizabeth O Perkins
(b) Address 4304 Gwynland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/9/39. (month) (day) (year)
(c) Cemetery or crematory Chester Cem. Chestertown Md.
Location Chestertown, Md

18 (a) Funeral director Wm. J. Dickinson & Sons
(b) Address North End Penna. Ave.

19 (a) Date rec'd by registrar AUG 8 1939 (b) Registrar Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 7 1939. at 5:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 31 1939. to Aug 7 1939. and that I last saw HIM alive on Aug 7 1939.

Immediate cause of death
Renal & Cardiac Insufficiency & Failure
Due to Arteriosclerosis

Due to ____

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

Duration
6 mos. +
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? ____
(e) Means of injury ____

23. Signature Wm S. Lee, Jr M. D.
Address 2211 Eutaw Pl Date signed 8/7/39

F 60323

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

F 60323 Registered No.

F 60323

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 33rd & Guilford Ave

(c) Hospital or institution: Union Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 hrs.

(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3242 Normount Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Howard Read Gorsuch

3 (b) If veteran, name war

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary T. Gorsuch

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 24, 1874

8. AGE: Years	Months	Days	If less than one day
64	10	13	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business

FATHER

12. Name James A Gorsuch

13. Birthplace Md.

MOTHER

14. Maiden Name Sarah Plummer

15. Birthplace Md.

16 (a) Informant Mrs. Herbert S. Berens

(b) Address 3203 Crest Road.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 9-1939 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Loudon Park

Location Baltimore Md.

18 (a) Funeral director Wm. J. Tickner & Son

(b) Address North & Pa Ave.

19 (a) Huntington Williams Registrar

(Date rec'd by registrar) AUG 8 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 7 1939, at 8:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 6 1939, to Aug. 7 1939 and that I last saw him alive on Aug. 7 1939.

Immediate cause of death Coronary Occlusion — Duration Immediate

Due to Arteriosclerotic Heart disease — 3 yrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature William F. Pearce M. D.

Address Union Memorial Hosp Date signed Aug. 7.

60324 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH V 13 F 60324

1. PLACE OF DEATH Provident Hospital — Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1514 Division St.) (or) (Ward) 3

Length of residence in city or town where death occurred 30 yrs. 8 mos. 6 ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME William Jones — If U. S. Veteran specify WAR ____

(a) Residence: No. 597 Baker St St., ____ Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Cd	widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Catherine

6. DATE OF BIRTH (month, day, year) Sept 5 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ____ | 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Moses Jones

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Catherine Addison

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Thomas Dent

(Address) 1714 Preston St

18. BURIAL, CREMATION, OR REMOVAL

Place National Date 8/10/39

19. UNDERTAKER Geo. L. Kelson

(Address) 1303 Preasman

20. FILED AUG 8 - 1939 Hunting ton Hall Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-6-39

22. I HEREBY CERTIFY, That I attended deceased from 7-26-39, 19__, to 8-6-39, 19__

I last saw alive on 8-6-39, 19__ Death is said to have occurred on the date stated above, at 2.55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Pulmonary disease	?
Mitral insufficiency	
+ Ch. Pancreatitis	
nephritis	

Other contributory causes of importance:

Was an operation performed? ____ Date of ____

For what disease or injury? ____

Name of operation ____

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ____, 19__

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) E. H. Maloney M. D.

(Address) Provident Hospital

F 60325

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 60325 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 107 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1105 McElderry St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Kennedy (43839)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan. 30, 1889
8. AGE: Years 50 Months 6 Days If less than one day hr. min.
9. Birthplace N. Car. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

MOTHER / FATHER
12. Name George
13. Birthplace N. Car.
14. Maiden Name Nettie White (D)
15. Birthplace N. Car.

16 (a) Informant Hospital Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director UNIVERSITY MEDICAL SCHOOL AUG 8 - 1939
(b) Address Commissioner of Health

19 (a) (Date rec'd by registrar) (b) Per H. A. Moore Registrar
437.5

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30, 1939 at 8:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 14, 1939 to July 30, 1939 and that I last saw him alive on July 30, 1939

Immediate cause of death: Tuberculosis of lungs — Duration 4 mos
Due to
Due to
Other Conditions: Wasserman reaction of blood- positive (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Salesse
Address Balto. City Hospitals Date signed 8-7-39

VS 3

60326

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

146-B

F 60326 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) 33 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 300 E. 30th St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Oscar David Green

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	Widowed

6 (b) Name of husband or wife Florence Tingle
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 18, 1873

8. AGE: Years	Months	Days	If less than one day hr.	min.
66	4	19		

9. Birthplace Raleigh, N. C. (Town, county, and state)
10. Usual Occupation Building Manager
11. Industry or business Maryland Trust Co.

FATHER
12. Name Andrew Hartsfield Green
13. Birthplace N. C.

MOTHER
14. Maiden Name Nina Watson
15. Birthplace N. C.

16 (a) Informant Mr. Oscar D. Green, Jr.
(b) Address 2206 Barbee Place, Raleigh, N.C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 9, 1939 (month) (day) (year)
(c) Cemetery ~~Crematory~~ Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director John C. Mitchell Funeral
(b) Address 1900 Eutaw Place, Baltimore
Huntington Williams

19 (a) Date received by registrar AUG 8 1939 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 6 1939, at 9.55 p M

21. I certify that death occurred on the date above stated; that I attended deceased from August 3rd 1939, to August 6 1939, and that I last saw h[illegible] alive on August 6 1939.

Immediate cause of death	Duration
Pulmonary edema	7 hr.
Due to Left ventricular failure	Unknown
Due to	
Other Conditions Carcinoma of Stomach with abdominal metastasis (Include pregnancy within 3 months of death)	

Major findings:
Of operation: Carcinoma of stomach with metastasis to liver and other abdom. organs
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John B. Daughtry M. D.
Address 1131 N. Monument Date signed 8/6/39

60327 F 60327

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home St. 5 Ward 10)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. 0 mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Ella Bowman

If U. S. Veteran specify WAR

(a) Residence: No. 540 Beaumont Ave St., Ward. Towson Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) July 31 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	0	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Levin Stewart

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth Patterson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Ella Bowman

(Address) 540 Beaumont Ave Towson

18. BURIAL, CREMATION, OR REMOVAL

Place Fairmount Cem Date Aug. 10, 1939

19. UNDERTAKER John O. Mitchell Sons Inc

(Address) 1900 Eutaw Place

20. FILED Aug 8 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1939 to August 8, 1939

I last saw her alive on August 1, 1939 Death is said to have occurred on the date stated above, at 2:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary edema	
Uremia	
Possible cerebral accident	one
Other contributory causes of importance:	

Was an operation performed? yes Date of August 2, 1939

For what disease or injury? Diagnosis

Name of operation Suprapubic Cystotomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Howard Jones M. D.

(Address) Church Home & Infirmary

E 60328

60328

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp. St. 27-10 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME William D. Smith

(a) Residence: No. 501 Chatsworth St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 2-1923

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolboy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME George F. Smith

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Kath. Stately

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT George F. Smith
(Address) 501 Chatsworth Ave

18. BURIAL, CREMATION, OR REMOVAL Aug 10- 39 19
Place Pur. Cath. Date

19. UNDERTAKER John A. McCann
(Address) 3000 E. Balto. St.

AUG 8 - 1939 19 For Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/7 . 1939

22. I HEREBY CERTIFY, That I attended deceased from August 6 . 1939 to August 7 . 1939
I last saw him alive on August 7 . 1939 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	?
Tonsilitis	?
Cardiac failure	?

Other contributory causes of importance

Was an operation performed? yes Date of 8/7/39

For what disease or injury? Tonsilitis.

Name of operation Tonsilectomy

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. P. Lumpert M. D.

(Address) St. Joseph's Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

60329

60329

CERTIFICATE OF DEATH

124

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp. St. 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Harry J Smith

(a) Residence: No. 2808 Orleans St St., Balto. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 6-1926

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	13	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Joseph Smith

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Margaret Bortman

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs Harry Owens

(Address) 2808 Orleans St

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Cem. Date Aug 10-39

19. UNDERTAKER John A. Moran

(Address) 3000 E. Balto St

20. FILED 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6th 1939

22. I HEREBY CERTIFY, That I attended deceased from July 24 1939 to Aug. 6, 1939

I last saw him alive on Aug. 6 1939. Death is said to have occurred on the date stated above, at 10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis (1)	1 Mo
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M. R. Bumpst M. D.

(Address) St. Joseph's Hosp

60330

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-c F 60330 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2322 Orleans st

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6

(e) Length of stay in Baltimore 35 (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 2322 Orleans St (If rural give location)

(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME Leah Shur

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed or divorced. Married

6 (b) Name of husband or wife Louis Shur

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 59 | Months | Days | If less than one day: hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Home Wife 37

11. Industry or business —

MOTHER / FATHER

12. Name Passic M. Golomb

13. Birthplace Poland

14. Maiden Name Esther Rachael Golomb

15. Birthplace Poland

16 (a) Informant Husband.

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-8-39 (month) (day) (year)

(c) Cemetery or crematory Bnai Israel

Location Southern Ave

18 (a) Funeral director Louis Funeral Home

(b) Address 1396 Baltimore st

19 (a) [illegible] (Date received by registrar) Hunting Co. Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 7 1939, at 9 P M

21. I certify that death occurred on the date above stated, that I attended deceased from July 11 1939 to Aug 7 1939 and that I last saw her alive on Aug 7 1939

Immediate cause of death Acute Cardiac dilatation — Duration 1 hr.

Due to —

Due to Chron Myocarditis — Duration 2 yrs

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature M. D.

Address 2070 Eutaw Date signed 8/9/39

C 8 — 1338

VS 8

60331 HEALTH DEPARTMENT—CITY OF BALTIMORE 60331

CERTIFICATE OF DEATH

✓ 23

Registered No. w 2640

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 649 E. 28th St. 4th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Louis

If U. S. Veteran specify WAR

(a) Residence: No. 643 W Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lacy Louis

6. DATE OF BIRTH (month, day, year) May 4 1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	3	34	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Seven Springs N C

FATHER

13. NAME John Sutton

14. BIRTHPLACE (city or town) (State or country) Seven Springs N C

MOTHER

15. MAIDEN NAME Anne Odom

16. BIRTHPLACE (city or town) (State or country) Seven Springs N C

17. INFORMANT Lacy Louis
(Address) 650 W Fayette

18. BURIAL, CREMATION, OR REMOVAL
Place Goldsboro N.C. Date Aug 8, 1939

19. UNDERTAKER Mrs Katie R Williams
(Address) 322 N. Schroeder St.

AUG 8 - 1939 Director for Williams Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 19, 1939 to Aug 4, 1939

I last saw h alive on Aug 4, 1939 Death is said to have occurred on the date stated above, at 9:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Feb 1939
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W H Watts M. D.

(Address) 515 Washington

60332

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-C

F 60332
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 750 Dolphin
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 750 Dolphin (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edith Fisher

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife Levi Fisher

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 10. 1885

8. AGE: Years 53 | Months 11 | Days 25 | If less than one day: hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business private family

FATHER 12. Name Charles Mahoney

13. Birthplace Md

MOTHER 14. Maiden Name Edmonia Frederick

15. Birthplace Montgomery Co. Md.

16 (a) Informant Alease Oliver

(b) Address 750 Dolphin St

17 (a) (Burial, cremation, or removal)

(b) Date thereof 8 (month) 8 (day) 1939 (year)

(c) Cemetery or crematory Mt. Zion

Location

18 (a) Funeral director Mrs Katie R. Williams

(b) Address 322 N. Schroeder St.

19 (a) — 1939 (Date rec'd by registrar) (b) Registered

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 5 1939, at 4 PM

21. I certify that death occurred on the date above stated, at the hour stated, of the disease and cause specified, and that I last attended deceased from Aug 31 1939 to Aug 5 1939.

and that I last saw her alive on Aug 5 1939.

Immediate cause of death: Carcinoma of Gallstones — Duration 9 months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. T. Casey M. D.

Address 759 Dolphin Date signed 8/8/39

VS 3

F 60333

Reuwer

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 11-B

F 60333

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Hilken & Caton Ave

(c) Hospital or institution: St Agnes' Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)

(d) Street No. 3 Bishops Lane (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Patricia Ann Reuwer X

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 17 / 39

8. AGE: Years	Months	Days	If less than one day
	6	20	hr. min.

9. Birthplace Baltimore, Maryland (Town, county and state)

10. Usual Occupation Wife

11. Industry or business

FATHER 12. Name Charles G. Reuwer

13. Birthplace Baltimore

MOTHER 14. Maiden Name Alexis L. Schlosser

15. Birthplace Baltimore

16 (a) Informant Hospital Record

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-9-39 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Balto Md

18 (a) Funeral director George A. Fuller

(b) Address 800 W Fayette St

19. (a) Date received (Registrar) (b) Huntington Williamsport Md

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-7 1939 at 6.25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1939 to Aug 7 1939. and that I last saw Deceased alive on Aug 7 1939.

Immediate cause of death

Respiratory failure

Due to Meningo-encephalitis (infectious type) — Duration: 7 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Charles V. Lavin M. D.

Address St Agnes Hospital Date signed 8-7-39

60334

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 60334

82-d Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 7 N. Gloverst
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 7 N Glover St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rosalina A. Fritz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Nicholas Fritz

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 15 - 1895

8. AGE: Years 44 | Months 4 | Days 20 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John Klose
13. Birthplace Germany

MOTHER
14. Maiden Name Mary
15. Birthplace Germany

16 (a) Informant Nicholas Fitz
(b) Address 7 N. Glover st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 8/39 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Balto.

18 (a) Funeral director Philip Herwig Sons
(b) Address 2016 Orleans st

19 (a) Filed (by registrar) Aug 8 1939 Huntington Williams Registrar

AUG 8 1939

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 5 1939, at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June-1 1938. to Aug 5th 1939.
and that I last saw her alive on Aug 5th 1939.

Immediate cause of death Cerebral Hemorrhage.

Duration

Due to Arteriosclerosis.

Due to

Other Conditions Menopause

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo. H. Magness M. D.
Address 14 E. Read St Date signed 8.7.39

Vernon 2689

F 60335

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119

F 60335 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1122 W. Pratt St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 1122 W. Pratt St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

X

3 (a) FULL NAME James L. Howard.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 20, 39

8. AGE: Years	Months	Days	If less than one day: hr.	min.
	6	18		

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Edwin Howard.
FATHER 13. Birthplace Baltimore Md.

MOTHER 14. Maiden Name Nannie Fletcher
MOTHER 15. Birthplace West, Va.

16 (a) Informant Mr. Edwin Howard.
(b) Address 1122 W. Pratt St

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 8/8/1939 (month) (day) (year)
(c) Cemetery or crematory London Park Cem
Location 3801 Frederick Road.

18 (a) Funeral director John Cowan & Son
(b) Address 901 Hollins St.

19 (a) Reg. accepted by registrar 8-8-1939 (b) Registrar's signature [illegible] By [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 7 1939. at 8 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 3 1939. to Aug 7 1939. and that I last saw him alive on Aug 5 1939.

Immediate cause of death Acute Illness Colitis — Duration 4 days.

Due to Diarrhoea and Enteritis — Duration 1 mo.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. O. Glaser M. D.
Address 2708 Hollins Ferry Rd Date signed Aug 8/39

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60336

F 60336

95-B

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 816½ W. Lombard St., 13-3 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sofia Obeunas

If U. S. Veteran specify WAR

(a) Residence: No. 816½ W. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Antanas Obeunas

6. DATE OF BIRTH (month, day, year): Unknown 1868

7. AGE: Years 70 11; Months; Days 6; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Lithuania

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Lithuania

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Lithuania

17. INFORMANT: Mr. Antanas Obeunas
(Address) 816½ W. Lombard St

18. BURIAL, CREMATION, OR REMOVAL
Place: Schwartz Cem. Date: 8/9/ 1939

19. UNDERTAKER: John F. Cowan Jon
(Address) 901 Collins St

20. FILED: [illegible] Registrar

8-8-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8/7/ 1939

22. I HEREBY CERTIFY, That I attended deceased from 1/20 1937 to 8/7 1939

I last saw h[illegible] alive on 8/7/39 1939 Death is said to have occurred on the date stated above, at 1 50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure	8/6/39
Other contributory causes of importance: Arterio-Sclerotic Cardio Vascular disease	5 yr

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Joseph H. Lankenau M. D.
(Address) 639 Washington Blvd

60337

HEALTH DEPARTMENT—CITY OF BALTIMORE

60337

CERTIFICATE OF DEATH

82-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4713 Charlton St. 27-7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth Rudiger

(a) Residence: No. 4713 Charlton St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Gustavus Rudiger

6. DATE OF BIRTH (month, day, year) Nov. 25-1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Rudiger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Stamm

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary Loffell

(Address) 4713 Charlton St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 8 11 35

19. UNDERTAKER Leonard Lloyd

(Address) 505 Hanford Road

20. FILED AUG 8 1935 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/8, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 24 ..., 19 34 to Aug. 8 ..., 19 35

saw h... alive on Aug. 8 ..., 19 35 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7-24
Hypertension	
Arteriosclerosis	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) No M.D.

(Address) Belair Frankford

338

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 60338

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5919 Burgess Av St. 27-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary L Frank

(a) Residence: No. 5919 Burgess Av St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John A Frank

6. DATE OF BIRTH (month, day, year) July 10 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	0	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Berlin Md

FATHER

13. NAME Phillip Mehring

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ? Kupper

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Ina E Shellenberger
(Address) 5919 Burgess Av

18. BURIAL, CREMATION, OR REMOVAL
Place [redacted] Date 8/9

19. UNDERTAKER Howard P Funk
(Address) 5365 Harford Rd

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1939 to Aug 6, 1939

I last saw h... alive on Aug 5, 1939 Death is said to have occurred on the date stated above, at 2.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	2 Yrs
Hypertension	2 Yrs
Mitral Regurgitation Chronic	3 Yrs
Other contributory causes of importance: Chronic Interstitial Nephritis	3 Yrs

Was an operation performed? No Date of

For what disease or injury? No

Name of operation None What test confirmed diagnosis? Urinalysis - Autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Thos. F. A. Strauss M. D.

(Address) 2878 Harford Rd

Huntington Hillsdale Cty.

F 60339

F 60339

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46936 SD
Registered No.

H6-B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1011 Watson Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Colored

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 49 | Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state) 0087

10. Usual Occupation

11. Industry or business

FATHER 12. Name ?

FATHER 13. Birthplace ?

MOTHER 14. Maiden Name ?

MOTHER 15. Birthplace ?

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location

UNIVERSITY DENTAL SCHOOL AUG 8 - 1939
Commissioner of Health

18 (a) Funeral director Per H. A. Moore

(b) Address

19 (a) (Date rec'd by registrar) (b) Registrar

46936

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 1939, at 4 50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 28 1939, to July 30 1939, and that I last saw her alive on July 30 1939.

Immediate cause of death (Carcinoma of Stomach) — Duration unknown

Due to

Due to

Other Conditions syphilis, chronic alcoholism — unknown, unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo. Stevenson Boyd, M. D.

Address Balto City Hospitals Date signed 8-8-39

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

60340 F 60340

48

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2920 Elliott St. St. 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Margaret Freet

(a) Residence: No. 2920 Elliott St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Howard Freet

6. DATE OF BIRTH (month, day, year) June 2-1910

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	2	3 4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Frank Wolfermann

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary Evans

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Howard Freet (Husband)
(Address) 2920 Elliott St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Aug 9 1939

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 403 N. Wolfe St.

20. FILED 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1939 to Aug 6, 1939

I last saw her alive on Aug 4, 1939. Death is said to have occurred on the date stated above, at 12 30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix	June 1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) N. J. Downton M. D.

(Address) 3228 Eastern Ave

F 60341

60341

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore, Maryland

(c) Hospital or institution:

Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 da

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

5-1 (d) Street No. 1851 E. Fayette St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Banks

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	colored	Married

6 (b) Name of husband or wife Naomi

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 16, 1877

8. AGE: Years	Months	Days	If less than one day
62	5	20	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER

12. Name William Banks

13. Birthplace Md.

MOTHER

14. Maiden Name Hester Slocum

15. Birthplace Md.

16 (a) Informant Records

(b) Address Baltimore, City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 8/10-37 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location Baltimore Co.

18 (a) Funeral director Latte Bros.

(b) Address 1403 Ashland Ave.

19 (a) 1939 (Date rec'd by registrar) (b) Keating for Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-6 1937, at 6.30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-24 1937, to 8-6 1937, and that I last saw h[illegible] alive on 8-6 1937.

Immediate cause of death Carcinoma of Stomach with metastasis — Duration ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations Carcinoma of Stomach with met astasis

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature L.K. Woodward Jr. M. D.

Address Balto City Hosp. Date signed 8-7-37

60342

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

8-a F 60342 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Colored 4433 Street.
(b) Street address 2849 Huntington, Avenue
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 45 min
(e) Length of stay in Baltimore (yrs., mos., or days) 46 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2849 Huntington Avenue (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Watson Wilson.-

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mary I. Wilson

6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) Feb 27 = 189

8. AGE: Years 47 Months 5 Days 13 If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation None

11. Industry or business

MOTHER / FATHER

12. Name John W. Wilson

13. Birthplace Harford Co

14. Maiden Name Julia Lee Watson

15. Birthplace N. Carolina

16 (a) Informant Wm Wilson

(b) Address 2127 E Preston st

17 (a) (Burial, cremation, or removal)

(b) Date thereof Aug 10/39 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Frederick ave

18 (a) Funeral director Henry Lutz

(b) Address 203 N. Broadway

19 (a) (Date received by registrar) 1939 (b) Registrar's signature

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/7 1939, at 5:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/7 (5:30 P.M.) 1939 to 8/7 (6:15 P.M.) 1939 and that I last saw h/m alive on 8/7 1939 (5:50 P.M.)

Immediate cause of death: Cerebral Hemorrhage — Duration: 1/2 hour

Due to High Blood pressure

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy NONE

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Robert C. Crawford, M. D.

Address Union Memorial Hospital Date signed 8/7/39

60343 F 60343

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 625 S. Hanover St. 22-L Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME William Ward

If U. S. Veteran specify WAR

(a) Residence: No. 625 S. Hanover St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 8 1939

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 20 min.
			0	11 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Harry Ward

14. BIRTHPLACE (city or town) (State or country) Wilson North Carolina

MOTHER

15. MAIDEN NAME Elizabeth Ward

16. BIRTHPLACE (city or town) (State or country) Middlesex North Carolina

17. INFORMANT Elizabeth Ward
(Address) 625 S Hanover St.

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date AUG 8 - 1939

19. UNDERTAKER Commissioner of Health
(Address) Per H. A Moore

Filed AUG 7 - 1939 Hunter for Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 8 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 8 1939 to Aug 8 1939

I last saw him alive on Aug. 8 1939. Death is said to have occurred on the date stated above, at 11:40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature 32 wks.	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) J. W. Dorman Jr. M. D.

(Address) University Hospital

4977

60344

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

175

F 60344

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Benders Tavern
(c) Hospital or institution: Chesaco Ave Chesaco Park
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 702 N. Port St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Bures (Buresch)

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-07-5323

4. Sex M.

5. Color or race Wh

6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Sylvia Bures

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 12 1905

8. AGE: Years 33 | Months 9 | Days 24 | If less than one day hr. min

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Burner

11. Industry or business Bethelehem Steel Co.

FATHER
12. Name Ferdinan Bures
13. Birthplace Czeckoslovakia

MOTHER
14. Maiden Name Pronek
15. Birthplace Czeckoslovakia

16 (a) Informant Sylvia Bures (wife)
(b) Address 702 N. Port St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/10/39 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location German Hill Rd.

18 (a) Funeral director Charles E. Schimunek
(b) Address 2603 E. Madison St.

Huntington Williams, Registrar

(Date rec'd by registrar) AUG 7 - 1939

MEDICAL CERTIFICATION 11:30 P.M.

20. DATE OF DEATH 8/6/39 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Subarachnoid hemorrhage about base
Due to (b) brain
Due to Acute Alcoholism

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 8/6/39
(c) Where did injury occur? Benders Tavern Chesaco Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Salom (Specify) (While at work) No
(e) Means of injury Fist Fight.

23. Signature Howard Swift M.D.
Medical Examiner.

Date signed 8/7/39

60345 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 60345

53-B

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2106 W Fayette St. 20-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR
2. FULL NAME Mrs. Lena Fischer
(a) Residence: No. 2106 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: George J. Fischer
6. DATE OF BIRTH (month, day, year): September 6-1864
7. AGE: Years 74; Months 10; Days 1; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER
13. NAME: Henry Stumpff
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Matilda Schlosser
16. BIRTHPLACE (city or town) (State or country): Germany.

17. INFORMANT (Address): George J. Fischer 2106 W. Fayette St
18. BURIAL, CREMATION, OR REMOVAL: Place: Cathedral Date: Aug. 10 1939
19. UNDERTAKER (Address): George F. Schwartzrock 2101 Frederick Ave.
20. [illegible] Huntington Ave Williamsport Md.

AUG 8 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug. 7, 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan 20 - 1939 to Aug 7 - 1939
I last saw h alive on Aug 7th. Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma (Bladder)	1 year

Other contributory causes of importance:

Was an operation performed? — Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Cystoscope Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Chas A Carlson M. D.
(Address) 2145 W Balto St

60346 F 60346

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No.

1. PLACE OF DEATH: Union memorial Hospital
(a) Baltimore City, Maryland
(b) Street address Calvert & 33rd Sts.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or Town Rural - Randallstown (If outside city or town limits, write RURAL and give town)
(d) Street No. — (If rural give location)
(e) If foreign born, how long in U. S. A.) — years

3 (a) FULL NAME Patricia ann Boyd

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex f

5. Color or race White

6 (a) Single, married, widowed, or divorced. single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 16, 1936

8. AGE: Years 2 Months 8 Days 22 If less than one day hr. min.

9. Birthplace Randallstown, Md., Balto Co. (Town, county, and state)

10. Usual Occupation none

11. Industry or business —

MOTHER / FATHER

12. Name Austin Boyd

13. Birthplace Maryland

14. Maiden Name Eva Tripplett

15. Birthplace Maryland

16 (a) Informant (Hosp. chart)

(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-8-39 (month) (day) (year)

(c) Cemetery or crematory Woodlawn, Cemetery Location Edmondson Ave

18 (a) Funeral director G. Harry Zeker

(b) Address Sykesville, Md.

19 Aug 9 1939 (Date received by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 8 1939, at 5:45 PM

21. I certify that death occurred on the date above stated, that I attended deceased from Aug. 5 1939, to Aug. 8 1939, and that I last saw her alive on Aug. 8 1939.

Immediate cause of death	Duration
Lobar Pneumonia (Rt.)	36 hrs
" " (Left)	12 hrs
Due to	
Due to	
Other Conditions Hysterectomy	6 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy not reported yet.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Raymond J. Brogan M. D.

Address Union Mem. Hosp. Date signed Aug. 8, 39

VS 8

F 60347

F 60347

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-c

Registered No. .....

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2036 Cliftwood Ave.

(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County .....

(c) City or town Balto Md (If outside city or town limits, write RURAL and give town)

(d) Street No. 2036 Cliftwood Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

8/5

3 (a) FULL NAME Ella. M. Buckley.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	SINGLE

6 (b) Name of husband or wife \

6 (c) If alive, give age \ years

7. Birth date of deceased (mo., day, yr.) April 11 1871

8. AGE: Years	Months	Days	If less than one day
68	3	27	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation House work

11. Industry or business at home

FATHER

12. Name John. Buckley.

13. Birthplace Ireland.

MOTHER

14. Maiden Name Mary. Ryan

15. Birthplace Ireland.

16 (a) Informant Mrs Lillian Timm

(b) Address 2036 Cliftwood Ave

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 8-11 1939 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Balto Md.

18 (a) Funeral director Bernard C. Harlan

(b) Address 121 E West St

19 (a) ..... (Date rec'd by registrar) (b) ..... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 8th 1939, at 3:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 4 1939, to Aug 8 1939, and that I last saw h alive on Aug 7 1939.

Immediate cause of death Myocarditis

Due to .....

Due to Cerebral embolism

Other Conditions Possible Malignancy of Lung Involved - Enlarged Liver

(Include pregnancy within 3 months of death)

Duration 5 months

Major findings:

Of operations .....

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....

(e) Means of injury .....

23. Signature Paul I. De Barbieri M. D.

Address 4123 Park Heights Ave Date signed Aug 8 1939

VS 8 Dr. De Barbieri 4123 Park Heights Ave

60348

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 60348 [illegible]89 SD

Registered No. 95-B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 3313 Mondawmin Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

151

3 (a) FULL NAME Anne Bruning

3 (b) If veteran, name war no
3 (c) Social Security Account No. none

4. Sex
5. Color or race White
6 (a) Single, married, widowed, or divorced. Widowed
6 (b) Name of husband or wife John
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 19, 1859
8. AGE: Years 80 Months 1 Days 18 If less than one day hr. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

MOTHER / FATHER
12. Name John Krause
13. Birthplace Germany
14. Maiden Name Pauline Segmon
15. Birthplace Germany

16 (a) Informant Records
(b) Address Baltimore City Hospitals
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/10/39 (month) (day) (year)
(c) Cemetery or crematory Balto
Location Balto md
18 (a) Funeral director William Cook
(b) Address 1217 St Paul St
19 (a) [illegible] (Date received by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-7- 1939 at 9P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-7- 1939 to 8-7- 1939 and that I last saw h-er alive on 8-7- 1939.

Immediate cause of death Cerebral Hemorrhage — Duration 24 hr

Due to Hypertension C.V.D. — 11 yr

Due to Generalized Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy NO

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 8-7-39

VS 3

F 60349

F 60349

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54-3 Registered No. F 60349

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland Ave
(c) Hospital or institution: Sinai
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2612 Harford Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Hannetta M. Garrison

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: W

6 (b) Name of husband or wife Frank C

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 13 1878

8. AGE: Years 61 Months 5 Days 25 If less than one day hr. min.

9. Birthplace Baltimore Maryland. (Town, county, and state)

10. Usual Occupation Proprietress-Confectionery

11. Industry or business "

FATHER
12. Name William O Peach
13. Birthplace Balto Md

MOTHER
14. Maiden Name Mary Weber
15. Birthplace Balto Co Maryland.

16 (a) Informant John F Peach
(b) Address Greenway Apartments

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 10 1939 (month) (day) (year)
(c) Cemetery or crematory Parkwood cemetery
Location Baltimore Maryland.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul to St. Williams

(b) Registrar

AUG 9 1939

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 8 1939, at 5:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 1939 to Aug 8 1939.
and that I last saw her alive on Aug 8 1939.

Immediate cause of death Pulmonal Vascular collapse

Due to Embolic or Coronary disease

Due to Post operative thrombo phlebitis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Benign Polypus ? ovary

Of autopsy None

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wilbur Appleford
Address Sinai Hospital Date signed 8/8/39

F 60350

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 60350 Registered No. 188

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Raspeburg, Md. (Rural) (If outside city or town limits, write RURAL and give town)
(d) Street No. Philadelphia Ave. (old) (If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Joseph ~~Doubin~~ Ephraim Dunbar

3 (b) If veteran, name war: no

3 (c) Social Security Account No. —

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Bertha J Dunbar

6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) Sept 24, 1885

8. AGE: Years 54 | Months 10 | Days 14 | If less than one day: hr. min.

9. Birthplace New Windsor Md (Town, county, and state)

10. Usual Occupation Laborman

11. Industry or business Nottingham Farm

FATHER 12. Name Ephriam B. Dunham

13. Birthplace New Windsor Md

MOTHER 14. Maiden Name Elizabeth Bugham

15. Birthplace New Windsor Md.

16 (a) Informant Mrs Bertha J Dunbar

(b) Address Raspeburg Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 10, 1939 (month) (day) (year)

(c) Cemetery or crematory All Saints Cem. Location Westminster, Md.

18 (a) Funeral director John Burns Sons

(b) Address Towson, Md.

Aug 9 1938 (month) (day) (year) registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-7-39 19 , at 7:30 ? M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Fractured ribs Ruptured liver — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 8/7/39
(c) Where did injury occur? Raspeburg Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? farm While at work? yes (Specify type of place)
(e) Means of injury Gored by bull

23. Signature Conrad Oetons M.D. Medical Examiner

Date signed 8/8/39

F 60351

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 60351

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Latitia Ave on B-O R.R.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
Street No. Lettitia Ave (If rural give location) B.O.R.R. yards
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ~~Latitia~~ Frederica S Creager

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced M

6 (b) Name of husband or wife Jefferson H. Creager
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 11, 1885

8. AGE: Years 53 | Months 7 | Days 27 | If less than one day: hr. min.

9. Birthplace Bucto. Md (Town, county, and state)

10. Usual Occupation H.W

11. Industry or business

FATHER 12. Name Robert Roell
13. Birthplace Holland

MOTHER 14. Maiden Name Elizabeth Sprechelmann
15. Birthplace Germany

16 (a) Informant Jefferson H. Creager
(b) Address Lettitia Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/10/39 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location

18 (a) Funeral director Harry A. Wittie
(b) Address 4101 Edmondson Ave

Date of death AUG 9 - 1939 Hunting ton Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-8-39 19 , at 6 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death Depression — ~~Injured~~ Crushed by
Due to R. R. train —
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 8/8/39
(c) Where did injury occur? Latitia Ave + B&O tracks (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? R. R. tracks While at work? no (Specify which)
(e) Means of injury Railroad train Jumped
23. Signature Conrad Acton M.D. Medical Examiner
Date signed 8-8-39

60352

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 60352

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Division St) (Ward 3)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Sarah Bailey

If U. S. Veteran specify WAR

(a) Residence: No. 2010 Division St St., ... Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John H. Bailey

6. DATE OF BIRTH (month, day, year): June 17, 1865

7. AGE: Years: 73; Months: 6; Days: 26; If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: Charles Watkins

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Addie Dorsie

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Morris Bacon.

(Address) 2010 Division St

18. BURIAL, CREMATION, OR REMOVAL. Place: Mt. Auburn Date: 8-11 19 39

19. UNDERTAKER: Mrs Frances A Hemsley.

(Address) 578 W. Biddle St.

20. FILED AUG 9 - 1939

Thornton J. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8-7-39. 19

22. I HEREBY CERTIFY, That I attended deceased from 8-6-39. 19 to 8-7-39. 19

I last saw her alive on 8-7-39. 19 Death is said to have occurred on the date stated above, at 2.45 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio. Renal	?
Pleurisy	
Mitral Insufficiency	
Chr. Interstitial Nephritis	?

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) C. E. Mabourey. M. D.

(Address) Provident Hospital

60353 (7)

BALTIMORE CITY HEALTH DEPARTMENT V 60353 15581 SD

Registered No.

CERTIFICATE OF DEATH V 95-13

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. No Home (If rural give location)
(e) If foreign born, how long in U. S. A.? years

26-IV

3 (a) FULL NAME Minnie Batzer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Henry

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-1860

8. AGE: Years 79 | Months 3 | Days | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Anthony J. Harold
13. Birthplace Maryland

MOTHER
14. Maiden Name Sophia Stehler
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal)
(b) Date thereof 8/10/39 (month) (day) (year)
(c) Cemetery or crematory St Matthews bym
Location Odonell St Extended

18 (a) Funeral director Leo L. Cook
(b) Address 1701 N Fatt Park Ave

19 (a) Received by (registrar) AUG 8 1939
(b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH August 7 1939, at 9:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 28 1939, to August 7 1939, and that I last saw her alive on August 7 1939.

Immediate cause of death: Hypertensive Cardiovascular disease — Duration unknown

Due to

Due to

Other Conditions Arteriosclerosis, generalized — unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Enlarged heart, congestive failure

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. D.
Address Balto City Hosp. Date signed 8-8-39

F 60354

F 60354

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-B

Registered No. .....

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address .....

(c) Hospital or institution: Balto. City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 da.

(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County .....

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 1627 N. Patterson Park Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Conrad E. Keene (46732)

3 (b) If veteran, name war .....

3 (c) Social Security Account No. .....

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Annie

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 3, 1869

8. AGE: Years 70 | Months 3 | Days 5 | If less than one day: hr. ..... min. .....

9. Birthplace XXXXX Penn. (Town, county, and state)

10. Usual Occupation Porter

11. Industry or business .....

FATHER

12. Name John

13. Birthplace Penn.

MOTHER

14. Maiden Name Barbara Boll

15. Birthplace Penn.

16 (a) Informant Hospital Records

(b) Address .....

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof 8-11-39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Holy Redeemer Location Belair Road

18 (a) Funeral director Geo. E. Cook

(b) Address 1701 N Patt Park Ave

AUG 9 1939 (Date received by registrar) Hunter to Hilleary Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 8, 1939, at 10:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 21, 1939, to August 8, 1939, and that I last saw h im alive on August 8, 1939.

Immediate cause of death: Carcinoma of lung — Duration: 1 yr.

Due to .....

Due to .....

Other Conditions: Arteriosclerotic Heart Disease

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? ..... (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)

(e) Means of injury .....

23. Signature E. Keene M. D.

Address Balto. City Hospitals Date signed 8-8-39

VS 3

F 60355

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-a F 60355 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts.
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 503 Dunkirk Pk. (If rural give location)
3405 Southern Ave.
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Frederick Volker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Mrs. Christina Volker
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 4, 1870

8. AGE: Years	Months	Days	If less than one day hr.	min.
68	8	4		

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation Mail Carrier
11. Industry or business U.S. Government

FATHER
12. Name Michael Volker
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mr. Milton C. Volker
(b) Address 503 Dunkirk Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 11, 1939 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Taylor Ave.

18 (a) Funeral director F. Lanahan & Son
(b) Address 7401 Belair Road

Aug 9 - 1939 (Date received by registrar) Hunting Toy Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 8 1939. at 11.47 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 4 1939. to Aug 8 1939. and that I last saw h alive on Aug 8 1939.

Immediate cause of death enterostenal obstruction — Duration

Due to paralytic ileus

Due to

Other Conditions incarcerated & strangulated recurrent scrotal hernia
(Include pregnancy within 3 months of death)

Major findings:
Of operations large scrotal hernia.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. D. Valentine M. D.
Address Franklin Sq. Hosp. Date signed 8/8

VS 3

F 60356

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

Registered No. F 60356

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Rosedale (If outside city or town limits, write RURAL and give town)
(d) Street No. Elmhurst And Chesaco Aves. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Howard E. Dunn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Margaret Dunn

6 (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) July 17, 1868

8. AGE: Years 71 | Months 0 | Days 20 | If less than one day: hr. min.

9. Birthplace Philadelphia, Pa. (Town, county, and state)

10. Usual Occupation Engineer

11. Industry or business Railroad (Retired)

FATHER
12. Name George Dunn
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. H. E. Dunn,
(b) Address Elmhurst Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 10, 1939 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Taylor Ave.

18 (a) Funeral director Fredk. Lauchheimer & Son
(b) Address 7401 Belair Road.

AUG 9 - 1939 (Date received by Registrar) Hunting to Milliquet Registrar

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/7/39 19 . at 8 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death: Arteriosclerosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Conrad Acton M.D. Medical Examiner

Date signed 8-8-39

F 60357

CCK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-3 36872 Registered No. F 60357

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
2-2
(d) Street No. 231 S. Broadway (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Kirkner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-27-1873

8. AGE: Years 65 | Months 9 | Days 8 | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Lithographer

11. Industry or business

MOTHER / FATHER

12. Name Edward Kirkner

13. Birthplace Germany

14. Maiden Name Catherine Smith

15. Birthplace Germany

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location UNIVERSITY MEDICAL SCHOOL AUG 9 - 1939

18 (a) Funeral director Commissioner of Health

(b) Address By H. A. Mees

AUG 9 - 1939 (Date rec'd by registrar) Registrar

4378

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-5 1939. at 12 30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-9 1938 to 8-5 1939, and that I last saw him alive on 8-4 1939.

Immediate cause of death: Malignancy gastro-intestinal tract of undetermined site with metastasis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: ?

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. Kirkwood Barnhart M. D.

Address Balto City Hosp. Date signed 8-4-39

F 60358

Case No. 15778 dk

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

343-607a

Registered No. F 60358

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore, Maryland

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 9 9

(e) Length of stay in Baltimore (yrs., mos., or days) 9 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 935 Madison Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jasper Guyton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/4/82

8. AGE: Years	Months	Days	If less than one day
57	6	27	hr. min.

9. Birthplace Atlanta, Georgia (Town, county, and state)

10. Usual Occupation Waiter

11. Industry or business

FATHER

12. Name Martin Guyton

13. Birthplace N. C.

MOTHER

14. Maiden Name Edlin Cline

15. Birthplace N. C.

16 (a) Informant B. C. H. Records

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location UNIVERSITY MEDICAL SCHOOL AUG 9 - 1939

Commissioned of ...

18 (a) Funeral director Per H. A. Moore

(b) Address

19 (a) [illegible] (b) Huntington Williams [illegible]

(Signature of registrar)

4548

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 1 1939, at 8:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-22 1931, to 8-1 1939, and that I last saw h[illegible] alive on 8-1 1939.

Immediate cause of death

Bronchopneumonia

Aneurysm of aorta

Due to Syphilis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

2 weeks

unknown

unknown

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature C. Jeveln[illegible] Brand M. D.

Address Balto city Hospitals Date signed 8-8-39

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60359

CERTIFICATE OF DEATH

107-a F 60359

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Church Home & Infirmary St. 2452 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr Charles Jackson.

If U. S. Veteran specify WAR

(a) Residence: No. 415 Tolson St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/5/07

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Frank P Jackson.

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Margaret Bell

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Mrs Lillian C Lehman
(Address) 415 Tolson St

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Aug 12. 1939

19. UNDERTAKER William M Mbreck
(Address) 716 Light St

20. AUG 9 — 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/9 . 1939

22. I HEREBY CERTIFY, That I attended deceased from 8/1 . 1939 to 8/9 . 1939

I last saw h[illegible] alive on 8/9 . 1939 Death is said to have occurred on the date stated above, at 12:30 am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Extraperitoneal Abscess	11
Perirectal abscess.	
Other contributory causes of importance:	
Bronchopneumonia	3

Was an operation performed? yes Date of 8/6/39 8/5/39

For what disease or injury? Ruptured abscess extraperitoneal abscess

Name of operation Drainage of abscesses.

What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Roger G Winston M. D.

(Address) Church Home Infr.

V8 8

GHB

60360 HEALTH DEPARTMENT—CITY OF BALTIMORE 60360

CERTIFICATE OF DEATH

Registered No. 60360

1. PLACE OF DEATH St. Joseph's Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Caroline & Oliver St. 10-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Mary E Tunbett

(a) Residence: No. 600 E Eager St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	M.

5a. If married, widowed or divorced HUSBAND of (or) WIFE of William H. Tunbett

6. DATE OF BIRTH (month, day, year) Nov 16 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Wm E. Avery

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary M Dietz

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Angelina E Jenkins

(Address) 724 Hanover Street

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Aug 12 1939

19. UNDERTAKER William Cott

(Address) 121 S. Paca St.

20. FILED ..., 19... [illegible] Registrar.

AUG 9 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 8th 1939

22. I HEREBY CERTIFY, That I attended deceased from August 8th 1939 to August 8th 1939

I last saw her alive on August 8th 1939 Death is said to have occurred on the date stated above, at 11:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Hypertension	
Coronary Thrombosis	1 Hour

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) M. R. Tunget M. D.

(Address) St. Joseph's Hosp.

60345
60361

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53-E

F 60361 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Dumbarton (If outside city or town limits, write RURAL and give town)
(d) Street No. 715 Slade Ave & Park Heights Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? yeara

3 (a) FULL NAME Stanley M. Dupkin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age yeara

7. Birth date of deceased (mo., day, yr.) 3-12-29

8. AGE: Years	Months	Days	If less than one day
10	4	26	hr. min.

9. Birthplace Maryland - Balto. (Town, county, and state)
10. Usual Occupation School - Pupil
11. Industry or business

FATHER
12. Name Philip Dupkin
13. Birthplace Md.

MOTHER
14. Maiden Name Frederike Perlman
15. Birthplace Md.

Records

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/10/39. (month) (day) (year)
(c) Cemetery ~~or crematory~~ Chevra Shalom
Location Balto. Md.

18 (a) Funeral director Harris Sonneborn & Son
(b) Address 1902 Eutaw Place

19 (a) AUG 9 - 1939 Huntington Williams Registrar

EHL

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 8 1939. at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7.21 1939. to 8.8 1939. and that I last saw him alive on 8.8 1939.

Immediate cause of death
Periosteal Sarcoma Left Femur - with
Due to generalized metastasis. i.e. Lumbar
Due to Vertebra - Left Chest
Other Conditions
(Include pregnancy within 3 months of death)

Duration: 1 year

Major findings:
Of operations Biopsy = above diagnosis - Left Femur
Of autopay None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. Richard Ferguson M. D.
Address Johns Hopkins Hosp. Date signed

V8 3

F 60362

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

23 ✓ Registered No. F 60362

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1428 Forge Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1428 Forge Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

27-15

3 (a) FULL NAME William F. Gaunt
3 (b) If veteran, name war
3 (c) Social Security Account No. 220-05-5319

4. Sex fem.
5. Color or race wh
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife HelenF. Gaunt
6 (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) Aug. 3, 1887

8. AGE: Years 52 | Months 0 | Days 5 | If less than one day hr. min

9. Birthplace Edgewood, Maryland (Town, county, and state)

10. Usual Occupation Presser and Tailor
11. Industry or business

FATHER
12. Name Charles B. Gaunt
13. Birthplace Maryland

MOTHER
14. Maiden Name Ida M. Witten
15. Birthplace Maryland

16 (a) Informant Helen F. Gaunt
(b) Address 1428 Forge Ave. Mt. Washington

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 11, 1939 (month) (day) (year)
(c) Cemetery or crematory St. Pauls Violettville
Location

18 (a) Funeral director Wm. Cook
(b) Address 1217 St. Paul St.

(Date received by registrar) AUG 9 - 1939 (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/8/39 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Pulmonary tuberculosis — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Vandegrift M.D
Medical Examiner.
Date signed 8/7/39

363

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 60363

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1809 Lancaster St. St. 2-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julianna Rydzewska

If U. S. Veteran specify WAR

(a) Residence: No. 1809 Lancaster St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Rydzewski

6. DATE OF BIRTH (month, day, year) 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Frank Tafilowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Joseph Rydzewski

(Address) 1809 Lancaster St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Aug. 10, 1939

19. UNDERTAKER Fred W. Ozazewski

(Address) 1930 Eastern Ave.

20. FILED AUG 9 - 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 7, 39

22. I HEREBY CERTIFY, That I attended deceased from aug. 2, 1939 to aug. 6, 1939.

I last saw h[illegible] alive on aug. 6, 1939. Death is said to have occurred on the date stated above, at 6.A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart disease.	about 1 yr.
Other contributory causes of importance. Chronic Nephritis.	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? P.M. & C. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John J. Kruger, M. D.

(Address) 1809 Eastern Ave.

60364
366284

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131

Registered No. E 60364

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 dys
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Glendale (If outside city or town limits, write RURAL and give town)
(d) Street No. North Pt. Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Samuel Joseph Fox

3 (b) If veteran, name war: .....
3 (c) Social Security Account No. 213-07-2273

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 12-19-88

8. AGE: Years 0 D | Months 7 | Days 20 | If less than one day ..... hr. ..... min.

9. Birthplace: Maryland (Town, county, and state)
10. Usual Occupation: Crane Operator
11. Industry or business: Bethlehem Steel Co

FATHER 12. Name: William Fox
13. Birthplace: Europe

MOTHER 14. Maiden Name: Ilona Rosenthal
15. Birthplace: Europe

16 (a) Informant: Records
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof: Aug 12 39 (month) (day) (year)
(c) Cemetery or crematory: Eastern Ave
Location .....

18 (a) Funeral director: William Roth
(b) Address: 217 S Paca St

(c) Filed AUG 14 1939 Registrar: Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 9 1939 at 7 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jul. 28 1939 to Aug 9 1939 and that I last saw h-im alive on Aug 9 1939.

Immediate cause of death: Uremia — Duration: 5 days
Due to: Pulmonary Infection — ? years
Due to: Chronic Rheumatic Nephritis — ? years
Due to: Rheumatic Heart Disease — years

Other Conditions: ? Virus Pneumonia — 10 days
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy Aortic Insufficiency, Infarcts

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature: D. M. Welty M. D.
Address: Johns Hopkins Date signed: 8-9-39

60365

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60365

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 105 Woodlawn Rd St., 27-14 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Annie McCurley Summers

(a) Residence: No. 105 Woodlawn Rd St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles H. Summers Jr.

6. DATE OF BIRTH (month, day, year) Dec. 26 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. md.

FATHER

13. NAME Isaac McCurley

14. BIRTHPLACE (city or town) (State or country) Balto. md.

MOTHER

15. MAIDEN NAME Hannah A Sloan

16. BIRTHPLACE (city or town) (State or country) Balto. md.

17. INFORMANT Mr. Chas. H. Summers Jr.
(Address) 105 Woodlawn Rd, Roland Park

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Aug 10 39

19. UNDERTAKER Stewart & Mowen Company
(Address) 108 W. North Avenue

20. FILED AUG 10 1939 Hunting for Lillian

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1937 to August 8, 1939. I last saw her alive on August 8, 1939. Death is said to have occurred on the date stated above, at 11.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Not known
Coronary thrombosis	Aug 8, 1939
Other contributory causes of importance: Diabetes Mellitus	1933

Was an operation performed? No Date of ...

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Henry T. Collenberg, M. D.

(Address) 2 W. Read Street

F 60366

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 60366 Registered No. 118

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 734 Pierce St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Wallace

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Sarah Wallace
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 50? | Months | Days | If less than one day hr. min

9. Birthplace Washington D C. (Town, county, and state)

10. Usual Occupation Laborer
11. Industry or business

FATHER 12. Name John Wallace
13. Birthplace Charles Co. Md.

MOTHER 14. Maiden Name Sanger
15. Birthplace Charles Co. Md.

16 (a) Informant Sarah Wallace
(b) Address 734 Pierce St

17 (a) (Burial, cremation, or removal) (b) Date thereof 8-10-39.
(c) Cemetery or crematory National Cemetery
Location

18 (a) Funeral director Katie R. Williams
(b) Address 392 W. Lombard St

AUG 10 1939

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/7/39 19 , at 11-4 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death ~~Gastritis, acute~~ Awaiting results of Autopsy — **Duration**

Due to

Due to Gastritis, acute cause not found

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ?
(b) Date of occurrence 8/7/39
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? yes
(Specify type of place)
(e) Means of injury

23. Signature Conrad Autenreith M.D.
Medical Examiner

Date signed 8/7/39

60367

HEALTH DEPARTMENT—CITY OF BALTIMORE

60367

CERTIFICATE OF DEATH

✓ 47-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. St. 15-4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry M. Shepherd — If U. S. Veteran specify WAR .....

(a) Residence: No. 2137 Wallbrook Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 16 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sign Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James H Shepherd

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Catherine Mystay

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Margaret Shepherd (daughter)
(Address) 2137 Wallbrook Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Aug 12. 1939

19. UNDERTAKER Mamie C. Lyter
(Address) 1600 N. North Ave

20. FILED ..... 19.... Registrar.

AUG 10 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 9. 1939

22. I HEREBY CERTIFY, That I attended deceased from July 10 1939 to Aug. 9 1939

I last saw him alive on Aug 9 1939. Death is said to have occurred on the date stated above, at 12:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset (month and year)
Primary Carcinoma of Lung	
Secondary metastasis to abdomen, chest, etc.	"
Other contributory causes of importance:	
Pulmonary edema and chronic passive congestion	"
	"

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Thomas Eustor M. D.

(Address) Mercy Hosp.

F 60368

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F-60368 89809 M

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 774 Washington Blvd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 774 Washington Blvd (If rural give location)
(e) If foreign born, how long in U. S. A.? 29 years

3 (a) FULL NAME Samuel Wolf

3 (b) If veteran, name war

3 (c) Social Security Account No. NONE

4. Sex M.

5. Color or race Wh

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Tillie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years 52 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Photographer

11. Industry or business

MOTHER FATHER

12. Name Morris Wolf

13. Birthplace Russia

14. Maiden Name Unknown

15. Birthplace Russia

16 (a) Informant William Wolf.

(b) Address 3920 Eastern ave

17 (a) (Burial, cremation, or removal)

(b) Date thereof 8-10-39 (month) (day) (year)

(c) Cemetery or crematory Sinai Washington Rd.

Location Washington Blvd.

18 (a) Funeral director Sol Levinson & Bros.

(b) Address 1124-26 W. Baltimore ave

Huntington Publishing Co.

AUG 10 1939

Registrar

MEDICAL CERTIFICATION 9:30 A.M.

20. DATE OF DEATH 8/9/39 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)

obtained by said I (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence No
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Medical Examiner.

Date signed 8/9/39

VS 6

60369

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

96

F 60369 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 631 N Carrollton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) ~~County~~
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 631 N. Carrollton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Ella Frances Arthur

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age ___ years

7. Birth date of deceased (mo., day, yr.) Jan 29, 1891

8. AGE: Years 58 | Months 6 | Days 10 | If less than one day ___ hr. ___ min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation House work

11. Industry or business Laundress

MOTHER / FATHER

12. Name Not Known

13. Birthplace

14. Maiden Name Not Known

15. Birthplace

16 (a) Informant Wm Arthur

(b) Address 631 N Carrollton Ave

17 (a) ___ (Burial, cremation, or removal) (b) Date thereof Aug 11, 1939 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location

18 (a) Funeral director Mrs Kate R. Williams

(b) Address 322 N. Schroeder St,

19 (a) 1939 (Date received by registrar) (b) Registrar

AUG 10 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 8 1939 at 3.50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1939, to Aug 8 1939, and that I last saw her alive on Aug 8 1939.

Immediate cause of death
Aneurysm Carotid (a)

Due to

Due to

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
avr

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. G. Harris M. D.

Address 631 N Carrollton Ave Date signed 8/10/39

60370

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 60370

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 414 E. Federal St., 12-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Dolly Tutt

If U. S. Veteran specify WAR .....

(2) Residence: No. 414 E. Federal St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Benegram Tutt

6. DATE OF BIRTH (month, day, year) Aug. 4, 18 94

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 437

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ga.

FATHER

13. NAME Allen Leverett

14. BIRTHPLACE (city or town) (State or country) Ga.

MOTHER

15. MAIDEN NAME Leathy Parks

16. BIRTHPLACE (city or town) (State or country) Ga

17. INFORMANT Luther Leverett
(Address) 2453 Brentwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem. Date Aug 10 1939

19. UNDERTAKER Mrs. P. A. Elliott & Daughter
(Address) 1129 N. Caroline St.

AUG 10 1939

20. FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/8, 1939

22. I HEREBY CERTIFY, That I attended deceased from 6/1, 1939 to 8/8, 1939

I last saw her alive on 8/6, 1939 Death is said to have occurred on the date stated above, at 4 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Paralysis	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) B. W. Rhett, M. D.

(Address) 21 W. 29th St.

OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 60371

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

F 60371 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 623 N Spring
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) none
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 623 N Spring. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Gertrude Lee

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife William Lee
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1 - 1887

8. AGE: Years 52 | Months 4 | Days 7 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation unemployed
11. Industry or business none

FATHER
12. Name Charles Morgan
13. Birthplace Maryland

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Carrie Brown
(b) Address 623 N. Spring St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-10-39 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial Pk.
Location

18 (a) Funeral director Mrs. R.G. Elliott & Daughter
(b) Address 1129 N. Carrolton St.

19 (a) Date received by Registrar AUG 10 1939 (b) Registrar Huntington Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 7 1939, at 1:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 2 1939 to Aug 7 1939 and that I last saw her alive on Aug 7 1939.

Immediate cause of death Interstitial Nephritis — Duration: June 2 1939

Due to Hypertension.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George S. Allen M.D.
Address 50 Penn St Date signed Aug 9-39

60372

F 60372

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164 a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1922 N. Charles St
(c) Hospital or institution: Union Memorial Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) May 1, 1939

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1922 N. Charles (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Gladys Rosett (Rosetti)

3 (b) If veteran, name war

3 (c) Social Security Account No. 049-05-4467

4. Sex F | 5. Color or race Wh | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Arthur Rosett

6 (c) If alive, give age 32 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 32 | Months | Days | If less than one day hr min

9. Birthplace Easton Md (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business Private

FATHER
12. Name Ed Carlin
13. Birthplace Easton, Pa.

MOTHER
14. Maiden Name Sarah Carlin
15. Birthplace Easton Pa.

16 (a) Informant Virginia Dodio
(b) Address Bowie Md.

17 (a) Burial, cremation, or removal
(b) Date thereof 8-10-39 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location A.A. Co.

18 (a) Funeral director Fred A. Hance & Son
(b) Address 216 S. Charles St

19 (a) Embalmed by Williamson

AUG 10 1939

MEDICAL CERTIFICATION 5:20 P.M.

20. DATE OF DEATH 8/2/39 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Illuminating gas poisoning

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy none

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 8/2/39
(c) Where did injury occur? Home 1922 Charles St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Open kitchen stove burners

23. Signature [illegible] M.D. (Medical Examiner)

Date signed 8/3/39

F 60373

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60373

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1736 L Lewlyn Ave Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah E. Dare

If U. S. Veteran specify WAR .....

(a) Residence: No. 1736 L Lewlyn ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Mar 12 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56		27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) L. A. Co Maryland

FATHER

13. NAME Thomas Parker

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Edmonia Peterson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary Dare Taylor

(Address) 1736 L Lewlyn ave

18. BURIAL, CREMATION, OR REMOVAL

Place MT Calvary Date Aug 11 1939

19. UNDERTAKER Payne Sanders

(Address) 1412 E. Preston St

20. FILED ..... 19..... ..... Registrar.

AUG 10 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 9 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 2 1939 to Aug 9th 1939.

I last saw h.e alive on Aug 8 1939. Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary T. B.	July 1939
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Calvin B. LeCompte M. D.

(Address) 1113 N Caroline St

OCCUPATION is very important. See instructions on back of certificate.

60374 HEALTH DEPARTMENT—CITY OF BALTIMORE 60374

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 418 Worsley St St. 12-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ames Henson

If U. S. Veteran specify WAR .....

(a) Residence: No. 418 Worsley St St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct 2/ 1915

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
24	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Enoch Henson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Nancy D Ervin

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Amey D Ervin

(Address) 418 Worsley St

18. BURIAL, CREMATION, OR REMOVAL

Place W. Oakwood Date Aug 11 1939

19. UNDERTAKER Casper Sanders

(Address) 1412 E Preston St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-8-39 19

22. I HEREBY CERTIFY, That I attended deceased from Apr. 6 1939 to Aug 8 1939

I last saw him alive on Aug 6 1939. Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tbc.	about 12-1-38

Other contributory causes of importance: .....

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Maurice Adams M. D.

(Address) 312 E. 23rd St

OCCUPATION is very important. See instructions on back of certificate.

AUG 10 1939

60375

60375

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

22-a F 60375 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Monument & Rutland Ave

(c) Hospital or institution: Sinai Hospital

(d) Length of stay in hospital or inst. ([illegible], or days) 20

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2236 E. Balto. St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME abraham miller

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-03-6908

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced ~~Married~~ Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 61 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Cloak Maker

11. Industry or business

FATHER 12. Name Nathan Miller

13. Birthplace Russia

MOTHER 14. Maiden Name Not Known

15. Birthplace Russia

16 (a) Informant Joe Miller - Son.

(b) Address 2236 E. Balto St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-10-39 (month) (day) (year)

(c) Cemetery or crematory Herring Run

Location Phil. Rd. & Bowleys Lane

18 (a) Funeral director Jack Levy Inc.

(b) Address 1439 E. Balto St.

19 AUG 20 1939 (b) Huntington Volkmann Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/9/39 19 at 9:50 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/20/39 to 8/9/39

and that I last saw him alive on 8/9/39

Immediate cause of death Pulmonary Embolism

Due to Embolism following hemiplasty

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations Left direct inguinal hernia

Of autopsy

Duration. 5 min

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Willard Applefeld M. D.

Address Sinai Hospital Date signed 8/9/39

60376

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157 F. 60376 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fer 3 Point Hay.
(c) Hospital or institution:
SS. Allegheny – Mt. Ms. S.S. Co. H-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day.

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County
(c) City or town Sharpsburg (If outside city or town limits, write RURAL and give town)
(d) Street No. 177 Park View Blvd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Shirley Cook

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 15 | Months | Days | If less than one day hr. min.

9. Birthplace Pittsburg Pa. (Town, county, and state)

10. Usual Occupation Student

11. Industry or business

FATHER 12. Name Wm. Cook

13. Birthplace Pittsburg Pa.

MOTHER 14. Maiden Name Hazel Cook

15. Birthplace Pittsburg Pa.

16 (a) Informant Dr. G. L. Wyatt

(b) Address 2003 Clark Bldg.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-10-39 (month) (day) (year)

(c) Cemetery or crematory Pittsburg Pa.

Location

18 (a) Funeral director Chas. Lewis Sons

(b) Address 1439 E. Fayette St. Baltimore Md.

(b) Hunting ton Williams, Jr.

AUG 10 1939

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-10-39 19 , at 3 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death — Duration

Congenital Heart Disease

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Conrad Acton Jr. M.D.
Medical Examiner

Date signed 8/10/39

60377 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 60377

CERTIFICATE OF DEATH

✓50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 803 Harlem Ave St., 17-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ida D. Smith

If U.S. Veteran specify WAR .....

(a) Residence: No. 803 Harlem Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	WIDOW

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-3-1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. June - 39

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0 1 0

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Fr Pleton Johnson

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Annie G. Hughes

16. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

17. INFORMANT Mrs. Annie Hammond
(Address) 803 - HARLEM - Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place MT. ALBURN - Cemt Date 8-12 1939

19. UNDERTAKER Elroy A Wilson
(Address) 1000 Brantley ave

20. FILED AUG 10 1939 Huntington Williams Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 9 39

22. I HEREBY CERTIFY, That I attended deceased from July 6 1939 to Aug 8 1939
I last saw h[illegible] alive on Aug 8 1939 Death is said to have occurred on the date stated above, at 3A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Rt Breast	?
	1
Other contributory causes of importance:	
Metastasis	1
	?

Was an operation performed? yes Date about 2 yrs ago

For what disease or injury? Carcinoma breast Rt

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) S B Hughes M. D.

(Address) 1413 Druid Hill Ave

60378

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 60378

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2638 Boston St. St. 1-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Peter Behmer

If U. S. Veteran specify WAR .....

(a) Residence: No. 2638 Boston St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Lussie Behmer

6. DATE OF BIRTH (month, day, year) Sept. 26-1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79	10	14 12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer, do
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Behmer (Son)
(Address) 1110 E. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 8-12- 1939

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 403 E. Wolfe St.

FILED ..... 19.....

AUG 10 1939

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 8 1939

22. I HEREBY CERTIFY, That I attended deceased from June 15 1939 to Aug 8 1939

I last saw him alive on Aug 8 1939. Death is said to have occurred on the date stated above, at 5:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	
Chr. Myocarditis	
Myocardial Failure	Aug 8 1939

Other contributory causes of importance:

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) E. A. Schemmerhorn M. D.

(Address) 842 E. Fort Ave

OCCUPATION is very important. See instructions on the back of certificate.

Transcript of Witness

OK

F 60379

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-a Registered No. F 60379

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1313 Pennsylvania Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Anderson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Unknown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) [illegible] 1880

8. AGE: Years	Months	Days	If less than one day
7 [illegible] 59	Unknown		hr. min.

9. Birthplace Unknown
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

MOTHER / FATHER
12. Name Unknown
13. Birthplace Unknown
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL AUG 10 1939

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Hoar

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-27 1939, at 9 45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-14 1939, to 7-27 1939, and that I last saw h[illegible] alive on 7-27 1939.

Immediate cause of death	Duration
Gastric hemorrhage	several hours
Due to Chronic gastric ulcer	?
Due to	
Other Conditions Abdominal Disruption (twice - one month ago)	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Chronic gastric ulcer. Abdominal disruption (twice - 1 month ago)
Of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E K Woodward Jr. M. D.
Address Balto. City Hosp. Date signed 7-28-39

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60380 × 161-D F 60380

CERTIFICATE OF DEATH

1. PLACE OF DEATH Johns Hopkins Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Gilhooly — If U. S. Veteran specify WAR .....

(a) Residence: No. 818 Beaumont Ave St., Catonsville Ward 4
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/5/39

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
—	—	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Mr. John Gilhooly

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Saag

16. BIRTHPLACE (city or town) (State or country) Minnesota

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS HOSPITAL Date AUG 10 1939
Commissioner of Health

19. UNDERTAKER
(Address) Per H. A. Moore

20. FILED AUG 10 1939 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) , 19

22. I HEREBY CERTIFY, That I attended deceased from August 1, 1939. to August 5, 1939.
I last saw him alive on August 5, 1939. Death is said to have occurred on the date stated above, at 4.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhagic disease of the Newborn	
Other contributory causes of importance:	

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) Caroline Jackson M. D.
(Address) Johns Hopkins

OCCUPATION IS VERY Important. See instructions on back of certificate.

VS 8

1981

F 60381

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 60381

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 915 N. Eden St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Helen Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Black | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-9-39

8. AGE: Years | Months 5 | Days 28 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Charles Brown
13. Birthplace S. Car

MOTHER 14. Maiden Name Leona Woodard
15. Birthplace S Car

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematoty
Location JOHNS HOPKINS MEDICAL SCHOOL AUG 10 1939
Commissioner of Health

18 (a) Funeral director
(b) Address Per H. A. Moore

19 AUG 10 1939 Harrington Williams Registrar
(Date rec'd by registrar)

1888

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 7 1939 at 7 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 6 1939 to Aug 7 1939. and that I last saw h[illegible] alive on Aug 2 1939.

Immediate cause of death dysentery — Duration 1 week

Due to — Duration down

Due to

Other Conditions cranidates

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ethel Walker M. D.
Address Baltimore Date signed 8/7/39

F 60214 F 60382

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 60382

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Chas. Co
(c) City or town Rods Pt. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Pauline Butler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-27-39

8. AGE: Years | Months | Days: 8 | If less than one day: hr. | min. 9

9. Birthplace: Balto Md (Town, county, and state)

10. Usual Occupation: Infant

11. Industry or business

FATHER 12. Name: Unknown

13. Birthplace: Unknown

MOTHER 14. Maiden Name: Pauline Butler

15. Birthplace: U.S.

16 (a) Informant: Records

(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory: JOHNS HOPKINS MEDICAL SCHOOL

Location: AUG 10 1939

18 (a) Funeral director: Commissioner of Health

(b) Address: Per M. A. Moore

19 (a) AUG 10 1939 (b) Burial permit issued by Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 5 1939, at 12.10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 27 1939. to Aug 5 1939. and that I last saw her alive on Aug 5 1939.

Immediate cause of death: Prematurity — Duration: 1 day

Due to: Pneumonia

Due to:

Other Conditions: Septicemia — Duration: 1 day

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN

(Underline the cause to which death should be charged statistically.)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Ethel Walker M. D.

Address: Baltimore Date signed 8/5/39

VS 8

60383

HEALTH DEPARTMENT—CITY OF BALTIMORE 60383

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6009 Harford Road Ward) 5

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John W. Snyder

If U. S. Veteran specify WAR .....

(a) Residence: No. 6009 Harford Road Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary E. Snyder

6. DATE OF BIRTH (month, day, year) 4-8-1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 050

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mary E. Snyder
(Address) 6009 Harford Road

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date 8/12/39

19. UNDERTAKER Leonard J. Roth
(Address) 5301 Harford Road

20. FILED Hamilton Williams, M. Registrar.

AUG 10 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-9-39, 19

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1939, to Aug 9th, 1939

I last saw him alive on Aug 9th, 1939. Death is said to have occurred on the date stated above, at 1:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Interstitial nephritis	?
Hypertension	?
Cerebral hemorrhage	8/5/39

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation .....

What test confirmed diagnosis? Urine Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Francis L. Bagli, M. D.

(Address) 6077 Harf. Rd.

F 60384

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48

Registered No. F 60384

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 801 S. Montford ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 26 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 801 S. Montford ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 26 years

3 (a) FULL NAME Antonina Bielski
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Peter Bielski
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 8 1871

8. AGE: Years 68 | Months 3 | Days | If less than one day: hr. min.

9. Birthplace: Poland (Town, county, and state)

10. Usual Occupation: Housewife 0037

11. Industry or business

FATHER
12. Name: Casmier Zawistawski
13. Birthplace: Poland

MOTHER
14. Maiden Name: Monica Rytel
15. Birthplace: Poland

16 (a) Informant: Mrs Peter Bielski (Husband)
(b) Address: 801 S. Montford ave

17 (a) Holy Rosary (Burial, cremation, or removal) (b) Date thereof: aug 11 (month) (day) 39 (year)
(c) Cemetery or crematory: Holy Rosary
Location: Baltimore County

18 (a) Funeral director: John M. Weber
(b) Address: 404 S. Chester St Huntingdon Pa. aug 11 39

19 (a) AUG 10 1939 (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH aug 8 1939. at 4:35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 29, 1935 to August 8 1939, and that I last saw her alive on August 8, 1939.

Immediate cause of death: Carcinoma of Uterus — Duration: 4½ years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Carcinoma of Uterus
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Philiasa Artigiani

Address 2942 E. Fayette St. Date signed 8/8/39

VS 8

60385

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 60385 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Ave.
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1607 Oliver St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Clara Hamilton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband ~~no wife~~ Richard

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-20-1882

8. AGE: Years	Months	Days	If less than one day hr.	min.
57	2	19		

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name Charles F. Wernig
13. Birthplace Balto

MOTHER 14. Maiden Name Angela Wurtz
15. Birthplace Germany

16 (a) Informant Richard Hamilton
(b) Address 1706 E. Oliver St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 8 12 39 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road Balto Md.

18 (a) Funeral director Lowry Byers.
(b) Address 5225 Harford Rd

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 9 1939 at 10:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-19 1939 to 8-9 1939 and that I last saw her alive on Aug. 9, 1939.

Immediate cause of death Respiratory failure

Due to Metastatic carcinoma to lung

Due to Carcinoma of breast

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles V. Lewis M. D.
Address St Agnes Hospital Date signed 8-9-39

VS 3

60386 Jarrett H Trust ✓ 107 aF 60386

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts
(c) Hospital or institution Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1035 W. Lombard St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Jarrett H Trust

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Amelia Trust
6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) April 14, 1892

8. AGE: Years	Months	Days	If less than one day
47	3	25	hr. min.

9. Birthplace Baltimore Md (Town, county and state)
10. Usual Occupation Diler, Water Dept.
11. Industry or business Baltimore City

FATHER
12. Name Herman Trust
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name May Coulter
15. Birthplace Baltimore, Md.

16 (a) Informant Amelia Trust
(b) Address 1035 W Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-12-39 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location

18 (a) Funeral director Frederick A Coly
(b) Address 1710 W Lombard St

19 AUG 10 1939 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

35

20. DATE OF DEATH August 9 1939, at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/1/1939. to 8/9/1939. and that I last saw him alive on 8/3/1939.

Immediate cause of death Bronchopneumonia — Duration

Due to Urinary suppression caused by Benign Hypertrophy prostate

Due to

Other Conditions Hemorrhoids

(Include pregnancy within 3 months of death)

Major findings: Of operations Thrombotic hemorrhoids

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. J. Battaglia M. D.
Address 537 Wildwood pkwy Date signed 8/9/39

VS 3

60387

HEALTH DEPARTMENT—CITY OF BALTIMORE

60387

CERTIFICATE OF DEATH

1. PLACE OF DEATH Edgewood Sanitorium

CITY OF BALTIMORE: (No. 6000 Belloma Ave St.) 27-12 (Ward) 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. 5 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Laura T. Dobson

If U. S. Veteran specify WAR

(a) Residence: No. Chase Md St., Ward. Balto Co.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George W. Dobson

6. DATE OF BIRTH (month, day, year) Aug 22nd 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Co. Md

FATHER

13. NAME George Chalk

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME Martha Battey

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Mrs Cora Parlett
(Address) Chase Md

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Aug 11 39

19. UNDERTAKER William Cook
(Address) 1217 E Pratt St

20. FILED AUG 10 1939 19 Huntington Wilkinson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 9 1939

22. I HEREBY CERTIFY, That I attended deceased from July 26 1939 to Aug 9 1939

I last saw her alive on Aug 9 1939. Death is said to have occurred on the date stated above, at 9.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Renal Vascular disease	10 Yrs

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. W. Wheaton M. D.

(Address) 4309 York Rd

OCCUPATION is very important. See instructions on back of certificate.

60388

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 60388

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3002 Ellerslie Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 3002 Ellerslie Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mollie A. Pfeiffer
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife John C. Pfeiffer
6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr) Oct 1 1868

8. AGE: Years 70 Months 10 Days 8 If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business None

MOTHER / FATHER

12. Name Wood
13. Birthplace Maryland
14. Maiden Name Dowell
15. Birthplace Maryland

16 (a) Informant John C. Pfeiffer
(b) Address 3002 Ellerslie Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Woodlawn County
Location Woodlawn Md
18 (a) Funeral director Wilson & Son
(b) Address 111 N. Eutaw St (Huntington Williams, M.D. Registrar)

19 (Date received by registrar) Aug 10 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 1 1939, at 8.0 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/28 1939 to 8/9 1939.
and that I last saw her alive on 8/8 1939.

Immediate cause of death: Cerebral Hemmorhage — Duration: 3 days.
Due to: Arteriosclerosis
Due to:
Other Conditions: ---
(Include pregnancy within 3 months of death)
Major findings: ---
Of operations:
Of autopsy: ---

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ---
(b) Date of occurrence ---
(c) Where did injury occur? (City or town) (County) (State) -----
(d) Did injury occur about home, on farm, industrial place, in public place? --- While at work? ---
(Specify type of place)
(e) Means of injury ---

23. Signature Geo. W. Pfeiffer M.D.
Address 401 E. 25th. Street Date signed 8/9/39.

366622
F 60389

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a

F 60389 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 364 ds

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
5-4
(d) Street No. 2200 Garrison Blvd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Haydock

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-22-81

8. AGE: Years	Months	Days	If less than one day
58	3	18	hr. min.

9. Birthplace Pa (Town, county, and state)

10. Usual Occupation Teacher

11. Industry or business

FATHER 12. Name Robert Haydock
13. Birthplace Pa

MOTHER 14. Maiden Name Emma Ball
15. Birthplace Pa

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Mt Lurel Hall
Location Philadelphia Pa

18 (c) Funeral director William Cook
(b) Address 1211 N Eutaw St

19 AUG 10 1939 (Date rec'd by registrar) Washington for Williamsport Md
E.H.S

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 10 1939. at 1250 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 5 1939. to Aug 10 1939. and that I last saw her alive on Aug 10 1939.

Immediate cause of death
(1) Cerebral Hemorrhage
(2) Bronchopneumonia
Due to (1) Hypertension
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
4 days

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. E. Ireland M. D.
Address Johns Hopkins Hospital Date signed 8-10-39

60390

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-a

Registered No. F 60390

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1110 N Charles
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1110 N Charles St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Thomas Bond

3 (b) If veteran, name war World War

3 (c) Social Security Account No. Don't know.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife Single

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 26 1893

8. AGE: Years 45 Months 9 Days 14 If less than one day — hr. — min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation Surveyor

11. Industry or business Mfg

FATHER 12. Name Robt. Lehman Bond

13. Birthplace Balto Md.

MOTHER 14. Maiden Name Lula Howard

15. Birthplace New Jersey

16 (a) Informant Mrs Helen F. Sharpe (sister)

(b) Address 1110 N Charles St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug-11-39 (month) (day) (year)

(c) Cemetery or crematory Greenmount Balto Md.

Location

18 (a) Funeral director STEWART & MOWEN COMPANY (W. F. WOODEN SUC.) 100 W. NORTH AVENUE

(b) Address Huntington for Pallbearers

(b) Date received by registrar AUG 10 1939 Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-9-39 19 .. at 3:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Peritonitis

Due to Perforated

Due to Gastric ulcer

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration 4 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Conrad Aston M.D. Medical Examiner

Date signed 8/9/39

0391 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 60391

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St., 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Riley (Sister Claudia) If U. S. Veteran specify WAR

(a) Residence: No. Mount Hope Retreat St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) December 17, 187[illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Albany New York

FATHER

13. NAME John Riley

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret McCormack

16. BIRTHPLACE (city or town) (State or country) Albany, N.Y.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Hope - Date Aug-11-39

19. UNDERTAKER STEWART & MOWEN COMPANY

(Address) (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

20. FILED 19 Registrar.

Huntington Williams M.D.

AUG 10 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3/ 8 39 to Aug 9 39

I last saw her alive on 8/9/39 Death is said to have occurred on the date stated above, at 5.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis with Hypertension	11 yrs.
Other contributory causes of importance Coronary Thrombosis repeated attacks	5 days.

Was an operation performed? Date of

For what disease or injury?

Name of operation Autopsy

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sister Claudia

(Address) 3326 Eutaw Pl.

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

60392

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 B E 60392 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland X
(b) Street address 618 Fulton Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 618 N. Fulton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Daisy Taylor (Shipley)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Fe
5. Color or race wh
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Marion B. Shipley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1893

8. AGE: Years 46 Months Days If less than one day hr. min

9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business

FATHER
12. Name Karl
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. Lenora Shipley
(b) Address 915 W. Mulberry St.

17 (a) Burial (Burial, cremation, or removal)
(b) Date thereof 8/11/39 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Harford Road

18 (a) Funeral director Harry A. Nitzke
(b) Address 4016 Edmondson Ave

19 AUG 10 1939 (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/8/39 19 , at pm M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death — Duration
Coronary thrombosis
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 1
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. H. Landenberger M.D. Medical Examiner
Date signed 8/9/39

F 60393

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 Registered No. F 60393

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 17 E. 22 nd. Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State d. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 17 E. 22nd Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jeremiah Herbert

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Minnie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 22 1877

8. AGE: Years	Months	Days	If less than one day
72	1	16	hr. min.

9. Birthplace St. Mary&s Co Md. (Town, county, and state)
10. Usual Occupation Salesman Marco Shoe Co.
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. Bush
(b) Address 17 E. 22nd St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof August 11 1939 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Co, Md.
18 (a) Funeral director William J. Tickner & Sons
(b) Address North & Pennsylvania Aves
(c) (Date rec'd by registrar) AUG 11 1939 Huntington Williamsport

MEDICAL CERTIFICATION

20. DATE OF DEATH August 8 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 3 1939 to Aug 8 1939. and that I last saw h[illegible] alive on Aug 8 1939.

Immediate cause of death Uraemia
Due to Arteriosclerosis Chronic Nephritis
Due to Acute Enteritis Colitis
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration 2 Days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature]
Address 2020 N. Charles Date signed 8/10/39 M. D.

VS 3

F 60394

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 60394K

Registered No. 23

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 34 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1246 S. Sharp St. (If rural give location)
(e) If foreign born, how long in U. S. A? years

23-1

3 (a) FULL NAME Margaret Boyd (46643)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 14, 1904

8. AGE: Years 34 Months 7 Days 26 If less than one day hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Joseph Corrieri (D)
13. Birthplace Italy

MOTHER
14. Maiden Name Louise Anatrano (D)
15. Birthplace Italy

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial, ~~cremation, or removal~~ (b) Date thereof Aug 12 1939 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Cathedral
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.

19 (a) 1939 (Date rec'd by registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 9, 1939, at 7:55 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 18, 1939, to August 9, 1939, and that I last saw her alive on August 9, 1939.

Immediate cause of death: Tuberculosis of lungs — Duration: 1939

Due to:

Due to: Asthma

Other Conditions: Emphysema — Jul. 1939

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. J. Allen M. D.
Address Balto. City Hospitals Date signed 8-9-39

F 60395

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1939 c F 60395 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1314 N. Chester
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1314 N. Chester St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Laura Cora Maccubbin

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Charles M.

6 (c) If alive, give age Years

7. Birth date of deceased (mo., day, yr) Aug 9 1839

8. AGE: Years 84 | Months 8 | Days 26 | If less than one day: hr. min.

9. Birthplace Talbot Co Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name Henry C. Palmer
13. Birthplace Maine

MOTHER
14. Maiden Name Miriam Mullikin
15. Birthplace Talbot Co Md

16 (a) Informant Howard L Maccubbin
(b) Address 2705 Alameda Blvd

17 (a) Mt Olivet (Burial, cremation, or removal) (b) Date thereof Aug 12-39 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cemetery
Location Frederick Road

18 (a) Funeral director William Lovett
(b) Address 217 St Paul St

19 AUG 11 1939 (Date filed by registrar) (b) Mt. Washington

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 9th 1939, at 9:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2, 1937 to Aug 9, 1939, and that I last saw her alive on Aug 8 1939.

Immediate cause of death: Chronic Myocarditis — Duration: 3 yrs.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Wolfe M. D.
Address 1331 E Lombard Date signed 8-10-39

VS 3

F 60396

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95 D Registered No. F 60396

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3400 Powhatan Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 54 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3400 Powhatan Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary E. Gill
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed
6 (b) Name of husband or wife Taylor Gill
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 28-1859

8. AGE: Years 80 | Months 4 | Days 12 | If less than one day hr min.

9. Birthplace Town N. Y. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name John Hunter
13. Birthplace Hornell N. Y.

MOTHER
14. Maiden Name Josephine
15. Birthplace Ireland

16 (a) Informant Magdalene Lauer
(b) Address 3120 Virginia Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 12-39 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cemetery
Location Woodlawn

18 (a) Funeral director Wilkinson Bros
(b) Address 1217 St. Paul St

19 (a) AUG 11 1939 (Date rec'd by registrar) (b) Huntington Hillsborough

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 10 1939, at 1:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1937 to Aug 10 1939
and that I last saw her alive on July 6 1939

Immediate cause of death Arterio Sclerotic Heart Disease — Duration 3 Mo.
Due to Arterio Sclerosis
Due to Age factor

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 2020 N. Charles Street 8/10/1939

F 60397

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

182 - W F 60397 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 740 W. Fayette St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 21

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 740 W. Fayette St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George A Stewart
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Edith Stewart
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Jan 24 1874

8. AGE: Years 65 Months 6 Days 16 If less than one day: hr. min.

9. Birthplace Elliott Md (Town, county, and state)
10. Usual Occupation Blacksmith
11. Industry or business Self

MOTHER / FATHER
12. Name Robert Stewart
13. Birthplace Md.
14. Maiden Name Mary North
15. Birthplace Md

16 (a) Informant Mrs Edith Stewart
(b) Address 740 W. Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 12 1939 (month) (day) (year)
(c) Cemetery or crematory Western
Location Balto Md
18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) (Date received by registrar) (b) Filed for William H. Foster
AUG 14 1939
VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 10 1939, at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1 1939 to Aug 10 1939 and that I last saw him alive on Aug 10 1939.

Immediate cause of death Cerebral Hemorrhage
Due to Arteri Sclerosis
Due to
Other Conditions Pulmonary Edema
(Include pregnancy within 3 months of death)

Duration: 10 days / 1 day

Major findings:
Of operations
Of autopsy

PHYSICIAN
(Underline the cause to which death should be charged statistically.)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury Harry Glassman M.D.

23. Signature M. D.
Address 753 W Fayette St Date signed Aug 13 39

Roosevelt Williams

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 23-3

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8days
(e) Length of stay in Baltimore (yrs., mos., or days) 25yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 770 Waeshe st. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Williams, Roosevelt.
3 (b) If veteran, name war ——
3 (c) Social Security Account No. 215-09-6448

4. Sex: Male
5. Color or race: Black
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) March 15, 1901.
8. AGE: Years 38 Months 4 Days 25 If less than one day hr min.
9. Birthplace Savannah, Georgia (Town, county, and state)
10. Usual Occupation Oyster Mill Worker
11. Industry or business

MOTHER / FATHER
12. Name (First Name Unknown) Williams
13. Birthplace Unknown
14. Maiden Name Georgeanna (Last name unknown)
15. Birthplace Unknown

16 (a) Informant Mary Gross
(b) Address 756 W. Redwood St. Balto.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-12-39 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A.A. County Md.
18 (a) Funeral director William A. Jackson
(b) Address 916 Pennsylvania
19 (a) (Date rec'd by Registrar) (b) [illegible]

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH August 9 1939 at 2:21 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from August 1 1939 to August 9 1939, and that I last saw him alive on August 9 1939.

Immediate cause of death Tuberculous Meningitis — Duration
Due to Tubercle Bacillus
Due to
Other Conditions Miliary, Spinal Vertebrae
Pulmonary Tb. Latent Syphilis.
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy The as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Jacob Schiff Light M. D.
Address Sydenham Hospital Date signed 8-9-39

F 60399

F. 60399

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

138 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 - 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto — (If outside city or town limits, write RURAL and give town)
(d) Street No. 40 E N - Broadway (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Barbara Jane Safria

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 20 1939

8. AGE: Years | Months: 6 | Days: 20 | If less than one day: hr. min.

9. Birthplace: Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Tony Safria
13. Birthplace New Jersey

MOTHER 14. Maiden Name Thelma Mc. Collom
15. Birthplace New Jersey

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof Aug 11-1939 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Baltimore Md.

18 (a) Funeral director Frank Dellarose
(b) Address 52 N. Motley St.

19 (a) (Date rec'd by registrar) (b) Registrar's signature

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 9 1939. at 3:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw h alive on 19 .
Dead on arrival at H.L.H. Disp. 8-9-39A

Immediate cause of death: Dysentery
Dehydration, severe — Duration

Due to

Due to

Other Conditions Rickets, advanced

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Rickets ! Bronchopneumonia

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ethel Walker M. D.
Address Baltimore Date signed 8/10/39

E 60400

HEALTH DEPARTMENT—CITY OF BALTIMORE

60400

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 9 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Amos G. Raines

(a) Residence: No. Blackesdale & Queens Ave Ward. 11-3

(Usual place of abode) Reisterstown Md (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah E (wife)

6. DATE OF BIRTH (month) Jan (day) 12 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME John Green Raines

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Sarah E. Raines (Address) Reisterstown, md.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Ashury Cem. Date Aug. 13 1939

19. UNDERTAKER Chas. Berryman & Sons (Address) Reisterstown, md.

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month) August (day) 11 (year) 1939. 19

22. I HEREBY CERTIFY, That I attended deceased from 8-2-39. 19 to 8-11-39. 19

I last saw him alive on 8-11-39. 19 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic hypertrophy	?
Other contributory causes of importance:	
Chronic myocarditis	?
Arteriosclerosis	?

Was an operation performed? Yes Date of 8-5-39

For what disease or injury? Prostatic hypertrophy

Name of operation Suprapubic prostatectomy

What test confirmed diagnosis? Clinical? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. K. Mansfield M. D.

(Address) Md. General Hosp.

State CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

AUG 11 1939

F 60401

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1948

Registered No. F 60401

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: W. Baltimore Gen'l Hosp. 20-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 609 S. Pulaski (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph D. Bowers
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Lillian Bowers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 5 1879

8. AGE: Years	Months	Days	If less than one day
60	7	5	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state) 1086
10. Usual Occupation Ship yard worker
11. Industry or business

FATHER
12. Name Thomas J. Bowers
13. Birthplace Md

MOTHER
14. Maiden Name Eliza [illegible]
15. Birthplace Md

16 (a) Informant Lillian E. Bowers
(b) Address 609 S. Pulaski St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 14/39 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville
18 (a) Funeral director John Ulrich
(b) Address 2008 Orleans

(c) Date rec'd by registrar AUG 11 1939 Attesting for Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-10 1939 at 4:35 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-9 1939, to 8-10 1939, and that I last saw h[illegible] alive on 8-10 1939.

Immediate cause of death Coronary Occlusion — Duration 10 minutes
Due to Arteriosclerosis — 20 years
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Address [illegible] Date signed 8-10-39

F 60402

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93c

F 60402 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2904 Eichodale Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) life
(e) Length of stay in Baltimore (yrs., mos., or days) 82

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2904 Eichodale Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles W Burton Sr

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife Emitha A H

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 2 1856

8. AGE: Years 82 | Months 9 | Days 7 | If less than one day hr. min.

9. Birthplace Balto (Town, county, and state) 1016

10. Usual Occupation Builder

11. Industry or business

MOTHER | FATHER

12. Name Charles W Burton

13. Birthplace Md

14. Maiden Name Eliza Grace

15. Birthplace Md

16 (a) Informant Chas W Burton Jr

(b) Address 2904 Eichodale

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 12/39 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Pikesville Md

18 (a) Funeral director John Ulmer

(b) Address 2008 Orleans St

19 (a) (Date received by registrar) (b) Registrar

AUG 11 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH August 9 1939 at 11 40 A M

21. I certify that death occurred on the date above stated, that I attended deceased from July 1 1939 to Aug 9 1939 and that I last saw him alive on Aug 8 1939

Immediate cause of death Chronic Myocarditis — Duration a number of years

Due to — Duration a number of years

Due to

Other Conditions Arterio Sclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy ✓

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓
(c) Where did injury occur? (City or town) (County) (State) ✓
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ While at work? ✓
(Specify type of place)
(e) Means of injury ✓

23. Signature Morris B. Green M. D.

Address 3009 Evergreen Ave Signed 8/10/39

Coroner's age is especially important. Physicians: please write the causes of death clearly and legibly.

F 60403

Case No. 44791 dk

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1953

F 60403 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore, Maryland 27

(c) Hospital or institution:

Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 24

(e) Length of stay in Baltimore (yrs., mos., or days) 68 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 5264 Park Heights Ave.

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary E. Hudgins, or Mary E. Hudeins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	White	widowed

6 (b) Name of husband or wife John

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/1/68

8. AGE: Years	Months	Days	If less than one day hr.	min.
70	8	8		

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Unknown 0037

11. Industry or business

FATHER 12. Name ? White

13. Birthplace Virginia

MOTHER 14. Maiden Name Anna Thomas

15. Birthplace Virginia

16 (a) Informant B. C. H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 12/39 (month) (day) (year)

(c) Cemetery or crematory Woodlawn Cem

Location Balto Md

18 (a) Funeral director John Ulrich

(b) Address 2008 Orleans st

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-9- 1939, at 2.50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-15- 1939, to 8-9- 1939, and that I last saw h-- alive on 8-9- 1939.

Immediate cause of death Cerebral thrombosis — Duration 2 days

Due to Hypertensive CVD — 5 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. Murray Hebster M. D.

Address Balto City Hosp Date signed 8-10-39

VS 8

60404

HEALTH DEPARTMENT—CITY OF BALTIMORE

60404

CERTIFICATE OF DEATH

54B

1. PLACE OF DEATH Provident Hospital 15-1

CITY OF BALTIMORE (No. ____ St. ____ Ward)

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Dessie Richardson

If U. S. Veteran specify WAR ____

(a) Residence: No. 1615 Westwood St., ____ Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	col	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Richardson

6. DATE OF BIRTH (month, day, year) Nov 19, 1897

7. AGE	Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
	41	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Annapolis Md

FATHER

13. NAME Wesley Harris

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Martha Hobbs

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Henry Richardson

(Address) 1615 Westwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Brewer Hill Date 8-13 1939

19. UNDERTAKER Chas. H. Grace & Son

(Address) 628 N. Eutaw St

AUG 11 1939

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1939 to Aug 9, 1939

I last saw her alive on July 9, 1939. Death is said to have occurred on the date stated above, at 12 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic myocarditis	7/26
Other contributory causes of importance:	
Arteriosclerosis Chronic	

Was an operation performed? No Date of ____

For what disease or injury? ____

Name of operation ____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____ 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, state ____

(Signed) Dan'l Rawlins Higgins M. D.

(Address) 2216 Madison Ave

OCCUPATION is very important. See instructions on back of certificate.

VS 3

60405

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

45 F

F 60405 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2423 E. Preston St.

(c) Hospital or institution: 8-B

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 59 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto. Md.
(If outside city or town limits, write RURAL and give town)

(d) Street No. 2423. E. Preston St
(If rural give location)

(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME John R. Stein

3 (b) If veteran, name war	3 (c) Social Security Account No.
	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Catherine M. Stein

6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) Aug 20 - 1879

8. AGE: Years	Months	Days	If less than one day
59	11	9 21	hr. min.

9. Birthplace Baltimore Md 0061
(Town, county, and state)

10. Usual Occupation Lieut - Police Dept.

11. Industry or business

FATHER

12. Name Adam Stein

13. Birthplace Germany

MOTHER

14. Maiden Name Mary Schutt

15. Birthplace Germany

16 (a) Informant Catherine M. Stein

(b) Address 2423 E. Preston St.

17 (a) Burial (b) Date thereof Aug 14-39
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Baltimore

Location Balto. Md.

18 (a) Funeral director John C. Fuller Inc.

(b) Address 2433-35 E. Oliver St.

AUG 11 1939 (b) [illegible]
(Date rec'd by registrar) (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 11 1939 at 6 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/6 1939 to 8/11 1939.
and that I last saw h[illegible] alive on 8/10 1939.

Immediate cause of death	Duration
Due to Carcinoma of the Stomach	
Due to Hemmorhage	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature [illegible]

Address 1675 N Rendlton Date signed 8/11/39

M.D.

VS 3

Cost age is especially important. Physicians, please write the cause of death clearly and legibly.

F 60406

F 60406

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

823 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1262 Riverside Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24-3
(e) Length of stay in Baltimore (yrs., mos., or days) 74 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County City Balto
(c) City or town Balto Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1262 Riverside Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Caroline L. Krill

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Fem

5. Color or race Wht

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife John H Krill

6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) Dec. 3 1864

8. AGE: Years 74 Months 8 Days 7 If less than one day hr. min.

9. Birthplace Maryland. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business at home

FATHER
12. Name Chas Edelmann.
13. Birthplace Germany.

MOTHER
14. Maiden Name Not known
15. Birthplace Germany.

16 (a) Informant John H. Krill.
(b) Address 1262 Riverside Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 8-14-39 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Anne Arundel Co. Md.

18 (a) Funeral director Bernard C Hale
(b) Address 121 E Mad St

AUG 11 1939 (Date received by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 10 1939. at 5 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 6 1939. to Aug 10 1939. and that I last saw h[illegible] alive on Aug 10 1939.

Immediate cause of death Cerebral Thrombosis — Duration 1 hr.

Due to Arterio Sclerosis — 1 year

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 1279 Williamson Pl Date signed 8/10/39

F 60407

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183

F 60407 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Harbor - 900 Key Highway - 2-B
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 703 S. Wolfe St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 17 years

3 (a) FULL NAME Ernest Conlon (Ernest G. Conlon)

3 (b) If veteran, name war: Canadian Veteran

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 2, 1892

8. AGE: Years 47 (45) Months 6 Days 3 If less than one day: hr. min

9. Birthplace England (Town, county, and state)

10. Usual Occupation Cook

11. Industry or business Steamships

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Canadian Service Records
(b) Address and other papers

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 11, 1939 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Woodlawn, Md.

18 (a) Funeral director [illegible]
(b) Address 1003 W. Baltimore St.

AUG 11 1939 (Date filed by registrar)

V8 6

MEDICAL CERTIFICATION

20. DATE OF DEATH about 8-5-39 19 , at ? M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Drowning — Duration

Due to

Due to

Other Conditions Concussion —
(Include pregnancy within 3 months of death)

Major findings of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ?
(b) Date of occurrence about 8-5-39
(c) Where did injury occur? ? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ? While at work? ? (Specify type of place)
(e) Means of injury Was found in harbor

23. Signature Conrad Autos his M.D. Medical Examiner.

Date signed 8/8/39

60408

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ F 60408

538 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 16 W
(c) Hospital or institution: West Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3705 Harlem Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

X

3 (a) FULL NAME Rose E. Collins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Alfred C. Collins
6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) Dec. 2, 1888

8. AGE: Years	Months	Days	If less than one day
50	8	7	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife 0637
11. Industry or business

FATHER
12. Name John Norris
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Rosa ~~North~~ Wirth
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. Alfred C. Collins
(b) Address 3705 Harlem Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 11, 1939 (month) (day) (year)
(c) Cemetery or crematory Lorraine Ave
Location ~~1000 Linn~~ Md.

18 (a) Funeral director E. T. Amoss
(b) Address 1605 W. Baltimore St.

19 (a) 1939 (b) Registrar
(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 9, 1939. at 2:10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 7 1939. to Aug 7 1939. and that I last saw h alive on 19

Immediate cause of death (Disease) — Duration
Carcinoma of bladder — ?
Bronchopneumonia — 3 Days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Carcinoma Bladder

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. P. Shear M. D.
Address
Date signed Aug 9, 39

60409

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 60409
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lo
(c) Hospital or institution:
L. Balto. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give name of county)
(d) Street No. 2228 Ettling St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Georgia Filgiman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex f

5. Color or race col

6 (a) Single, married, widowed, or divorced widow

6 (b) Name of husband or wife John

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 30, 1884

8. AGE: Years 54 | Months 11 | Days 10 | If less than one day: hr. min

9. Birthplace md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Geo. Hawkins
13. Birthplace md

MOTHER 14. Maiden Name Harriett ?
15. Birthplace Md.

16 (a) Informant John Filgman, Jr
(b) Address 1318 N. Mount St

17 (a) Burial (Burial, cremation, or removal) Date thereof 8/14/39 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location —

18 (a) Funeral director Geo. E. Kelson
(b) Address 1303 Preastman St

19 Filed by Huntington Williams M.D. Registrar
AUG 11 1939

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/10/39 19 , at 10:20 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Peritonitis — **Duration**

Due to Intestinal obstruction

Due to Cancer of Gastrointestinal tract (uterus)

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Conrad Acton M.D.
Medical Examiner
Date signed 8/10/39

F 60410

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82 F 60410 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (~~yrs.~~ ~~mos.~~, or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County City Balto
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 45 South Fulton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mrs. Elizabeth Poet

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Harry B Poet
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Sept 8 1863

8. AGE: Years	Months	Days	If less than one day: hr.	min.
75	11	3		

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name — Cooper
13. Birthplace England

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs Carrie Wells
(b) Address 2604 W Fairmount Ave

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof 8/14/39 (Month) (Day) (Year)
(c) Cemetery or crematory Mt Olivet
Location Baltimore Md

18 (a) Funeral director William Cook
(b) Address 1211 St Paul St

19 (a) AUG 11 1939 (b) Huntington Williams M.D. Registrar
(Registered by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 8 - 11 1939, at 3 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 10 1939, to Aug 11 1939, and that I last saw her alive on Aug 10, 1939.

Immediate cause of death	Duration
Uremia	
Due to Cerebral accident	2 days
Due to Arteriosclerosis	
Other Conditions Hypertension	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J. McClafferty M. D.
Address Bon Secours Hosp. Date signed 8-11-39

VS 3

F 60417

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

F 60417 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1841 W Lombard St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1841 W Lombard St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward B. Mc Colgan

3 (b) If veteran, name war No

3 (c) Social Security Account No. None

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 1864

8. AGE: Years 75 | Months | Days ? | If less than one day hr. min

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Retired Carpenter Foreman

11. Industry or business

FATHER
12. Name Michael Mc Colgan
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary A O'Brien
15. Birthplace New Jersey

16 (a) Informant John Mc Colgan
(b) Address 1841 W Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 14 1939 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore

18 (a) Funeral director Williams Sons
(b) Address 1217 St Paul St

19 Date received by registrar AUG 11 1939 Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 11 1939 at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 31 1939 to 19 and that I last saw h alive on July 31 1939.

Immediate cause of death: myocarditis & senility

Duration: 2 months 18 months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel White Lowe M. D.

Address 1810 Eutaw Pl Date signed Aug 11/39

VS 8

F 60412

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60412

CERTIFICATE OF DEATH

122a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Jessie Johnson

(a) Residence: No. 804 Hartsdale St., 14 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Housewife

6. DATE OF BIRTH (month, day, year) March 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Richard Willard

14. BIRTHPLACE (city or town) (State or country) Fredricksburg Va.

MOTHER

15. MAIDEN NAME Betty ?????

16. BIRTHPLACE (city or town) (State or country) Fredricksburg Va.

17. INFORMANT George R. Johnson (Address) 804 Hartsdale St.

18. BURIAL, CREMATION, OR REMOVAL Place Arbutus Md. Aug 12 39

19. UNDERTAKER Mrs. Geo. R. Johnson (Address) 1631 Druid Hill Ave.

20. FILED AUG 11 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/9 1939

22. I HEREBY CERTIFY, That I attended deceased from 7/26 1939 to 8/9 1939

I last saw h[illegible] alive on 7/8/9 1939 Death is said to have occurred on the date stated above, at 1-2 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated Obstruction	7/23/39
Hemorrhage Femoral Hernia	

Other contributory causes of importance:

Wound Infection.

Was an operation performed? 7/26/39 Dr. [illegible]

For what disease or injury? Strangulated Femoral Hernia

Name of operation Herniotomy

What test confirmed diagnosis? Clinical Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) 1474 Carlton Ave.

OCCUPATION is very important. See instructions on back of certificate.

V6 8

F 60413 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B F 60413.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1121 Ellicott Driveway (Ward) 16 7

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Alfred Green

(a) Residence: No. 1121 Ellicott Driveway St., ... Ward ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Naomi Jeanette Green

6. DATE OF BIRTH (month, day, year) Oct. 9, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6008

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Trenton, N. J.

FATHER

13. NAME Horace Alonzo Green

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary C. Hanway

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Naomi J. Green
(Address) 1121 Ellicott Driveway

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date Aug. 12, 1939

19. UNDERTAKER L. Howard Strong
(Address) 715 Light St.

20. FILED AUG 11 1939 19 Huntington Williams M.D. Registrar.

2324 Eutaw (Place) 4-5 pm

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1938 to Aug. 9 1939

I last saw him alive on Aug. 9 1939. Death is said to have occurred on the date stated above, at ... a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	2 days
Arteriosclerosis	years

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? None

Name of operation None

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Isidor Levy M. D.

(Address) 2324 Eutaw Place

OCCUPATION is very important. See instructions on back of certificate.

F 60414

HEALTH DEPARTMENT—CITY OF BALTIMORE

60414

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 111 E. Fort Ave St. 24-L Ward)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

2. FULL NAME Katherine A. Lucas

(a) Residence: No. 111 E. Fort Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Lucas

6. DATE OF BIRTH (month, day, year) May 17, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Schuelz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elyz. Doll

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Ruth Hayley
(Address) 111 E. Fort Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date 8/14/39

19. UNDERTAKER D. J. McCarthy
(Address) 130 E. Fort Ave.

20. FILED AUG 11 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/11, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1934, to Aug 11, 39

I last saw her alive on Aug 11, 39 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Duration of each
Coronary Thrombosis	Aug 11, 1939
Other contributory causes of importance: Diabetes Mellitus	1934

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Walter Kolm, M. D.

(Address) 102 E. Fort Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V8 3

F 60415

60415

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1127 Valley Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1127 Valley Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Elizabeth Hanlon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 19, 1864

8. AGE: Years	Months	Days	If less than one day
75	1	20	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

MOTHER / FATHER
12. Name Bernard Hanlon
13. Birthplace Ireland
14. Maiden Name Rose Hanlon
15. Birthplace Ireland

16 (a) Informant Mr. Bernard Hanlon
(b) Address 1127 Valley Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 12, 39 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore, Md.

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

(a) Date received by Registrar AUG 11 1939
(b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 9 1939 at 4:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1939 to Aug 9 1939
and that I last saw her alive on Aug 9 1939

Immediate cause of death Uraemic Coma — Duration 2 days

Due to Chr Interstit Nephritis ?

Due to

Other Conditions Generalized Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy none

15420.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William P Smith M.D.
Address 10 E. Biddle Date signed 8/11/39

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

60416

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 41-BF 60416

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1155 W. Hamburg St.
(c) Hospital or institution: 1155 W. Hamburg St.
(d) Length of stay in hospital or inst. (yrs., mos., or days) life
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1155 W. Hamburg St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Daniel Sewell

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mary J. Sewell

6 (c) If married, give age 58 years

7. Birth date of deceased (mo., day, yr.) Sept. 6, 1881

8. AGE: Years 60 Months 11 Days 4 If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Tin cutter

11. Industry or business Tin mill

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mary J. Sewell
(b) Address 1155 W. Hamburg St.

17 (a) Burial (Burial, cremation, or removal)
(b) Date thereof Aug 10 1939 (month) (day) (year)
(c) Cemetery or crematory M. E. Lin.
Location

18 (a) Funeral director Cochran Bros
(b) Address 1012 W. Pratt St

19 (a) (Date rec'd by registrar) AUG 11 1939
(b) Filing No. 1152 Year 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-10-39 19 , at 4 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inq. (Autopsy or Inquiry) thereon and from the evidence obtained by said Inq. (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death

Due to Squamous Carcinoma of Lung

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
?

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Conrad Acton M.D.
Medical Examiner
Date signed 8/10/39

Correct age is especially important. Physician, please write the causes of death clearly and legibly.

F 60417

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 23

F 60417

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 98 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 59 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 60 E. Randall St. (If rural give location)
(e) If foreign born, how long in U. S. A? years

3 (a) FULL NAME Walter Conaway (44446)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 14, 1880

8. AGE: Years 59 | Months 10 | Days 27 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Worker in kitchen

11. Industry or business

FATHER
12. Name Michael
13. Birthplace Md.

MOTHER
14. Maiden Name Katie McNulty
15. Birthplace Md.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 12, 39 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Margaret G. Flynn
(b) Address 1422 Light St

19 (a) (Date received by registrar) AUG 11 1939 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 10, 1939, at 1:30AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 4, 1939, to Aug. 10, 1939, and that I last saw him alive on August 10, 1939.

Immediate cause of death: Tuberculosis of lungs — Duration Jan 1939

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto. City Hospitals Date signed 8-10-39

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 60418

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 60418 / 200-B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2716 W Fairmont Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2716 W. Fairmont Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Jacob Harding = Jacob C Harding

3 (b) If veteran, name war — 3 (c) Social Security Account No. 213-07-4663

4. Sex M. | 5. Color or race Wh | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Vera E. Harding 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Aug. 29-1906

8. AGE: Years 32 | Months 11 | Days 11/10 | If less than one day hr. min.

9. Birthplace Bridge Port. Ohio (Town, county, and state)

10. Usual Occupation Inspector Foreman

11. Industry or business Bethlehem Steel Co

FATHER 12. Name Walter R. Harding
13. Birthplace Ohio

MOTHER 14. Maiden Name ?
15. Birthplace Ohio

16 (a) Informant Mrs Vera E. Harding
(b) Address 2716 W. Fairmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 11-39 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet ~~Woodlawn Park~~
Location 7800 Blk. Frederick Ave

18 (a) Funeral director F. B. Wippert
(b) Address 1800 Eutaw Place

AUG 11 1939 (Date received by Registrar) Huntington Williams, Registrar

MEDICAL CERTIFICATION Early am?

20. DATE OF DEATH 8/9/39 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Undetermined; awaiting further examination.	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. P. Vandegrift M.D. Medical Examiner
Date signed 8/9/39

VS 6

F 60419

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

210-M

F 60419 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: E. Balto Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County aa
(c) City or town Brooklyn (If outside city or town limits, write RURAL and give town)
Street No. 404 Orchard St (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Charles Nuessle - Charles F. Nuessle

3 (b) If veteran, name war: Yes

3 (c) Social Security Account No. 217-09-0743

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Anna K. Nuessle

6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) May 6. 1886

8. AGE: Years 53 Months 3 Days 4 If less than one day ____ hr. ____ min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Night watchman

11. Industry or business Canal Channel Co

FATHER
12. Name Jacob Nuessle
13. Birthplace Germany

MOTHER
14. Maiden Name Eva C. Brandel
15. Birthplace Baltimore Md

16 (a) Informant Anna K. Nuessel
(b) Address 404 Orchard Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 12-39 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave

18 (a) Funeral director J. B. Skippert & Son
(b) Address 1300 Eutaw Place

19 (a) Date received by Registrar Aug 11 1939 (b) Signature for Williams M.E. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/10/39 19 , at 10:20 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to Fractured skull	
Due to	
Other Conditions Fractured R. leg	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 8/9/39
(c) Where did injury occur? Ritchie highway at Baltimore (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury Pedestrian struck by auto

23. Signature Conrad Acton M.D. Medical Examiner.
Date signed 8/10/39

VS 6

F 60420

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

115-aF 60420 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Fayette & Payson Streets

(c) Hospital or institution: Bon Secours Hospital

(d) Length of stay in hospital or inst. (~~yrs., mos.~~, or days) 3

(e) Length of stay in Baltimore (yrs., mos., or days). 18 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland County —

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2124 Penrose Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME — Mary E. Rouzer —

3 (b) If veteran, name war: No

3 (c) Social Security Account No. No

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or ~~wife~~: George Rouzer

6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) Sept. 30. 1889

8. AGE: Years 52. - 52 - Months 10 Days 10 9 If less than one day — hr. — 1887 min.

9. Birthplace Hagerstown Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business at Home

FATHER

12. Name George W. Boblitz (Born)

13. Birthplace Hagerstown Md

MOTHER

14. Maiden Name Barbara J. Shiss

15. Birthplace Hagerstown Md

16 (a) Informant George W. Rouzer

(b) Address 2124 Penrose Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 12/39 (month) (day) (year)

(c) Cemetery or crematory London Park

Location 3801 Frederick ave

18 (a) Funeral director J. B. Hippert & Son

(b) Address 1300 Eutaw Place

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 9 1939, at 5 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 6 1939. to Aug. 9 1939, and that I last saw her alive on Aug 9 1939.

Immediate cause of death Agranulocytic Angina — Duration 3 wks.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature William J. McClafferty M. D.

Address Bon Secours Hosp. Date signed 8-9-39

VS 3

F 60421

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

F 60421

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2638 W. Franklin St

(c) Hospital or institution: 6

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) Maryland County 6

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2638 W. Franklin St. (If rural give location)

(e) If foreign born, how long in U. S. A.? 6 years

3 (a) FULL NAME Helen L. Cole

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	widowed

6 (b) Name of husband or wife Joshua C. Cole 6 (c) If alive, give age 6 years

7. Birth date of deceased (mo., day, yr.) Sept. 4-1880

8. AGE: Years	Months	Days	If less than one day
58	11	5	0 hr. 6 min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business at Home

FATHER

12. Name Henry T. Hubbeman

13. Birthplace Germany

MOTHER

14. Maiden Name unknown

15. Birthplace Germany

16 (a) Informant Wm. Cole

(b) Address 2638 W. Franklin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 12-39 (month) (day) (year)

(c) Cemetery or crematory Loudons Park

Location 3801 Frederick Ave city

18 (a) Funeral director F. B. Weppert & Son

(b) Address 1300 East Lexington

19 (a) (b) 3

(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 9- 1939 at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from ..... 19..... to 1939

and that I last saw her alive on 1939.

Immediate cause of death

Chr. Myocarditis

Chr. Nephritis

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature George E. Shannon M. D.

Address 700 N. Fulton Ave Date signed 8-11-39

VS 3

F 60422

F 60422

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1160-B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 597 Baker St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Ward 14 Street No. 597 Baker St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Watkins

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
			10 hr. — min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name William Watkins
13. Birthplace Calvert County, Md.

MOTHER 14. Maiden Name Arlean Ball
15. Birthplace Lancaster, Va.

16 (a) Informant Arlean Ball
(b) Address 597 Baker, St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 8/-11/39 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn.
Location

18 (a) Funeral director Geo. G. Kelson
(b) Address 1303 Presstman St.

AUG 11 1939 (Date received by registrar) (By) — Registrar

MEDICAL CERTIFICATION 3 30 PM

20. DATE OF DEATH 8/10/39 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Intra cranial
Due to Birth hemorrhage
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Medical Examiner
Date signed 8/14/39

VS 6

Correct age is especially important. Physicians, please write the cause of death clearly and legibly.

F 60423

BALTIMORE CITY HEALTH DEPARTMENT F 60423 44614 SD
Registered No.

CERTIFICATE OF DEATH ✓ 53-E

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue 26-12
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 3 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. No Home (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Hervey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/9/1890

8. AGE: Years 49 | Months 0 | Days 29 | If less than one day: hr. min.

9. Birthplace Iowa (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business

FATHER
12. Name James Hervey
13. Birthplace Indiana

MOTHER
14. Maiden Name Jane Lewis
15. Birthplace ?

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL AUG 11 1939

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) Filed by registrar AUG 11 1939 Huntington Williams M.D. Registrar
R. R.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-8 1939, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-10 1939 to 8-8 1939, and that I last saw h[im] alive on 8-8 1939.

Immediate cause of death Carcinoma of lymph glands of neck, probably thoracic, with original site undetermined — Duration: ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma lymph glands of neck
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L K Wardell M.D.
Address Balto City Hosp. Date signed 8-9 39

Physicians: please write the causes of death clearly and legibly. Especially important. correct age is

F 60424

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 BF 60424 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 333 Tunbridge Road

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 333 Tunbridge Road (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary E. Schuckhardt

3 (b) If veteran, name war: —

3 (c) Social Security Account No.: —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Henry Schuckhardt

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 12th 1866

8. AGE: Years	Months	Days	If less than one day
72	11	28	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Home work

11. Industry or business at Home

FATHER

12. Name Frederick Decker

13. Birthplace Germany

MOTHER

14. Maiden Name Margaretha Dietert

15. Birthplace Germany

16 (a) Informant Mrs. Henry Schuckhardt

(b) Address 333 Tunbridge Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 12, 1939 (month) (day) (year)

(c) Cemetery or crematory Baltimore Cemetery

Location E. North Ave Balto. Md

18 (a) Funeral director Edward W. Conkling & Son

(b) Address 924 E. Eager St. City

19 (a) (Date received by Registrar) Huntington Williams M.D. Registrar

AUG 11 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 10th, 1939, at 11:45 M

21. I certify that death occurred on the date above stated, that I attended deceased from October 1937, to August 10 1939, and that I last saw her alive on August 9 1939.

Immediate cause of death	Duration
Coronary Occlusion	3 weeks
Due to Arterio-Sclerosis and hypertension	years years.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Henry M. Hansen M. D.

Address 20 E. Preston Street Date signed 8/11/39

F 60425

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

72-a

Registered No. F 60425

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wilkens + Caton Aves.

(c) Hospital or institution: St. Agnes' Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. Caton + Wilkens Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sister Regina Sullivan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-16-86

8. AGE: Years	Months	Days	If less than one day
53	1	25	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Daniel Sullivan

13. Birthplace Cork, Ireland.

MOTHER 14. Maiden Name Eleanor Mc Biel,

15. Birthplace Galway, Ireland

16 (a) Informant Hospital Record

(b) Address Caton + Wilkens Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 12, 1939 (month) (day) (year)

(c) Cemetery or crematory Calvert

Location Baltimore

18 (a) Funeral director Martin Fahey + Sons

(b) Address 1827 N. North Ave.

19 (a) 1020 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-9 1939, at 9 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-21 1938, to 8-9 1939. and that I last saw her alive on 8-7 1939.

Immediate cause of death

Due to Myelogenous Leukemia — Duration from 11/21/38

Due to

Other Conditions Purpura Hemorrhagica

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Barnard P. Agnew M.D.

Address 33 W. Madison St. Date signed 8/10/39

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 60426

47145-fs

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 107-AF 60426

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 18 N. Maderia St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 55 years

3 (a) FULL NAME Simon Finn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Margaret

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-15-1866

8. AGE: Years 72 | Months 7 | Days 24 | If less than one day: hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation copper works

11. Industry or business fireman

FATHER
12. Name James
13. Birthplace Ireland

MOTHER
14. Maiden Name Anna Mehan
15. Birthplace Ireland

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 14-39 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Hartford Rd.

18 (a) Funeral director John A. Moran
(b) Address 3000 E. Balto. St.

19 (a) AUG 11 1939 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-4 1939 at 10 30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-4 1939, to 8-7 1939, and that I last saw him alive on 8-7 1939.

Immediate cause of death: Broncho pneumonia
Uraemia
Due to Urinary Extravasation
Due to Urethral stricture of undetermined etiology
Other Conditions
(Include pregnancy within 3 months of death)

Duration: four days / two days / one week / ?

Major findings:
Of operations urinary Extravasation
Of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. K. Edwards M. D.
Address Balto City Hosp. Date signed 8-10-39

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M. D. F. 1268-9

F 60427

F 60427 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4110-Walrad St. 20-8 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie T. Sherwood

(a) Residence: No. 4110 - Walrad St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 6-1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Talbot Co. Md.

FATHER

13. NAME Henry A. Sherwood

14. BIRTHPLACE (city or town) (State or country) Talbot Co. Md.

MOTHER

15. MAIDEN NAME Eliza J. Wright

16. BIRTHPLACE (city or town) (State or country) Talbot Co. Md.

17. INFORMANT Mrs. Annie T. Ball

(Address) 4110 Walrad ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Aug 12 1939

19. UNDERTAKER John. G. McVan

(Address) 3000 E. Balto. St.

20. DATE AUG 11 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1938 to Aug 10, 1939

I last saw him alive on Aug 8, 1939. Death is said to have occurred on the date stated above, at 12.06 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Senility	
Malnutrition	

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Alberta H. Chandlee M. D.

(Address) 4209 Fredonia Ave

INSTRUCTIONS: Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V 5 3

60428

HEALTH DEPARTMENT—CITY OF BALTIMORE

60428

CERTIFICATE OF DEATH

95B

Registered No.

1. PLACE OF DEATH Mercy Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 28-1 ward)

Length of residence in city or town where death occurred 53 yrs. 9 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran Specify WAR

2. FULL NAME Daniel Kinnear Usual Occupation 19800

(a) Residence: No. 4400 Belleview Ave. St. Ward 23-05

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: Hazel M. Kinnear

6. DATE OF BIRTH (month, day, year) Nov. 29, 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 004

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Practical Camp.

10. Date deceased last worked at this occupation (month and year) Aug 1939

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Thomas Kinnear

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Susie Monke

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Hazel Kinnear 4400 Belleview Ave.

18. BURIAL, CREMATION, OR REMOVAL Greenmount Cemetery Date Aug 14, 1939

19. UNDERTAKER (Address) Warren Cook 1617 St Paul Street

20. FILED Aug 11 1939 19 Hunting for William Hollar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from August 8, 1939 to August 11, 1939

I last saw him alive on August 10, 1939 Death is said to have occurred on the date stated above, at 12:07 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiovascular disease	
Hypertensive Cardiovascular disease	1933

Other contributory causes of importance:

Cerebral Hemorrhage	Aug 8, 1939
Thrombosis (?) Intracranial Cerebral (?)	Aug 8, 1939

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? E.K.G. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify

(Signed) F. J. Voellmer, M. D.

(Address) Mercy Hosp

V 8 8

GK

60429 36 32

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-a F 60429 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 114 S. Caroline St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Oakley
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: Black
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Rosa Oakley
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 3-4-74
8. AGE: Years 65 Months 5 Days 5 If less than one day hr. min.
9. Birthplace North, Carolina (Town, county, and state)
10. Usual Occupation None - ?
11. Industry or business

FATHER
12. Name Allen Oakley
13. Birthplace N. C.

MOTHER
14. Maiden Name Mary Thomas
15. Birthplace N. C.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-12-39 (month) (day) (year)
(c) Cemetery or crematory
Location Greenville N. Carolina
18 (a) Funeral director Mrs. R. A. Elliott-Dafter
(b) Address 1129 N. Caroline St Huntington Williams Mortuary
AUG 11 1939 (Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 9 1939, at 1 07 AM
21. I certify that death occurred on the date above stated; that I attended deceased from July 21 1939, to Aug. 9 1939, and that I last saw him alive on Aug. 9 1939.

Immediate cause of death: BRONCHOPNEUMONIA ANOXEMIA — Duration: 2 days
Due to: Complete heart block — 2 yrs.
Due to: Arteriosclerosis of Coronary arteries — Many yrs.
Other Conditions: Heart Failure, chronic
(Include pregnancy within 3 months of death)
Major findings:
Of operations: None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature John C. Timmons
Address Johns Hopkins Hosp. Date signed 8/9/39

VS 8

60430

HEALTH DEPARTMENT—CITY OF BALTIMORE

60430

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH — Edgewood Sanitorium, 3817

CITY OF BALTIMORE: (No. 6000 Belleau Ave. St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME — Mrs. Loretta N Story

If U. S. Veteran specify WAR .....

(a) Residence: No. 1480 N. Broadway St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	

5a. If married, widowed or divorced HUSBAND of (or) WIFE of — Raymond M Story

6. DATE OF BIRTH (month, day, year) — Feb. 25 -- 1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 0037

10. Date deceased last worked at this occupation

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Baltimore

FATHER

13. NAME — John J. Noonan

14. BIRTHPLACE (city or town) (State or country) — Baltimore

MOTHER

15. MAIDEN NAME — Emma McWilliams

16. BIRTHPLACE (city or town) (State or country) — Baltimore

17. INFORMANT (Address) — Husband, 1480 N. Broadway.

18. BURIAL, CREMATION, OR REMOVAL

Place — Catholic Date — Aug. 12-39

19. UNDERTAKER (Address) — Flanders & Humphreys 1121 N. Broadway.

20. FILED — AUG 12 1939 — Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) — Aug. 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from April, 1938 to Aug. 9, 1939

I last saw her alive on Aug. 4, 1939 Death is said to have occurred on the date stated above, at 1:30 P. m.

The principal cause of death and related causes of importance were as follows:

Squamous cell Epithelioma of larynx — Date of onset 1937

Other contributory causes of importance:

Cachexia due to metastasis of liver and bladder

Biopsy — Date of operation performed Apr. 1938

For what disease or injury? Died radium therapy

Name of operation Radium & X-ray therapy

What test confirmed diagnosis? Specimen from larynx Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John J. Nowin M. D.

(Address) Medical Arts Bldg.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

60431 Annie Mackall

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97 F 60431 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1717 Laurens by
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 58 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1717 Laurens by
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Annie Mackall

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F. | 5. Color or race W | 6 (a) ~~Single~~, married, widowed, ~~or divorced~~. Married

6 (b) Name of husband or wife John Mackall
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Mch 14 1878

8. AGE: Years 61 | Months 5 | Days 4 | If less than one day hr. — min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Domestic
11. Industry or business Private

FATHER
12. Name William Frost
13. Birthplace Md.

MOTHER
14. Maiden Name Sally Hoots
15. Birthplace Md.

16 (a) Informant Jos Mackall
(b) Address 1717 Laurens by

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/12/39 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location —

18 (a) Funeral director Geo. H. Kelson
(b) Address 1303 Pressatman St.

19 (a) AUG 12 1939 (Date received by Local Registrar) (b) Huntington Hollins & Co Life

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 8th 1939; at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/13th 1939 to 8/8th 1939, and that I last saw her alive on 8/8/39 1939

Immediate cause of death (a) Pneumonia
(b) Cerebral Thrombosis
Duration 3 days

Due to Age & Natural Decline
(c) —

Due to —

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury —

Signature H. Lee Hollins M. D.
Address 5 E Mt Vernon Pl Date signed 8/10/39

VS 3

Physicians: please write the causes of death clearly and legibly. correct age is especially important.

F 60432

60432

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-e Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 821 N. Lakewood Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 821 N. Lakewood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frederick Wieland

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Kath Dorothea E. Wieland
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 5, 1857

8. AGE: Years 81 | Months 10 | Days 4 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state) 2013

10. Usual Occupation Retired
11. Industry or business Meat Cutter

FATHER
12. Name Wieland
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Edw. F. Wieland
(b) Address California Ave Parkville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/12/39. (month) (day) (year)
(c) Cemetery or crematory London Pk.
Location 3501 Frederick Rd

18 (a) Funeral director Harry A. Nitzke
(b) Address 4101 E. Monument Ave

19 (Date received by registrar) AUG 12 1939 Huntington Williamson, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 9 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 8 1939 to Aug. 9 1939. and that I last saw h m alive on Aug 9 1939.

Immediate cause of death: (a) Myocarditis — Duration 5/1939

Due to: Arteriosclerosis — 1939

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Ry Bower M.D. Date signed Aug 10 39
Address 8012 Harford Rd

F 60433

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 60433 Registered No. 9423

Physicians: please write the causes of death clearly and legibly. Be sure that the information is correct and complete. It is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 31 S. Pulaski St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 3
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 31 S. Pulaski St. (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME William A. Kaiser

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-05-8714

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Anna Kaiser
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 16, 1891

8. AGE: Years	Months	Days	If less than one day
48	4	24	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Straw Hat Finisher
11. Industry or business Hopkins Straw Hat Co.

FATHER
12. Name Henry C. Kaiser
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Emma V. Bradley
15. Birthplace Baltimore, Md.

16 (a) Informant Anna Kaiser
(b) Address 31 S. Pulaski St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-14-39. (month) (day) (year)
(c) Cemetery or crematory Western
Location

18 (a) Funeral director Frederick A. Gole
(b) Address 700 W Lombard St.

19 (a) Date received by Local Registrar AUG 12 1939 (b) Huntington Williams M.D. Registrar

VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 10 1939, at 5:40 P. M

21. I certify that death occurred on the date above stated, that I attended deceased from July 10 1939, to Aug 10 1939, and that I last saw him alive on Aug 10 1939.

Immediate cause of death: Coronary thrombosis — Duration 3 days
Due to arteriosclerosis and dilatation of heart.
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations X-ray showed marked dilatation of heart
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Isaac Fuller M. D.
Address 122 E. Madison St. Date signed 8/12/39

M. D. B. 1268-b

L

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60434

CERTIFICATE OF DEATH

159 F 60434

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 309 Fort Hill Ave St., 20-h Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Leona Swift

(a) Residence: No. 309 Fort Hill Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 6, 1939

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Michael Leo Swift

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Bertha Gertrude Rapp

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Michael Leo Swift
(Address) 309 Fort Hill Ave.

18. BURIAL—CREMATION, OR REMOVAL
Place Lorraine Date Aug 12 1939

19. UNDERTAKER Fredpick A Cohen
(Address) 1200 W Lombard St

20. FILED AUG 12 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from August 6, 1939 to August 11, 1939

I last saw h SR alive on August 11 1939 Death is said to have occurred on the date stated above, at 8 00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (6½ months)	
Other contributory causes of importance:	
Pulmonary atelectasis	8 6 39

Name of operation ..... Date of .....

What test confirmed diagnosis clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Nathan Rachman, M. D.

(Address) 206 S. Gilmor St

V S 3

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 60435

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

23

F 60435

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 50 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 403 N. Gilmor St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1941

3 (a) FULL NAME Martha Robinson (45849)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Charles

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 11, 1918

8. AGE: Years 21 | Months 6 | Days 29 | If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Maid

11. Industry or business

FATHER
12. Name Joseph Ware
13. Birthplace Va.

MOTHER
14. Maiden Name Martha Baker
15. Birthplace Va.

16 (a) Informant Hospital Records
(b) Address

17 (a) Virginia (Burial, cremation, or removal) (b) Date thereof 8-13-1939 (month) (day) (year)
(c) Cemetery or crematory Angel Visit
Location Essex County Va

18 (a) Funeral director Charles H. Harper
(b) Address 514 N. Calhoun St

19 (a) Hunting & Williams, M.D. Registrar
(Date rec'd by registrar) AUG 12 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH August 9, 1939, at 7:1 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 21, 1939, to Aug. 9, 19..., and that I last saw her alive on Aug. 9, 1939.

Immediate cause of death: Tuberculosis of Lungs — Duration: June 1939

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. J. Alesen M. D.
Address Balto. City Hospitals Date signed 8-

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60436

CERTIFICATE OF DEATH

23 F 60436

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 314 S. Smallwood St., 20-5 Ward)

Length of residence in city or town where death occurred 42 yrs. 3 mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME ..... Roger Hewitt ..... Social Sec. No. 215-09-3662

(a) Residence: No. 314 S. Smallwood St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Hewitt, nee Adams

6. DATE OF BIRTH (month, day, year) Apr 25, 1897.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
42	3	17/6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motorman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Railway

10. Date deceased last worked at this occupation (month and year) 1938

11. Total time (years) spent in this occupation 17

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Hewitt

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Laura Dement

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Mrs Mary E. Hewitt
(Address) 314 S. Smallwood Street.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk Cem Date 8 / 14 / 1939

19. UNDERTAKER John J. Cowan & Son
(Address) # 901 Hollins Street

20. FILED AUG 12 1939 Hunting E. Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 1937 to Aug. 11 1939

I last saw him alive on Aug. 4, 1939. Death is said to have occurred on the date stated above, at 1.50 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1937
Other contributory causes of importance: Laryngeal Tb.	1938

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Edwin Rosenau M. D.

(Address) 1904 W. Baltimore St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60437

CERTIFICATE OF DEATH

54 B F 60437

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 14-25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Maggie Barnes

(a) Residence: No. 557 Argyle Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 14 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME Joshua Marshall

14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) ?
(State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt [illegible] Date Aug 12th 19

19. UNDERTAKER A. Jones

(Address) 1118 Gilmor St

20. DATE RECEIVED AUG 12 1939 Registrar's Number

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from August 4, 1939 to August 6, 1939.

I last saw her alive on August 4, 1939. Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock	
Other contributory causes of importance:	

Was an operation performed? Yes Date of August 7, 1939

For what disease or injury? Multiple uterine fibroids

Name of operation Supravaginal hysterectomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Milton F. Potts M. D.

(Address)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 8

F 60438

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160-B

Registered No. F 60438

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1604 Edmondson Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME George Robert Abridge

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife —

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) August 3, 1939

8. AGE: Years — | Months — | Days 5 6 | If less than one day — hr. — min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER 12. Name Edward Abridge

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant University Hospital

(b) Address Greene St.

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) [illegible] MEDICAL SCHOOL AUG 12 1939

Location .....

18 (a) Funeral director .....

(b) Address .....

19 (a) AUG 12 1939 (b) [illegible] 1939

Commissioner of Health
Per H. A. Moore
Huntington Williams M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 9 1939, at 4:25 P. M.

21. I certify that death occurred on the date above stated, that I attended deceased from August 8 1939, to August 9 1939, and that I last saw h/him alive on August 9 1939.

Immediate cause of death: Respiratory failure — Duration: 4 hours

Due to Edema, Gravis pneumonia, Subarachnoid haemorrhage — Duration: Acute

Due to ..... — Duration: .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edwin K. Kuzida M. D.

Address University Hospital Date signed 8/9/39

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

60439

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 60439

Registered No. 131

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4307 Reisterstown Rd

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (~~yrs.~~, mos., ~~or days~~) 3

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 4307 Reisterstown Rd (If rural give location)

(e) If foreign born, how long in U. S. A.? 60 years

5-13

15

3 (a) FULL NAME Sadie R. Shapiro

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Abraham J. Shapiro

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1864

8. AGE: Years	Months	Days	If less than one day hr.	min.
75				

9. Birthplace Lithuania (Town, county, and state)

10. Usual Occupation Home Wife

11. Industry or business 0037

FATHER

12. Name Abraham J. Goetsin

13. Birthplace Lith

MOTHER

14. Maiden Name Deborah Goldberg

15. Birthplace Lith

16 (a) Informant Son

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-12-39 (month) (day) (year)

(c) Cemetery or crematory Norfolk VA.

Location

18 (a) Funeral director Jack Lewis Inc

(b) Address 1439 E. Balto St

19 AUG 12 1939 (Date rec'd by registrar) (b) Hunting & Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 11 1939 19 , at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 20 1937 to Aug 11 1939, and that I last saw her alive on Aug 11 1939.

Immediate cause of death	Duration
Arteriosclerotic cardio-vascular renal disease.	
Due to Cardiac insufficiency Acute cardiac dilatation	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Henry B Wakeman M. D.

Address 2232 Eutaw Pl. Date signed 8, 11, 39

Balto. Md.

PLEASE WRITE PLAINLY. WITH PENCIL INK. Copy should be typed. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Spec.—9-30—A. & Co.—250 Blks

F 60440

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√23

F 60440

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1004 Woodyear St. 16-2 (WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Rosie B. Taylor

(a) RESIDENCE NO. 1004 Woodyear ST. WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem.	Col.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ernest Burton

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	40	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 0070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Frederick Laws

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Mollie Lewis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant William Burton
(Address) 1313 Lafayette ave

15 AUG 12 1939 Huntington Williams M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-11-'39

17

I HEREBY CERTIFY, That I attended deceased from 5-30-1939, to 8-8-, 1939

that I last saw h[illegible] alive on 8-8-, 1939

and that death occurred, on the date stated above, at 3.15 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) — yrs. 2 mos. 11 ds.

CONTRIBUTORY (Secondary) Tubercle Bacilli

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did no operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Sputum Health D

(Signed) C. Mansell Lawrence M. D.

, 19 (Address) 1033 W. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Downings, Va. DATE OF BURIAL 8/13 19 3

20 UNDERTAKER Wm. G. Kelson ADDRESS 1303 Pre[illegible]

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should use CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

6B 6838 (6841)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BF 60441 Registered No. 1562

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in Hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day.

2. USUAL RESIDENCE OF DECEASED:
(a) State Penna (b) County Allegheny
(c) City or town Pittsburgh (If outside city or town limits, write RURAL and give town)
(d) Street No. 803 Gallion ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Albert Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	Single

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 6-29-06

8. AGE: Years	Months	Days	If less than one day
33	1	12	..... hr. ..... min.

9. Birthplace PA (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business

FATHER
12. Name David Jones
13. Birthplace Wales

MOTHER
14. Maiden Name Catharine Davies
15. Birthplace Wales

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/12/39 (month) (day) (year)

(c) Cemetery or crematory
Location Pittsburgh, Pa.

18 (a) Funeral director Wm. J. Tickner's Sons
(b) Address North B. Ave.

19 (a) ..... (b) Huntingdon Williamsburg, Pa.
(Date of burial or cremation) Registrar

AUG 12 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 11 1939 at 8.25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 10 1939, to Aug 11 1939, and that I last saw him alive on Aug 11 1939.

Immediate cause of death	Duration
Not known Shock ??	
Due to	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Major findings: Of operations Spasmodic torticollis	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. E. Froland M. D.
Address Johns Hopkins H. Date signed 8-12

60442

Case No. 45637 dk

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

34-G

F 60442 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore, Maryland

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 25

(e) Length of stay in Baltimore (yrs., mos., or days) 36 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 756 W. Redwood Street (If rural give location)

(e) If foreign born, how long in U. S. A.? years

4 2

X

3 (a) FULL NAME Lawrence Mahone

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/9/93

8. AGE: Years 45 | Months 10 | Days 0 | If less than one day: hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Laborer 6040

11. Industry or business Unemployed

FATHER

12. Name Walter Mahone

13. Birthplace North Carolina

MOTHER

14. Maiden Name Mila Topp

15. Birthplace Virginia

16 (a) Informant B. C. H. Records

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 8/14/39 (month) (day) (year)

(c) Cemetery or crematory National Cemetery

Location Balto.

18 (a) Funeral director Walter B. Sprigg

(b) Address 139 W. Hamburg St.

AUG 12 1939 Huntington Williams M.D. Registrar

(Date record received by Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH August 9 1939, at 2:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 14 1939, to August 9 1939, and that I last saw h alive on August 9 1939.

Immediate cause of death: Hypostatic Heart Disease — Duration: unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible] M. D.

Address Balto City Hosp. Date signed 8-10-39

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Physicians:

60443

HEALTH DEPARTMENT—CITY OF BALTIMORE

60443

CERTIFICATE OF DEATH

✓ 46-C

1. PLACE OF DEATH Levindale

CITY OF BALTIMORE: (No. Belvedere & Greenspring St., 27 (Ward) 7

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME David Silverman

(a) Residence: No. Belvedere & Greenspring St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah

6. DATE OF BIRTH (month, day, year) 1879

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Varnisher & Furniture

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Charles Zeb Silverman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Etta Z.

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Symon Lubliner
(Address) Belvedere & Greenspring

18. BURIAL, CREMATION, OR REMOVAL
Beth Tfiloh Cemetery Date Aug 13 1939

19. UNDERTAKER for Levinson Bros
(Address) 1124-26 W North Ave

Aug 13 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 11 1939

22. I HEREBY CERTIFY, That I attended deceased from 7-19 1938 to 8-11 1939

I last saw him alive on 8-11 1939 Death is said to have occurred on the date stated above, at 6.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of cecum.	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 6-30-39

For what disease or injury? Carcinoma of cecum

Name of operation ileo-colostomy

What test confirmed diagnosis? Question Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edmund Levin M. D.

(Address) Levindale

Information called for on this certificate is necessary for the protection of life and property. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Lucy Pack

60444

HEALTH DEPARTMENT—CITY OF BALTIMORE 60444

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital Ward)

Length of residence in city or town where death occurred yrs. 1 mos. 2 da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Lucy Pack

(a) Residence: No. Smithville, Annapolis, Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	Colored	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Horace Pack

6. DATE OF BIRTH (month, day, year) Apr. 12/69

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housemaid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West River Md.

FATHER

13. NAME Thomas Mansell

14. BIRTHPLACE (city or town) (State or country) West River Md.

MOTHER

15. MAIDEN NAME Gracie Ann (unknown)

16. BIRTHPLACE (city or town) (State or country) Ind.

17. INFORMANT Samuel Pinkney

(Address) 20 Eutaw Place, Baltimore

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date Aug 16, 1939

19. UNDERTAKER V. B. Thomas

(Address) Annapolis

20. FILED Aug 13 1939 H. Pinkney Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 12th, 1939

22. I HEREBY CERTIFY, That I attended deceased from 6-30-39, 1939 to 8-12-39, 1939

I last saw h.. alive on 8-12-39 Death is said to have occurred on the date stated above, at 1:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	
Chronic Nephritis	
Gangrene of left leg	

Other contributory causes of importance:

Was an operation performed? Yes Date Aug 3, 1939

For what disease or injury? Arteriosclerotic Gangrene

Name of operation Amputation (mid-thigh)

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. P. Tennyt M. D.

(Address) St. Joseph's Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 60445

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 60445 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A.A Co
(c) City or town (If outside city or town limits, write RURAL and name town)
(d) Street No. Ft. Meade Rd (Nr. Chang's Cor (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Clinton Roberts Sr.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Margaret A Roberts
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 25, 1861

8. AGE: Years	Months	Days	If less than one day
78	0	19	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Retired Grocerer
11. Industry or business

FATHER
12. Name John H.B Roberts
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Rebecca Amos
15. Birthplace Md.

16 (a) Informant Mr Clinton Roberts Jr
(b) Address Lintieum Heights Md

17 (a) (Burial, cremation, or removal) (b) Date thereof Aug 15, 1939 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Reisterstown

18 (a) Funeral director Thomas W Singleton
(b) Address Glen Burnie, Md

19 (a) 8-13-39 (b) [illegible] Registrar
(Date rec'd by registrar)

AUG 14 39

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH August 13 1939, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7.17. 1939, to 8.13 1939, and that I last saw him alive on 8.13 1939.

Immediate cause of death Uremia ~~Intestinal~~ — Duration 8 days

Due to

Due to

Other Conditions Generalized arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations Prostatic hypertrophy and C
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature B. D. Thomas Jr. M. D.
Address Emergency Hosp. Date signed 8/13/39

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Street age is especially important.

31567 60446 Gilliam 115-a 60446

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 1 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State N. C. (b) County
(c) City or town Gastonia (If outside city or town limits, write RURAL and give town)
(d) Street No. 515 S. Webb St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alfred Wendall Gilliam

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-5-21

8. AGE: Years 18 | Months 7 | Days 8 | If less than one day hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation Student

11. Industry or business

FATHER 12. Name Wm Webb P. Gilliam

13. Birthplace N.C.

MOTHER 14. Maiden Name Eugenia Corn

15. Birthplace N.C.

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/13/39. (month) (day) (year)

(c) Cemetery or crematory

Location Gastonia, N. C.

18 (a) Funeral director David Sondheimer Son

(b) Address 1902 Eutaw Place

19 (a) Filed by registrar Huntington Williams Registrar

(b) Date AUG 13 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-13-39 19 , at 1:25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 14 1939 to Aug 13 1939. and that I last saw him alive on Aug 13 1939.

	Duration
Immediate cause of death COMA	
Due to Agranulocytosis	6 days
Due to Staphylococcal Septicemia	5 days
Other Conditions Otitis Media Acute Pharyngitis	4 6

(Include pregnancy within 3 months of death)

Major findings:
Of operations Excision Hemangioma Penis
Of autopsy none

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Arthur T. Ward

Address Johns Hopkins Hosp. Date signed 8/23/39

Physicians: please write the causes of death clearly and legibly. Exact age is especially important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

60447 60447

CERTIFICATE OF DEATH

122-6

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 10-K Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Sr Mary Prisca S.S.N.D. (Grady) If U. S. Veteran specify WAR .....

(a) Residence: No. 901 Augusth St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb 10, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sister of Notre Dame

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Church.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Ireland.

FATHER

13. NAME Michael Grady

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Donnelan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Sr. Mary Hosta

(Address) 901 Augusth St

18. BURIAL, CREMATION, OR REMOVAL

Place Notch Bluff Date Aug 14th 1939

19. UNDERTAKER Geo. M. Fuhrman

(Address) 811 N. Wolfe St

20. FILED AUG 14 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1939 to Aug 12, 1939

I last saw her alive on Aug 12, 1939 Death is said to have occurred on the date stated above, at 6 15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ventral Incarcerated Hernia	10 yrs
Other contributory causes of importance: Post op. atelectasis	14 hrs
Post op. Shock.	

Was an operation performed? Yes Date of 8-12-39

For what disease or injury? Incarcerated Ventral Hernia

Name of operation Herniaplasty

What test confirmed diagnosis? Exam. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Harold H Burns M. D.

(Address) Mercy Hospital.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

F 60448

F 60448

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

123 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E Fayette St
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos.~~, or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore Co.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 2854 Harlem Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? Ave years

3 (a) FULL NAME Frederick Wolle

3 (b) If veteran, name war None
3 (c) Social Security Account No. unknown
4. Sex male
5. Color or race white
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Bertha Wolle
6 (c) If alive, give age 59 years
7. Birth date of deceased (mo., day, yr.) May-1-1883
8. AGE: Years 56 Months 3 Days 10 If less than one day — hr. — min.
9. Birthplace Baltimore Md
10. Usual Occupation Barber
11. Industry or business above
FATHER 12. Name Alex Wolle
13. Birthplace Germany
MOTHER 14. Maiden Name Elizabeth Straus
15. Birthplace Baltimore Md
16 (a) Informant Mrs Bertha Wolle (wife)
(b) Address 2427 Harlem Ave
17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 8/14/39 (month, day, year)
(c) Cemetery or crematory Lorraine Park Cemetery Location Baltimore
18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. WOODEN SUC.) 108 W. NORTH AVENUE
19 (a) AUG 12 1939 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 10 1939, at 9:25 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 5, 1939, to Aug. 10 1939, and that I last saw him alive on Aug 10 1939.

Immediate cause of death Generalized Peritonitis — Duration 5 days

Due to Perforated diverticulum

Due to Diverticulitis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Generalized Peritonitis
Of autopsy Perforated diverticulitis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J. McClafferty M. D.
Address Bon Secours Hosp. Date signed 8/10/39

Direct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 60449

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91-9 Registered No. F 60449

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mos 23 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 718 E 23rd Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eligah P. Beachum

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Eddia Beacham

ALIVE

6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) 1884 Aug 21st

8. AGE: Years	Months	Days	If less than one day hr.	min.
54 55	11	21		

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Steward - Purser

11. Industry or business Old Bay Line

FATHER
12. Name Eligah T. Beacham.
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Hughes
15. Birthplace Maryland

16 (a) Informant Eddia B. Beachum
(b) Address 718 E. 23rd st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 15th 1939 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul st.

19 (a) (Date rec'd by registrar) (b) Registrar

AUG 13 1939 Huntington Hillcoat, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH August 12 1939 at 2:55 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 12 1939 to Aug 12 1939, and that I last saw h[illegible] alive on Aug 12 1939.

Immediate cause of death: Subacute Bacterial endocarditis - Strep. Viridans? Pulmonary edema — Duration: 8 mos. 3 days.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Endocarditis (subacute)

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John Z. Bowers M. D.
Address Univ. Hospital Date signed Aug 12.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

HEALTH DEPARTMENT—CITY OF BALTIMORE

H 60450

CERTIFICATE OF DEATH

H 60450

124-B

Registered No.

1. PLACE OF DEATH St. Joseph's Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Caroline & Oliver St. 1-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Katharine Pirie

(a) Residence: No. 2307 Eastern Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: George W. Pirie

6. DATE OF BIRTH (month, day, year): Feb 2nd 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Richard Rainey

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Annie Law

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Ann Schwanzl

(Address) 1922 E. Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Aug 14th 1939

19. UNDERTAKER: Wm Cook

(Address) 217 St. Paul St

20. FILED AUG 13 1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1939 to August 11, 1939

I last saw her alive on August 10, 1939 Death is said to have occurred on the date stated above, at 3:50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of liver	
Pedal Edema & Ascitis	Jan 1939
Chronic Myocarditis	

Other contributory causes of importance:

Icterus	
Intestinal Obstruction	Aug 1939

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Harry Felmeman, M. D.

(Address) St. Joseph's Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 60451

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B F 60451 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1532 N Payson St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1532 N Payson St (If rural give location)
(e) If foreign born, how long in U. S. A.? 25 years

3. (a) FULL NAME Sarah Sword
3 (b) If veteran, name war
3 (c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Benjamin
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years	Months	Days	If less than one day hr.	min.
67				

9. Birthplace New York, N. Y. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

MOTHER / FATHER
12. Name Abraham Cohen
13. Birthplace Russia
14. Maiden Name Ella Lesser
15. Birthplace

16 (a) Informant Benjamin Sword
(b) Address 1532 N Payson St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-13-39 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Druid Ridge
Location Baltimore Co.
18 (a) Funeral director Jack Sens Inc.
(b) Address 1439 E. Balto St
19 (a) [illegible] (Signature of registrar) Hunting for Williams M.D. (Local registrar)

AUG 13 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 12 1939, at 11:30 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from Feb. 1936, to Aug. 12, 1939, and that I last saw her alive on Aug. 12, 1939.

Immediate cause of death Cerebral Hemorrhage — Duration about 5 yrs.
Due to Hypertension
Due to
Other Conditions Pituitary Condition Cardio-Vascular Condition
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan H. Shapiro M.D.
Address 2351 Eutaw Place Date signed 8/12/39.

F 60452

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59

Registered No. F 60452

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 14 N. Chester st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6-9
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 39

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 14 N. Chester st
(If rural give location)
(e) If foreign born, how long in U. S. A.? 39 years

3 (a) FULL NAME Harry L. Newman

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. No

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife Stella
6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 75 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Butcher
11. Industry or business

FATHER
12. Name Nathan Newman
13. Birthplace Russia

MOTHER
14. Maiden Name Rachael Newman
15. Birthplace Russia

16 (a) Informant Nathan Newman
(b) Address Son

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-13-39 (month) (day) (year)
(c) Cemetery or crematory Shaarai Zedek
Location Rosedale

18 (a) Funeral director Jos. Levine Inc.
(b) Address 1739 E. Balto St.

19 (a) Date received by registrar AUG 14 1939 (b) Registrar Harry H. Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 10th 1939, at 6 P. M

21. I certify that death occurred on the date above stated, that I attended deceased from July 1935 to Aug 10th 1939, and that I last saw him alive on 11-aug 1939.

Immediate cause of death Coronary thrombosis — **Duration**

Due to

Due to

Other Conditions Diabetes, hypertension

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Maurice Shadecoe M. D.
Address 2225 Linden Date signed 8/12/39

F 60453

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60453

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. ..... St. 9-9 Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR ....

2. FULL NAME Paul Sanford Thomas

(a) Residence: No. 1509 Holbrook Avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
~~Last~~ WIFE of Alma Barker

6. DATE OF BIRTH (month, day, year) Oct. 9, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. WPA Laborer

9. Industry or business in which work was done; as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 8/10/39

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boesley, Virginia

FATHER

13. NAME Edward Thomas

14. BIRTHPLACE (city or town) (State or country) Essex County, Virginia.

MOTHER

15. MAIDEN NAME Ella Fitts

16. BIRTHPLACE (city or town) (State or country) Essex County, Virginia.

17. INFORMANT (Address) Records-U. S. Marine Hospital, Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Aug 14 1939

19. UNDERTAKER L. Howard Strong
(Address) 716 Light St.

Filed AUG 13 1939 Hunting & Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from August 11, 1939 to August 11, 1939

I last saw h in alive on August 11, 1939. Death is said to have occurred on the date stated above, at 10:55 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac disease, cardiorenal vascular (Hypertensive heart disease)	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) T. B. N. Anderson, M. D.

(Address) U. S. Marine Hospital, Baltimore, Maryland.

Cancelled

AUG 13 1939

V8 9

Information should be carefully supplied. Any blank should be filled in with "unknown" if information cannot be obtained. Erasures or alterations must be explained. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 60454

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60454

CERTIFICATE OF DEATH

48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1904 McCulloh St. 14-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Louisa Thomas

(a) Residence: No. 1904 McCulloh St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): Jan. 30, 1878

7. AGE: Years 61 | Months 6 | Days 11 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Paulla Thomas

16. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

17. INFORMANT: Mamie Thomas
(Address) 1904 McCulloh St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Interstate Memorial Pk. Date: Aug 13, 1939

19. UNDERTAKER: Archibald A. Hawkins
(Address) 2100 Pennsylvania Ave

Huntingtown Prince Georges Co. MD

FILED AUG 13 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug. 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1939 to Aug 11, 1939

I last saw her alive on Aug 11, 1939 9:30 a.m. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	Unknown Duration

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury?

Name of operation

What test confirmed diagnosis? Path. Ex. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) R. Garland Ghingold M. D.

(Address) 1534 Druid Hill Ave.

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 60455

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-a F 60455

Registered No.

1. PLACE OF DEATH: West Balto Gen. Hosp.
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 7

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
City or town Sparks
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

16-6

3 (a) FULL NAME Edgar Price

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 6, 1877

8. AGE: Years 60 | Months 0 | Days 7 | If less than one day hr. min.

9. Birthplace Balto Co. (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name William H. Price
13. Birthplace Baltimore Co.

MOTHER
14. Maiden Name Emma Matthews
15. Birthplace Montevideo

16 (a) Informant Emma Matthews
(b) Address Cockeysville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 12, 1939 (month) (day) (year)
(c) Cemetery or crematory Friends
Location Sparks

18 (a) Funeral director Loudon M. Brooks
(b) Address Sparks, Md.

19 (a) 1939 (Date rec'd by registrar) (b) Hunting for Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-13-1939, at 7:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 8-5-1939, to 8-13-1939, and that I last saw h alive on 8-13-1939.

Immediate cause of death Pulmonary Embolus — Duration

Due to

Due to

Other Conditions Post Op. Hemiplegia

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.

Address W. Balto Gen Hosp Date signed Aug 13 39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 60456

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 60456 Registered No.

PLEASE WRITE PLAINLY. WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Pennsylvania Rail Road
(c) Hospital or institution: Harlan & Hollingsworth Corp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 yr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore City
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1414 W. North Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George O Weifler

3 (b) If veteran, name war

3 (c) Social Security Account No. 717-07-6155

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	Col	Married

6 (b) Name of husband or wife Ruth Evelyn Weifler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Dec 10, 1894

8. AGE: Years	Months	Days	If less than one day
44	8	1	hr min

9. Birthplace Camden, New Jersey (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business R. R. Yard

FATHER
12. Name John F. Weifler
13. Birthplace Germany

MOTHER
14. Maiden Name K. Weitzenburg
15. Birthplace Germany

16 (a) Informant Ruth Evelyn Weifler
(b) Address 1414 W. North Ave.

17 (a) Buried (Burial, cremation or removal) (b) Date thereof 8/15/39 (month) (day) (year)
(c) Cemetery Western
Location Edmondson Ave Balto. Md.

18 (a) Funeral director Walter Brooks Bradley
(b) Address 1922 W. North Ave.

AUG 13 1939 (Date rec'd by registrar)

Huntington Williams, M.D. (Signature of Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/12/39 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner

Date signed 8/13/39

F 60457

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 60457 Registered No. 133

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ~~709 N. Monroe St.~~
(c) Hospital or institution: St Agnes
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs 8 mos 8 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, City (If outside city or town limits, write RURAL and give town)
(d) Street No. 709 N. Monroe St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** James Clemson Hamell

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3, 1936

8. AGE: Years	Months	Days	If less than one day
3	1	8	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business Infant

FATHER 12. Name Clemson Samuel Hamell

FATHER 13. Birthplace Camden, N. J.

MOTHER 14. Maiden Name Ruth Albert Henderson

MOTHER 15. Birthplace Baltimore, Md.

16 (a) Informant Clemson S. Hamell

(b) Address 709 N. Monroe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/10/39 (month) (day) (year)

(c) Cemetery or crematory Woodlawn (Loudon Park) Mausoleum Village

Location Walk. Blvd at Elmhurst

18 (a) Funeral director Walter Rourke Bierberg

(b) Address 1922 W. North ave.

19 (a) Date received by registrar 1939 (b) Registrar's signature for Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 11, 1939, at 8 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 8 1939, to Aug 11 1939 and that I last saw h/m alive on Aug 11 1939.

Immediate cause of death Anemia — Duration 3 days

Due to Probable infra-vesicle obstruction with Hydro nephrosis.

Due to

Other Conditions

(Include pregnancy within 8 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles V. Learif M. D.

Address St Agnes Hosp. Date signed 8-11-39

F 60458

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1+ 157-R F 60458 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33 ~~rd~~ & Guilford
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., ~~mos.~~, or days) 16
(e) Length of stay in Baltimore (~~yrs., mos.,~~ or days) 16

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford
(c) City ~~or Town~~ Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 17 Abingdon Md. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Holter

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/28/39

8. AGE: Years | Months | Days 1 5 16 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Raymond Holter
13. Birthplace Balto. Co.

MOTHER
14. Maiden Name Eleanor Mouledale
15. Birthplace Aberdeen Md

16 (a) Informant Hosp. Record
(b) Address H. M. H.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 14, 1939 (month) (day) (year)
(c) Cemetery or crematory
Location Abingdon, Md.

18 (a) Funeral director Howard H. McComas
(b) Address Abingdon, Md.

19 (a) 8 13 1939 (Date rec'd by registrar) (b) Irvington Williams (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/13 1939 at 4.55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/28 1939 to 8/13 1939 and that I last saw him alive on 8/13 1939.

Immediate cause of death	Duration
Congenital Lung Cyst with Rupture	
Due to	
Due to with Pyo-pneumothorax (rt.)	
Other Conditions Cardiac enlargement. Atelectasis of Lt. Lung (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy See above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. B. Smith M.D.
Address 1132 Monument St. Date signed 8/15/39.

VS 3

FE60459

HEALTH DEPARTMENT—CITY OF BALTIMORE

FE60459

CERTIFICATE OF DEATH

34-92-a

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Division St. 4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. 1 mon. da. How long in U. S. If of foreign birth? yrs. mon. da.

If U. S. Veteran specify WAR

2. FULL NAME John Mackey Md.

(a) Residence: No. Turners Station, St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of Co

6. DATE OF BIRTH (month, day, year): Mch 1895

7. AGE: Years 44 | Months 5 | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cleaning & Pressing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Cleaning & Pressing

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): N. C.

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Beatrice Mackey

(Address) East Ave & Brondale Rd Towson

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Aug 15 1939

19. UNDERTAKER: Sam'l W. Chase & Son

(Address) 638 N. Gilmor St

20. FILED AUG 14 1939 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-11-39

22. I HEREBY CERTIFY, That I attended deceased from 8-5-39 19 to 8-11-39 19

I last saw him alive on 8-11-39 19 Death is said to have occurred on the date stated above, at 12.45 PM (12.45)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Insufficiency & Cardiac Hypertrophy	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. F. Maloney M. D.

(Address) Provident Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

60460

HEALTH DEPARTMENT—CITY OF BALTIMORE

60460

CERTIFICATE OF DEATH

51-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. St. 27-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Riley

(a) Residence: No. 321 Evesham ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Single

6. DATE OF BIRTH (month, day, year) April 4 1847

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
91	91	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME Patrick Riley

14. BIRTHPLACE (city or town) Ireland (State or country)

MOTHER

15. MAIDEN NAME Josephine Binnick

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Bernard A. Riley

(Address) 909 E Preston St

18. BURIAL, CREMATION, OR REMOVAL

Mount Olivet Cem. Date Aug 14, 1938

Funeral under the direction of Edgar H. Conklin & Son

19. UNDERTAKER

(Address) 924 E. Eager St.

20. FILED Aug 14 1938 [illegible] Registrar.

AUG 14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-12-1938

22. I HEREBY CERTIFY, That I attended deceased from 8-10-1938 to 8-12-1938

I last saw him alive on 8-12-1938 Death is said to have occurred on the date stated above, at 5 30 A M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congestive cardiac failure	Unknown
Other contributory causes of importance: Carcinoma of bladder	over

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Yes ?? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. Cunningham M. D.

(Address) Mercy

F 60461

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 60461

Registered No. 123

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balto, City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1319 N. Carey St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Cornelius Price (45817)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Blanche
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 19, 1897

8. AGE: Years	Months	Days	If less than one day
42	1	22	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Presser
11. Industry or business

FATHER
12. Name James
13. Birthplace Va.

MOTHER
14. Maiden Name Oder Hackett
15. Birthplace Va.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 15 37 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Brookland

18 (a) Funeral director Elroy A Wise
(b) Address 1500 Brantley

19 (a) Date received by registrar AUG 15 1939 (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 11, 1939, at 5:55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 24, 1939, to Aug. 11, 1939, and that I last saw him alive on Aug. 11, 1939.

Immediate cause of death: Tuberculosis of Lungs — Duration 2 mos

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature]
M. D.
Address Balto. City Hospitals Date signed 8-11-39

F 60462

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

Registered No. F 60462

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 93rd St & Calvert

(c) Hospital or institution: Union Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos 7 days

(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Parkville (If outside city or town limits, write RURAL and give town)

(d) Street No. 2604 Wendover Rd. Balto. Co. Md. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Fannie Elizabeth Allen

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W.

6 (b) Name of husband or wife Joseph Allen (d)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 9, 1865

8. AGE:	Years	Months	Days	If less than one day
	74	5	2	— hr. — min.

9. Birthplace Rock, Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER

12. Name Josephus Reed

13. Birthplace Md

MOTHER

14. Maiden Name Asenath Denbow

15. Birthplace Md

16 (a) Informant Patient

(b) Address see above

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-14-39 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location

18 (a) Funeral director Sears & Dietz 2405 Wendover Rd

(b) Address

19 (a) AUG 14 1939 Huntington Williams M.D. Registrar

(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 11, 1939. at 11 12 P M

21. I certify that death occurred on the date above stated, that I attended deceased from June 4, 1939. to Aug 11, 1939. and that I last saw her alive on Aug 11, 1939.

Immediate cause of death Cardiac failure

Generalized carcinomatosis

&

Due to Cardiac hypertrophy and arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations General abdominal metastases

Of autopsy no autopsy

Duration
over

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Robert C. Crawford M. D.

Address Union Memorial Hosp Date signed 8/14/39

F 60468

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60468

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2907 Northern Pkwy St. 27-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME C. Carroll Barrett

If U. S. Veteran specify WAR

(a) Residence: No. 2907 Northern Pkwy St., Ward.

Social Sec. No. 212-10-2914

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, divorced HUSBAND of (or) WIFE of Edna M. Barrett age 53

6. DATE OF BIRTH (month, day, year) Aug 7-1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55		5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt. Dept Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Francis B. Barrett

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Margaret Connelly

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Edna Barrett

(Address) 2907 Northern Pkwy

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date 8/15 1939

19. UNDERTAKER Leonard J Chuck

(Address) 5302 Harford Rd

20. AUG 12 1939 19 Registrar.

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-12 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 12 1939 to Aug 12 1939

I last saw h alive on June 1 1939 Death is said to have occurred on the date stated above, at 12:15 P m.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis — Date of onset July 8-39

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) D. H. L. Cronin M. D.

(Address) 11 E. Chase St.

Examined & Signed & Dated Action, Asst Registrar per D.S. rec'd.

L 60436

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 133

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Lombard & Green Sts.

(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town Monkton (If outside city or town limits, write RURAL, and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Grace M. Taylor.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Chas. Taylor

6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) April 12, 1890

8. AGE: Years 49 | Months 4 | Days | If less than one day hr. min.

9. Birthplace Bentley Springs, Md. (town, county, and state)

10. Usual Occupation Housekeeper.

11. Industry or business

FATHER 12. Name Elmer McCox.

13. Birthplace Pa.

MOTHER 14. Maiden Name Margaret Isenhauer.

15. Birthplace Md.

16 (a) Informant Charles G. Taylor

(b) Address Monkton, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 16, 1939 (month) (day) (year)

(c) Cemetery or crematory Pine Grove U.B.

Location Kingsville, Md.

18 (a) Funeral director Oheimer & Son.

(b) Address 3610-12 Chestnut Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

AUG 14 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH August 13 1939, at 7 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 13 (1939) to 7 PM Aug 13 1939, and that I last saw h alive on Aug 13 1939.

Immediate cause of death: Septicemia — Duration: 2 days

Due to

Due to

Other Conditions Essential Thrombocytopenia — 2 years

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Bacteriological - Pyelonephritis

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature John A. Wagner M. D.

Address University Hospital Date signed Aug. 13, 1939

E 6046[illegible]

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-c Registered No. E 6046[illegible]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 826 Union Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

13-7

3 (a) FULL NAME Blanche E. Wood.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	married.

6 (b) Name of husband or wife Charles H. Wood.
6 (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) June 22, 1906

8. AGE: Years	Months	Days	If less than one day
33			hr. min.

9. Birthplace Maryland. (Town, county, and state)
10. Usual Occupation Housewife.
11. Industry or business

FATHER 12. Name Dennis Palmer.
13. Birthplace md.

MOTHER 14. Maiden Name Mary E. Diffenderfer.
15. Birthplace Md.

16 (a) Informant Charles H. Wood.
(b) Address 826 Union Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 14 1939 (month) (day) (year)
(c) Cemetery or crematory Pine Grove.
Location Balto Co, Md.

18 (a) Funeral director Ehrmore & Son.
(b) Address 3615-17 Chestnut Ave.

19 (a) [illegible] (b) [illegible] (Registrar)

AUG 14 1939
VS

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 12 1939, at 5 00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 9 1939, to Aug 12 1939
and that I last saw her alive on Aug 12 1939.

Immediate cause of death	Duration
Generalized Peritonitis	2 days
Due to Gangrene Descending Colon	3 days
Due to Diverticulitis; Carcinoma of Descending Colon.	1 year (?)
Other Conditions Shock; Uremia	

(Include pregnancy within 3 months of death)

Major findings: Peritonitis;
Of operations Diverticulitis of Desc Colon. Curable carcinoma?
Of autopsy Gangrene of Bowel, Adenocarcinoma

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Raymond M. Cunningham M. D.
Address University Hosp. Date signed Aug 12 1939

E 60268

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53-F E 60268 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1121 Orleans St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years 7

3 (a) FULL NAME E Willie, Burris

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-07-4176

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 69.?

8. AGE: Years	Months	Days	If less than one day
69?			hr. min.

9. Birthplace S. C. ? (Town, county, and state)

10. Usual Occupation Labirer

11. Industry or business

FATHER 12. Name Pringle Burris
13. Birthplace S. C.

MOTHER 14. Maiden Name Amanda Ash
15. Birthplace S. C.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 16-39 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Arlington Md

18 (a) Funeral director Robert E Williams
(b) Address 1515 McElderry St

19 (a) AUG 14 1939 (Date received by registrar) (b) [illegible] for [illegible] M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 12 1939 at 1110 p M

21. I certify that death occurred on the date above stated; that I attended deceased from July 5 1939 to Aug 12 1939. and that I last saw him alive on Aug 12 1939.

Immediate cause of death	Duration
UREMIA	6 wks.
BRONCHOPNEUMONIA	2 days
Due to Cord bladder	2 mo?
Due to Multiple myeloma	Unknown
Other Conditions Paraplegia (Include pregnancy within 3 months of death)	

Major findings:
Of operations Rib biopsy = plasma cell myeloma
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature. John C. Kanoneier M. D.
Address Date signed

E 60467

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 60467

CERTIFICATE OF DEATH

117-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St 1-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charlie Davis

If U. S. Veteran specify WAR

(a) Residence: No. 162 Dolphin St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
32			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Boston Va.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Alice Royster

(Address) 162 Dolphin St.

18. BURIAL, CREMATION, OR REMOVAL

Mt Auburn Date 8-14-39

19. UNDERTAKER Adolphus Halstead

(Address) 918 Druid Hill Ave

Huntington Williams M.D. Registrar.

AUG 12 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/10 1939

22. I HEREBY CERTIFY, That I attended deceased from 8/9/39, 19..., to 8/10, 1939

I last saw h.. alive on 8/10, 19 39 Death is said to have occurred on the date stated above, at 100 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Gastric ulcer	8/8/39
Generalized Peritonitis	

Other contributory causes of importance:

Was an operation performed? Yes Date of 8/9/39

For what disease or injury? Ruptured Gastric ulcer.

Name of operation Repair of Ruptured Gastric ulcer

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify.

(Signed) R. L. Jackson M. D.

(Address) Provident Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 8

60468

HEALTH DEPARTMENT—CITY OF BALTIMORE

60468

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Division St. 14-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Josephine Rogue

If U. S. Veteran specify WAR .....

(a) Residence: No. 2208 Brookhill Court St. Ward .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Nov 27, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
41	40	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Thomas Lake

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Rachel ?

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Callie Hackett

(Address) 512 Baker St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 8-14-39

19. UNDERTAKER George S. Nelson

(Address) 1303 Eutaw Pl

A66142930

(Signature of Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-11-39. 19

22. I HEREBY CERTIFY, That I attended deceased from 5-27-39. 19... to 8-11-39. 19...

I last saw her alive on 8-11-39 19... Death is said to have occurred on the date stated above, at 6.55 P.M.

The principal cause of death and related causes of importance are as follows:

	Date of onset
Hypertensive Cardiac Disease Cardiac Hypertrophy + Mitral Insufficiency	?
Other contributory causes of importance: Cerebral Hemorrhage	5-25-39

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C.T. Maloney M. D.

(Address) Provident Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 60469 E 60469

CERTIFICATE OF DEATH

✓ 119

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Division St. 23 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Shirley Moulden

If U. S. Veteran specify WAR .....

(a) Residence: No. 2514 Salem St St., ... Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 6, 1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Rodgers Moulden.

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Clara Johnson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Rodgers Moulden

(Address) 2514 Salem St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 8-14-39

19. UNDERTAKER George E. Nelson

(Address) 1313 Pennsylvania Ave

20. FILED ..... 19.....

AUG 14 1939

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-11-39 19

22. I HEREBY CERTIFY, That I attended deceased from 8-7-39 19 to 8-11-39 19

I last saw her alive on 8-11-39 19 Death is said to have occurred on the date stated above, at 3.30 P.M.

The principal cause of death and related causes of importance were as follows:

Acute Gastro-Intestinal Upset
Pneumonia
Anaemia + Enteritis

Date of onset 8-2-39

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. T. Maloney M. D.

(Address) Provident Hospital

information should be carefully supplied. Also, should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 60470

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60470

CERTIFICATE OF DEATH

52

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St., 8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. Ludolph B. Vocke

If U. S. Veteran specify WAR —

(a) Residence: No. 1628 E. Preston St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mrs. Ludolph B. Vocke

6. DATE OF BIRTH (month, day, year) March 13, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Policeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Police Dept. Balt. City

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Rudolph Vocke

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Buelsheimer

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Emma K. Wagner (daughter)

(Address) 1628 E. Preston St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date Aug 14/39

19. UNDERTAKER H. Sanders Sons Inc.

(Address) 1210 Forest Ave. Phone Hilltop 8

20. FILED AUG 14 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from August 4, 1939 to August 11, 1939

I last saw him alive on August 10, 1939. Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized carcinomatosis	
	over
Other contributory causes of importance:	
Secondary anemia	?
Emaciation, acute insufficiency	?

Was an operation performed? Yes Date of 8/5/39

For what disease or injury? obstruction to bowel pleura

Name of operation Injection of Lehs-Meckel into spine

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Howard W. Jones, M. D.

(Address) Church Home & Infirmary

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 3

F 60471 F 60471

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 B Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3413 Chestnut Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3413 Chestnut Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

13-6

3 (a) FULL NAME Adah Z Gannon

3 (b) If veteran, name war ———

3 (c) Social Security Account No. ———

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Robert H. Gannon

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 27-1870

8. AGE: Years 68 | Months 8 | Days 15 | If less than one day hr. min.

9. Birthplace West Virginia (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name William Snowden

13. Birthplace West Virginia

MOTHER 14. Maiden Name Elizabeth Arem

15. Birthplace West Virginia

16 (a) Informant Mrs. May Degenhard

(b) Address 7398 N. 36th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 15-1939 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Baltimore Md.

18 (a) Funeral director Horace F. Burgee

(b) Address 3631 Falls Road Huntington Williams, M.D.

19 (a) [illegible] (b) [illegible]

AUG 14 1939 Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 12 1939, at 10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to [illegible] death on the day stated above.

	Duration
Immediate cause of death: Coronary Sclerosis	10 yr
Due to: Overweight	
Due to: Hypertension	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Conrad Acton M.D. Medical Examiner

Date signed 8/12/39

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60472

CERTIFICATE OF DEATH

✓ 13 F 60472

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2320 E. Preston St. 8-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME mary abell

(a) Residence: No. 2320 E. Preston St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Abell

6. DATE OF BIRTH (month, day, year) June 10 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Fred Progesser

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME ? Unkelbach

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Catherine Abell

(Address) 2320 E Preston St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Aug 16 1939

19. UNDERTAKER John C. Mullen Inc.

(Address)

20. FILED AUG 14 1939 Hunting for Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 13. 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 7. 1939. to Aug 13. 1939

I last saw her alive on Aug 12 1939 Death is said to have occurred on the date stated above, at 1.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis Hypertension	7 D
Mitral Regurgitation	7 D
(Decompensation)	

Other contributory causes of importance:

Chr Interstitial Nephritis	7 D.

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO. If so, specify

(Signed) Thos. Fa Stevens M. D.

(Address) 2878 Hartford Rd

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 8

60473 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 60473

CERTIFICATE OF DEATH

√23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1708 Caro St. 19-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. 8 mos. 28 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Francis Cox.

If U. S. Veteran specify WAR

(a) Residence: No. 1708 Caro St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of →

6. DATE OF BIRTH (month, day, year): Nov. 15/1902

7. AGE: Years 36 | Months 8 | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Public Works

10. Date deceased last worked at this occupation (month and year): 6/39

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: James Cox

14. BIRTHPLACE (city or town) (State or country): Calvert Co. Md

MOTHER

15. MAIDEN NAME: Susie Hill

16. BIRTHPLACE (city or town) (State or country): Calvert Co. Md

17. INFORMANT: Louise Hampton

(Address) 1708 Caro St

18. BURIAL, CREMATION, OR REMOVAL:

Place Mt. Auburn Date 8-15, 1939

19. UNDERTAKER: Mrs. Katie R. Williams

(Address) 322 N. Schroeder St

20. FILED AUG 14 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from 8/2, 1939 to 8/12, 1939

I last saw him alive on 8/12, 1939, Death is said to have occurred on the date stated above, at 3:40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?

Other contributory causes of importance: none

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. J. Ryroll M. D.

(Address) 530 W. Fairvale St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

P 60474

366397

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

35c Registered No. P 60474

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1413 Winchester St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Lucille Godfrey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-25-37

8. AGE: Years	Months	Days	If less than one day
21 22	8	17	hr. min.

9. Birthplace Baltimore—Md. (Town, county, and state)

10. Usual Occupation School

11. Industry or business

FATHER
12. Name William Godfrey
13. Birthplace Va.

MOTHER
14. Maiden Name Sarah Grey
15. Birthplace Va.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof Aug 16, 1939 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St

19 Filed by Huntington Williams M.D. Registrar

AUG 14 1939

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 12 1939 at 5:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 1 1939 to Aug 12 1939 and that I last saw her alive on Aug. 12 1939

Immediate cause of death	Duration
Liver Abscess, multiple	10 days
Due to Pylephlebitis	10 days
Due to Rectal stricture (lymphopathia venereum)	6 mos
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations liver abscesses
Of autopsy " "

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward H. Spong Jr M. D.
Address Johns Hopkins Hospital Date signed

F 60475

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1131

F 60475 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1814 Hennemann Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1814 Hennemann Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 75 years

3 (a) FULL NAME Elizabeth Herrman

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widdowed

6 (b) Name of husband or wife: John S. Herrman

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 5, 1855

8. AGE: Years: 84 | Months: 4 | Days: 8 | If less than one day: hr. min.

9. Birthplace: Germany (Town, county, and state)

10. Usual Occupation: Housework

11. Industry or business: at Home

FATHER
12. Name: Henry Bolgman
13. Birthplace: Germany

MOTHER
14. Maiden Name: Kat Kuchan
15. Birthplace: Germany

16 (a) Informant: Mrs. Frank Herrman (Son)
(b) Address: 2604 Wentworth Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 16 1939 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer Cem.
Location: Belair Rd & Moravia Ave

18 (a) Funeral director: Elmer W. Conklin & Son
(b) Address: 924 E Eager St.

19 (a) AUG 14 1939 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 13th 1939, at 9 a.M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 9 1939, to Aug 13 1939, and that I last saw her alive on Aug 13 1939.

Immediate cause of death: Chronic Nephritis / Arteriosclerosis / Chronic Myocarditis — Duration

Due to

Due to

Other Conditions: Chronic Cholecystitis

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Victor Goldberg M.D. M. D.

Address: 1524 N Bellemore Ave Date signed: AUG 14 1939

VS 2

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60476

CERTIFICATE OF DEATH

107-a F 60476

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 943 Bennett Place St., 18 Ward)

Length of residence in city or town where death occurred Life mos. ... da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Jennie Catherine Craven (Jennie) specify WAR

(a) Residence: No. 943 Bennett Place St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, divorced — (or) WIFE of: William Henry Craven

6. DATE OF BIRTH (month, day, year): Sept 7, 1879

7. AGE: 59 Months: ... Days: ... If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ...

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Thomas H. Johnston

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Caroline Harris

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Lloyd J. Craven
(Address) 943 Bennett Place.

18. BURIAL, CREMATION, OR REMOVAL: Arbutus Memorial Park 8/16/39

19. UNDERTAKER: Peter Zappone
(Address) 504 N. Caroline St.

20. AUG 14 1939 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1939 to Aug 12, 1939

I last saw him alive on Aug 12, 1939. Death is said to have occurred on the date stated above, at 9:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchitis (Primary)	July 30 1939
Myocarditis	
Other contributing causes of importance	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Geo. L. Allen, M. D.

(Address) 50 Calvert St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 60477

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B Registered No. F 60477

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4907 Liberty Heights Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 4907 Liberty Heights Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Angela Hogan

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 25 1884

8. AGE: Years	Months	Days	If less than one day
55	6	19	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Michael H.Hogan
13. Birthplace Richmond Va

MOTHER
14. Maiden Name Elizabeth J.Kavanaugh
15. Birthplace Baltimore Md

16 (a) Informant Margaret M.Hogan
(b) Address 4907 Liberty Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 16 1939 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md

18 (a) Funeral director Harry F. Hancock
(b) Address 4204 Ridgewood Ave

19 (Date rec'd by registrar) AUG 14 1939 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/13 1939 at 4P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/2 1939 to 8/13 1939 and that I last saw h alive on 8/13 1939.

Immediate cause of death — Duration
Cerebral hemorrhage 2 hrs
Due to Arteriosclerosis
Due to Cardio vascular disease
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. J. Volmick M. D.
Address 4710 Liberty Ht. Date signed 8/14

VS 8

F 69478

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

49-a Registered No. F 69478

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3507 Greenland Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County City
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 3507 Greenland Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Janet M. White

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Thomas White
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 29 1864

8. AGE: Years	Months	Days	If less than one day: hr.	min.
75	2	15		

9. Birthplace Scotland (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name Joseph McCulloch
13. Birthplace Scotland

MOTHER
14. Maiden Name Janet Thomson
15. Birthplace Scotland

16 (a) Informant William White
(b) Address 3317 Liberty Heights

17 (a) Phila (Burial, cremation, or removal) (b) Date thereof Aug 14 39 (month) (day) (year)
(c) Cemetery or crematory West Laurel Hill
Location Philadelphia

18 (a) Funeral director William Beck
(b) Address 217 St Paul Street

19 (a) (Date rec'd by registrar) Martin Joseph Williams M.D. Registrar

AUG 14 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH August 13 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 6. 1939. to Aug 13 1939; and that I last saw h. alive on Aug 12 1939.

Immediate cause of death	Duration
Ulcerating Carcinoma.	
Due to Carcinoma of ovary.	(3) 5 months
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury

23. Signature James E. White M. D.
Address 5214 Harford Rd. Date signed 8/14/39.

F 60479

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

23

F 60479

Registered No. 41862

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 706 Bayliss St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Warren Howser

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Julia Anna

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/15/1867

8. AGE: Years 71 | Months 10 | Days 28 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation unknown

11. Industry or business

FATHER
12. Name James
13. Birthplace Md.

MOTHER
14. Maiden Name Eliz. Spicer
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 16 39 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location East End of North Ave

18 (a) Funeral director Cockeham & Gork
(b) Address 1217 St Paul Street

AUG 14 1939 Huntington Williams, M.D.
Date received by registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 14 1939, at 4:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from ... 19.. , to 19 , and that I last saw h alive on 19 .

Immediate cause of death Tuberculosis of lungs — Duration 12 yrs.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Falconi M. D.

Address Date signed

60480 F 60480

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

149-W-122-B

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Hospital for Women St. 5 (Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 39 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Margaret Mary Yeagy
If U. S. Veteran specify WAR
(a) Residence: No. 223 E. Lafayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Wh	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Harry Wesley Yeagy

6. DATE OF BIRTH (month, day, year) May 10-1906

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	3	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) July 1939
11. Total time (years) spent in this occupation 10 Yrs

12. BIRTHPLACE (city or town) (State or country) Balt. Md.

FATHER
13. NAME Harry J. Henry
14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER
15. MAIDEN NAME Lula M. Smith
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Harry W. Yeagy
(Address) 223 E. Lafayette

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Aug 16 1939

19. UNDERTAKER Wareham Cook
(Address) 121 S. Eden Street

20. FILED ..., 19...
Registrar

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 13 1939

22. I HEREBY CERTIFY, That I attended deceased from 8/6 1939 to 8/13 1939
I last saw her alive on 8/12 1939 Death is said to have occurred on the date stated above, at 6:37 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralytic Ileus	8/10/39
Other contributory causes of importance:	

Was an operation performed? Yes Date of 8/7/39
For what disease or injury? Pregnancy
Name of operation Cesarean Section
What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? X Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury X
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard W. Watkins M.D.
(Address) Woman Hospital

V.S.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 14 1939

F 60481

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E Registered No. F 60481

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 33rd & Calvert Sts.

(c) Hospital or institution: Union Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 1

(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County —

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3533 Hickory Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) **FULL NAME** Miss Lucy FRANCES Duff

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5, 1864

8. AGE: Years	Months	Days	If less than one day hr.	min.
75	2	7		

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Pensioned former nurse of U.S.

11. Industry or business

FATHER

12. Name SANFORD P Duff

13. Birthplace VIRGINIA.

MOTHER

14. Maiden Name AMERICA B HALL

15. Birthplace VIRGINIA

16 (a) Informant Mrs Addie Freeland

(b) Address 3533 Hickory Avenue

17 (a) (Burial, cremation, or removal) (b) Date thereof 8-15-39 (month) (day) (year)

(c) Cemetery or crematory Lorraine Cemetery

Location Franklin, Town Road

18 (a) Funeral director H. S. Marshall

(b) Address 3539 Falls Road

19 (a) (Filed by registrar) Hunting H. C. Williamson M.D.

AUG 14 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 12 1939, at 11 31 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 30 1939, to Aug 12, 1939, and that I last saw her alive on Aug 12, 1939.

Immediate cause of death Pulmonary Embolism — Duration

Due to Exploratory Laparotomy

Due to Generalized Carcinomatosis

Other Conditions over

(Include pregnancy within 3 months of death)

Major findings: Of operations Carcinomatosis

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Hammond J Dugan M. D.

Address Union Memorial Hosp Date signed 8-12-39.

F 60482

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C Registered No. F 60482

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2904 Southern Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

7729

(d) Street No. 2904 Southern Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret A. Haase

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 20, 1879

8. AGE: Years	Months	Days	If less than one day
59	7	22	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name Herman Haase

13. Birthplace Germany

MOTHER 14. Maiden Name Annie C. Plaggemeyer

15. Birthplace Balto., Md.

16 (a) Informant Miss Annie Haase

(b) Address 2904 Southern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 15, 1939 (month) (day) (year)

(c) Cemetery or crematory Baltimore Cemetery

Location East End of North Ave.

18 (a) Funeral director F. Lansdowne

(b) Address 7401 Belair Road

19 AUG 14 1939 Huntington Williams

(Date received by local registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 12, 1939, at 7:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1st 1939 to Aug 12 1939.

and that I last saw her alive on Aug 8 1939.

Immediate cause of death Acute Cardiac Dilatation — Duration 2 days

Due to Chr. Myocarditis — Duration 2 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Francis L. Bagli M. D.

Address 6077 Harf. Rd Date signed

42717-fs

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 60483 — 23 — Registered No. F 60483

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days): 8 mo.
(e) Length of stay in Baltimore (yrs., mos., or days): 26 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md. (b) County:
(c) City or town: Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No.: 26-8 106 S. Eaton St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: William Randolph Schuler

3 (b) If veteran, name war:
3 (c) Social Security Account No.: None

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Ethel
6 (c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): 11-23-1896
8. AGE: Years: 42 Months: 8 Days: 19 If less than one day: hr. min.
9. Birthplace: Md. (Town, county, and state)
10. Usual Occupation: plumber
11. Industry or business:

FATHER
12. Name: Joseph
13. Birthplace: Balto. Co., Md.

MOTHER
14. Maiden Name: Mary Fiske
15. Birthplace: Germany

16 (a) Informant: B.C.H. Records
(b) Address:

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 16/39 (month) (day) (year)
(c) Cemetery or crematory: Oak Lawn
Location: Eastern Ave

18 (a) Funeral director: John Ulfuk
(b) Address: 2008 Orleans St. Huntington Pallisades, M.D.

19 AUG 14 1939 (b) Registrar
Registered by registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 8-12 1939, at 1-15 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-8 1939, to 8-12 1939, and that I last saw h[illegible] alive on 8-11 1939.

Immediate cause of death: Pulmonary Tuberculosis — Duration: ?
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations: same
Of autopsy: same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: L.K. Woodward Jr. M. D.
Address: Balto. City Hall Date signed: 8-12-39

VS 3

F 60484

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B Registered No. F 60484

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5906 Greenhill Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 13/7/0

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5906 Greenhill Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM C. DONALD, JR.

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 13, 1926

8. AGE: Years 13 | Months 7 | Days 0 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation School
11. Industry or business

FATHER
12. Name William C. Donald
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary Howard
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Mary Donald
(b) Address 5906 Greenhill Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 16, 1939 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore Co. Md.

18 (a) Funeral director John Ulrich
(b) Address 2008 Edison Hwy.

19 (Date received by Registrar) AUG 14 1939 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 13 1939, at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 31 1939, to Aug 13 1939, and that I last saw h/m alive on Aug 13 1939.

Immediate cause of death	Duration
Rheumatic Heart Dis.	3 yrs.
Due to Heart failure	2 wks.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Irvin Sauber M. D.
Address 3003 Garrison Blvd Date signed Aug 14, 39

VS 3

E 60485

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 60485

94-3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Highland Ave near
(c) Hospital or institution: Pratt St
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto Co (If outside city or town limits, write RURAL and give town)
Street No. 105 W Overlea Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James B. Grape

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-01-9278

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	Wh.	

6 (b) Name of husband or wife Florence Grape
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 5 1897

8. AGE: Years	Months	Days	If less than one day
42	6	6	hr. min.

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation Tool + die maker
11. Industry or business National Brewery

FATHER
12. Name James B Grape
13. Birthplace Balto

MOTHER
14. Maiden Name Louise Nader
15. Birthplace Balto

16 (a) Informant Shirley Grape
(b) Address 105 W Overlea
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 15/39 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto Md
18 (a) Funeral director John Ullrich
(b) Address 2008 Orleans St
19 (a) AUG 14 1939 (Date rec'd by registrar) (b) Huntington Williams Mortician

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/11/39 19 . at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Duration

Immediate cause of death Coronary occlusion

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Medical Examiner M.D.

Date signed 8/12/39

V8 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60486

CERTIFICATE OF DEATH

97 F 60486

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Edgewood Sanitarium St. 27-12 Ward)

Length of residence in city or town where death occurred 88 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Robert St. John Stewart.

(a) Residence: No. 6000 Bellona Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elmina Thompson

6. DATE OF BIRTH (month, day, year) Nov. 7, 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Edwin H. Stuart

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary E. Quick

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) Ethel L. Vaughan Brooklandville, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Cem. Date 8/14/39

19. UNDERTAKER (Address) John E. Mitchell Sons Inc. 2000 Eutaw Place

AUG 14 1939

20. FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 12, 1939 to Aug. 13, 1939

I last saw him alive on Aug. 12, 1939. Death is said to have occurred on the date stated above, at 5.15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset	Duration
Cerebral Arteriosclerosis	Years ago	4 years
General Arteriosclerosis		
Other contributory causes of importance		
General Senility		Recent

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert W. Garis M. D.

(Address) 700 Cathedral St. Baltimore, Md.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 60487

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-BV

Registered No. F 60487

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Bon Secours Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 104 St. Dunstans Rd. (If rural give location)
(e) If foreign born, how long in U. S. A? years

3 (a) FULL NAME Mrs. Vassar R. Townsend

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: W

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: John S. Townsend

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 15/ 1889

8. AGE: Years 49 | Months 7 | Days 28 | If less than one day: hr. min.

9. Birthplace Alanta Ga. (Town, county, and state)

10. Usual Occupation Home duties

11. Industry or business

FATHER
12. Name John Aderholdt
13. Birthplace Ga.

MOTHER
14. Maiden Name Margaret Keyser
15. Birthplace Ga.

16 (a) Informant W. Howard Hamilton
(b) Address 502 Somerset Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 15/39 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Reisterstown Road

18 (a) Funeral director John O. Mitchell &Sons Inc.
(b) Address 1900 Eutaw Place

19 (a) AUG 14 1939 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-13-39 at 8.45 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-6-39 to 8-13-39, and that I last saw her alive on 8-13-39.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to Hypertensive Cardio-Vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J. McClafferty M. D.
Address Bon Secours Hosp. Date signed 8-13-39

VS 8

F 60488

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 P

F 60488 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1631 Madison Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits, write RURAL and give town)

Street No. 1631 Madison Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Williams

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-5114

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Married

6 (b) Name of ~~husband~~ or wife Katherine Williams

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-12-1892

8. AGE: Years	Months	Days	If less than one day: hr.	min.
47	4			

9. Birthplace Allendale S C (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Bethlehem Steel Co.

MOTHER FATHER

12. Name unknown

13. Birthplace Italy

14. Maiden Name unknown

15. Birthplace ~~Katherine Williams~~

16 (a) Informant Katherine Williams

(b) Address 1631 Madison Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 8/15/39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Mt Olivet Cem

Location Balto Co

18 (a) Funeral director Wm A Jackson

(b) Address 910 Penna Ave

AUG 14 1939 (b) Registrar

Thurlow for Williams

V8 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/12/39 19 , at 6-A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inq (Autopsy or Inquiry) thereon and from the evidence obtained by said Inq (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary Sclerosis — Duration: 1 yr

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Conrad Peterman M.D. Medical Examiner

Date signed 8/14/39

60489 HEALTH DEPARTMENT—CITY OF BALTIMORE F 60489

Social Security 212-05-5751

CERTIFICATE OF DEATH

+108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. St., 11-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Joseph Fendlay

If U. S. Veteran specify WAR

(a) Residence: No. Pikesville Md St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of M. Mary Fendlay

6. DATE OF BIRTH (month, day, year) Oct. 19, 1903

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman-Overhead Electric Dep't

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas & Elec Co.,

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Corbeyville Md

FATHER

13. NAME Harry Fendlay

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Anna Powers

16. BIRTHPLACE (city or town) (State or country) Maine

17. INFORMANT Mrs. M. Mary Fendlay

(Address) Reisterstown Rd-Pikesville, Md.

18. BURIAL

Place Druid Ridge Cem Date Aug 16th 19 39

19. UNDERTAKER Wm. J. Tickner & Sons

(Address) North & Penna Aves.

AUG 14 1939 Huntington Williamsport, Md.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from 8/12/39 19 ... to 8/13/39 19 ...

I last saw him alive on 8/13/39 19 ... Death is said to have occurred on the date stated above at 6 05 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	7/30/39
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward L. Thrasher M. D.

(Address) Md. Gen. Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 60490

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 60490

48 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3908 Chatham Road
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5/10
(e) Length of stay in Baltimore (yrs., mos., or days) 62-4-6

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3908 Chatham Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Katherine Pauline Maher

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Divorced
6 (b) Name of husband or wife John F. Maher
6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Apr 7 1877

8. AGE: Years 62 | Months 4 | Days 6 | If less than one day: hr. min.

9. Birthplace Sodus N.Y. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business ✓

FATHER 12. Name Andrew Eldridge
13. Birthplace New York

MOTHER 14. Maiden Name Minnie Gallagher
15. Birthplace New York

16 (a) Informant Mrs Kathryn Bulmer
(b) Address 3908 Chatham Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 15 1939 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Druid Ridge
Location Baltimore Md

18 (a) Funeral director Wm J Buckner Funeral Home
(b) Address [illegible]

AUG 14 1939 (c) Filed by registrar Hunting Town Williams Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH August 13th 1939, at 10:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 23rd 1939, to Aug 13th 1939, and that I last saw her alive on 19 .

Immediate cause of death — **Duration**

Due to Carcinoma of Uterus — Unknown

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Not available

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Conrad Bode M. D.

Address 1900 Maryland Ave Date signed Aug 17/39

F 60491

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131 Registered No. F 60491

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3030 Presstman
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 72-1-26

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3030 Presstman St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Amelia Stephens

3 (b) If veteran, name war

3 (c) Social Security Account No. No

4 Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 18-1867

8. AGE: Years 72 | Months 1 | Days 26 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation House work

11. Industry or business

FATHER 12. Name John H Stephens

13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Virginia Smith

15. Birthplace Cumberland Md

16 (a) Informant Mrs Evelina Stephens

(b) Address 3030 Presstman St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 15 1939 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Frederick Road-Balto

18 (a) Funeral director Thos J Turner & Son

(b) Address North & Payne

19 (a) Huntington Williams Registrar

(Date rec'd by registrar) AUG 14 1939

VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 13 1939 at M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1939, to Aug 13th 1939. and that I last saw h[illegible] alive on Aug 13 1939.

Immediate cause of death	Duration
Coronary occlusion	
Due to Hypertensive Cardio Vascular Renal disease	
Due to an arteriosclerotic brain	
Other Conditions senility	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]

Address 305 W North Ave Date signed Aug 14 39

F 60492

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 Registered No. F 60492

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1718 E Eliner St

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1718 E. Eliner St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Buchita

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Hattie Armstrong

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day hr.	min.
70	—	—		

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER 12. Name George A Buchita

13. Birthplace Baltimore

MOTHER 14. Maiden Name Charlotte Closher

15. Birthplace Balto Md.

16 (a) Informant Ricardo

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) burial (Burial, cremation, or removal) (b) Date thereof aug 15-1939 (month) (day) (year)

(c) Cemetery or crematory Balto. Cem

Location North. Ave

18 (a) Funeral director Henry Deutsch & Sons Inc

(b) Address 1301 E Eager St.

19 (a) AUG 14 1939 (Month) (day) (year) (b) Huntington Williamsport Md. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 12 1939 at 9 40 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 12 1939, to Aug 12 1939, and that I last saw him alive on Aug. 12 1939.

Immediate cause of death	Duration
Carcinoma of face	
Due to Cachexia	
Due to Anaemia	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature D. M. Welty M. D.

Address Johns Hopkins Hosp Date signed 8-13-39

VS 3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Ld 36234

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

59

Registered No. 36234

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 days 11 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 61 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2137 N. Pulaski st. (If rural give location)
(e) If foreign born, how long in U. S. A? years

3 (a) FULL NAME Morris Hunt

3 (b) If veteran, name war — 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Katherine (d)
6 (c) If alive, give age 0 years

7. Birth date of deceased (mo., day, yr.) 10-31-186?

8. AGE: Years 74 | Months 9 | Days 11 | If less than one day: hr. min.

9. Birthplace Maryland (town, county and state)

10. Usual Occupation retired
11. Industry or business Tailor

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name Martha Gibson
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/15/38 (month) (day) (year)
(c) Cemetery or crematory Lindenton
Location Baltimore Md

18 (a) Funeral director Jos Young Son
(b) Address 216 E Lanvale st

19 AUG 14 1938 (Date rec'd by registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-12 1938, at 4:26 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from 8-18 1938, to 8-12 1938, and that I last saw h/im alive on 8-12 1938.

	Duration
Immediate cause of death: Bronchopneumonia	four days
Due to arteriosclerotic cardio-vascular disease with gangrene foot	?
Due to	
Other Conditions Diabetes mellitus	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations Gangrene foot
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. K. Woodward M. D.
Address Balt. City Hosp. Date signed 8-12-38

364931

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-B

Registered No. 60494

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Calif (b) County

(c) City or town Los Angeles (If outside city or town limits, write RURAL and give town)

(d) Street No. 6120 Barrows Drive (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dr John F McKenna

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Lillian

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-9-86

8. AGE: Years 53 | Months 7 | Days 5 | If less than one day hr. min.

9. Birthplace Calif (Town, county, and state)

10. Usual Occupation Dr. of Veterinary Medicine

11. Industry or business

FATHER 12. Name John McKenna

13. Birthplace Ireland

MOTHER 14. Maiden Name Catherine Delahanty

15. Birthplace N Y

16 (a) Informant Records JOHNS HOPKINS HOSPITAL

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-14-39 (month) (day) (year)

(c) Cemetery or crematory San Francisco

Location California

18 (a) Funeral director STEWART & MOWEN COMPANY

(b) Address (W. F. WOOSER SUC.) 108 W. NORTH AVENUE

19 (a) AUG 14 1939 Huntington Williams M.D.

(b) Signature of attending physician

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 14 1939 at 12:25 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 30 1939 to Aug 14 1939 and that I last saw him alive on Aug 14 1939.

Immediate cause of death Carcinoma of bronchus of left lung; bronchopneumonia Rt. lower lobe of lung — Duration 2 yrs 1 wk

Due to Bronchostenosis due to obstruction

Due to of bronchus by carcinoma

Other Conditions Multiple abscesses of Left Lung secondary to bronchostenosis (Include pregnancy within 3 months of death)

Major findings:

Of operations Carcinoma of left lung

Of autopsy same cause of death

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Ward W. Triggs M.D.

Address Johns Hopkins Hosp. Date signed 8/14/39

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60495 93-C F 60495

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland Gen Hosp Ward 14

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

2. FULL NAME John Edward McCann

(a) Residence: No. 1531 Park ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Widower

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Ella A McCann

6. DATE OF BIRTH (month, day, year) June 14 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R.

10. Date deceased last worked at this occupation (month and year) July 1938

11. Total time (years) spent in this occupation 35 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Wm U. McCann

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Anna E Cain

16. BIRTHPLACE (city or town) (State or country) York Pa.

17. INFORMANT Mrs. Edward McCann

(Address) 1531 Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Aug 16 1939

19. UNDERTAKER J. H. Amoroso

(Address) 1003 W. Baltimore St.

20. AUG 14 1939 Huntington Williams N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 12 1939

22. I HEREBY CERTIFY That I attended deceased from Aug 12 1939 to Aug 12 1939

I last saw him alive on Aug 12 1939 Death is said to have occurred on the date stated above, at 11 35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive - Cardio - Renal Disease	?
Cerebral accident (Hemorrhage	8-12-39
Other contributory causes of importance	
Ch. myocarditis	?
Cardiac decompensation	8-12-39

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W K Mansfield M. D.

(Address) Md. Gen. Hosp

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

Kilman

HEALTH DEPARTMENT—CITY OF BALTIMORE

60496 F 60496

CERTIFICATE OF DEATH

1. PLACE OF DEATH

(CITY OF BALTIMORE: (No. South Balt Gen Hosp. St., 23rd Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 1 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. Grafton Lee Kilman

If U. S. Veteran specify WAR

(a) Residence: No. Oconomoke (Usual place of abode) City, Md. St., Worcester Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Kilman

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
47	47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) 8 12 39

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Melfa, Va.

FATHER

13. NAME William Hatton

14. BIRTHPLACE (city or town) (State or country) Melfa, Va.

MOTHER

15. MAIDEN NAME Ella Winder

16. BIRTHPLACE (city or town) (State or country) Melfa, Va.

17. INFORMANT Lucinda (Address) So Balto Gen Hosp

18. BURIAL, CREMATION, OR REMOVAL Place Pocomoke Va Date 8/14 1939

19. UNDERTAKER G. Felton Byer (Address) 1512 Felton St

20. AUG 14 1939 19. Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/14 1939

22. I HEREBY CERTIFY, That I attended deceased from 8/13 1939 to 8/14 1939

I last saw h[illegible] alive on 8/14 1939 Death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Nodular Goitre	1924
Hypertensive Ht. Disease	1934
Congestive Ht. Failure (8/10)	1939

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. L. Hunley, Jr. M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8

F 60497

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 157-P V

MARGIN RESERVED FOR BINDING.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. Shady Nook Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Baby Boy McManus

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
			hr. 2 min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Peter Joseph McManus
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Josephine M. Schatz
15. Birthplace Catonsville, Md.

16 (a) Informant Hospit Record
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-16-39 (month) (day) (year)
(c) Cemetery or crematory Catonsville
Location Balto Md

18 (a) Funeral director Guy A Foley
(b) Address Fulton & Gay Sts

19 AUG 14 1939 Huntington Williams M.D. Registrar
(Date received or registered)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-14 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 19..., to 19..., and that I last saw h I M alive on 8-14 1939.

Immediate cause of death (Neonatal) Developmental Abnormality (Kidneys + Ureters + Penis + Urethra absent)

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy See Cause of death

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Karl F. Meyer M. D.
Address St Agnes Hospital Date signed 8-14-39

F 60498

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 49-a

F 60498

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3802 Cottage ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3802 Cottage ave (If rural give location)

(e) If foreign born, how long in U. S. A.? 30 — years

3 (a) FULL NAME Sara Shifren

3 (b) If veteran, name war —

3 (c) Social Security Account No. — —

4. Sex Female

5. Color or race W-hite

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Morris Shifren

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years 62 | Months | Days | If less than one day. hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation House Keeper

11. Industry or business —

FATHER 12. Name Hayyim Fell

13. Birthplace Russia

MOTHER 14. Maiden Name Chassia Fell

15. Birthplace Russia

16 (a) Informant Morris Shifren

(b) Address 3802 Cottage ave

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Lebanon Rosedale County

Location Philadelphia Road

18 (a) Funeral director Jul Furmon & Bro

(b) Address 1124-26 N. North ave

19 (a) AUG 15 1939 (b) Registrar Huntington Williams M.D.

(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug — 14 — 1939, at One P.M

21. I certify that death occurred on the date above stated; that I attended deceased from April-15-1939 to Aug-14-1939 and that I last saw her alive on Aug-14-39

Immediate cause of death Carcinoma (Ovarian)

Due to

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:

Of operations ascites — papplamatous ovarian

Of autopsy not done

Duration about 8 months

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury —

23. Signature Herman Seidel M. D.

Address 2404 Eutaw Pl Date signed 8/14/39

F 60499

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 60499

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 132 S. Patterson Park Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 132 S. Patterson Park Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Helen M. Smith Carroll

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Elbert Carroll
6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Feb. 17, 1892

8. AGE: Years	Months	Days	If less than one day
47	5	26	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Machulcz
13. Birthplace Grudziadz, Germany

MOTHER
14. Maiden Name Anna Hille
15. Birthplace Germany

16 (a) Informant Mrs. Anna Machulcz
(b) Address 132 S. Patterson Park Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 16, 1939 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cemetery
Location

18 (a) Funeral director W. J. Sadowski & Sons
(b) Address 1805 Eastern Avenue

(c) Date (d) Registrar Huntington Williams, M.D. Registrar

AUG 15 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/13/39 at 5 P M

21. I certify that death occurred on the date above stated, that I attended deceased from 6/1 1939 to 8/13 1939 and that I last saw h alive on 8/13 1939

Immediate cause of death: Adeno Carcinoma of Cervix — Duration

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations Adeno Carcinoma Cervix
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hyman Gollen, M. D.
Address 3763 Eastern Ave 8/14

60500 44031-fs BALTIMORE CITY HEALTH DEPARTMENT F 60500

CERTIFICATE OF DEATH

45-F Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Mo.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 140 S. Highland Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Adam Bennett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	Widowed

6 (b) Name of husband or wife Katie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-6-70

8. AGE: Years	Months	Days	If less than one day
69	6	8	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Unknown
11. Industry or business

FATHER
12. Name John
13. Birthplace Europe

MOTHER
14. Maiden Name Elizabeth
15. Birthplace Europe

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/10/39 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore Md.

18 (a) Funeral director A. Sanders Sons Inc
(b) Address 1710 Fleet St.

AUG 15 1939 Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-14 1939, at 4:10 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-21 1939 to 8-14 1939, and that I last saw h/ alive on 8-13 1939.

Immediate cause of death
Carcinoma of pharynx — Duration ?
Bronchopneumonia — few days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. W. Sweet M. D.
Address Balto. City Hosp Date signed 8-14-39

VS 3

F 60501

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 46-a

F 60501

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully a
Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 150 N. Lakewood Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alfred Bergamini

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-05-6607

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Helen Bergamini

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11 - 9 - 81

8. AGE: Years: 57 | Months | Days | If less than one day: hr. min.

9. Birthplace Italy (town, county, and state)

10. Usual Occupation Salesman

11. Industry or business

FATHER — 12. Name Lazzaro Alfred Bergamini

FATHER — 13. Birthplace Italy

MOTHER — 14. Maiden Name Amelia Pardini

MOTHER — 15. Birthplace Italy

16 (a) Informant Records.

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof Aug. 17 1939 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer Cem. Location Baltimore Md.

18 (a) Funeral director Frank Della Rocca

(b) Address 52 N. Conkling St

19 AUG 15 1939 (b) Huntington Williams (Registrar)

(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 14 1939 at 8 20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 5 1939 to Aug 14 1939 and that I last saw h[illegible] alive on Aug 14 1939.

Immediate cause of death: Carcinoma, ~~[illegible]~~ esophagus — Duration: 3 yrs. 6 months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations ~~[illegible]~~

Of autopsy ~~Carcinoma~~ No Autopsy.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature David H. Sprong Jr. M.D.

Address Johns Hopkins Hospital Date signed 8-17-39

F 60502

F 60502

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 133

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 308 N. Greene St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
Street No. 308 N Greene St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Theresa Covington

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Fe | 5. Color or race: Wh | 6 (a) Single, married, widowed, or divorced:

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 7 1937 If less than one day hr min

8. AGE: Years 2 | Months | Days 6

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Steewart Covington
13. Birthplace Md.

MOTHER
14. Maiden Name Margaret Di Marco
15. Birthplace Baltimore Md.

16 (a) Informant M. Di Marco (Mother)
(b) Address 308 N. Greene St.

17 (a) (Burial, cremation, or removal) (b) Date thereof Aug. 15-39 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Baltimore Md.

18 (a) Funeral director Frank Della Rose
(b) Address 52 N. Hanley Av

AUG 12 1939 Registrar Huntingtn Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 13 1939, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to " death on the day stated above.

Immediate cause of death — Duration

Hydrocephalus

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W M B Vandegrift M.D. Medical Examiner.

Date signed 8/14/39

MORGUE

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

SPACES RESERVED FOR BINDING

Bond

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

60503 60503 60503

161-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1535 Myrtle Ave St. 14-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Bond

(a) Residence: No. 1535 Myrtle Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	A.A.	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/12/39

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Joseph Daniel Bond

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary Elizabeth Eubanks

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mary Elizabeth Edwards Eubanks
(Address) 1535 Myrtle Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Aug 14, 1939

19. UNDERTAKER George G. Nelson
(Address) 1303 Eutaw Pl

20. FILED ... 19... Registrar.

AUG 15 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-13-1939

22. I HEREBY CERTIFY, That I attended deceased from 8/12 1939 to 8/13 1939

I last saw h... alive on 8/13 1939 Death is said to have occurred on the date stated above, at 5 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Atelectasis	
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... M. D.

(Address) ...

2. If death occurred in a hospital or institution, the NAME of the institution should be given instead of the street and number. Entries must be made in ink—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 60504

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

F 60504 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 504 E. 20th Street

(c) Hospital or institution: -----

(d) Length of stay in hospital or inst. (yrs., mos., or days) ---

(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County ---

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

9-8

(d) Street No. 504 E. 20th St. (If rural give location)

(e) If foreign born, how long in U. S. A.? --- years

3 (a) FULL NAME ANNIE W. BURTON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife John T. Burton

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 18, 1860

8. AGE: Years	Months	Days	If less than one day
78	10	24	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business ----

FATHER 12. Name Jacob Muller

13. Birthplace Germany

MOTHER 14. Maiden Name Henrietta Broening

15. Birthplace Germany

16 (a) Informant John T. Burton

(b) Address 504 E. 20th Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 15/39 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore, Md.

18 (a) Funeral director Chas. F. Grauel Undertaker

(b) Address 118 W. Mt. Royal Ave

19 (a) Date received by (Registrar) Aug 15 1939 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 12 1939 at 3.20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-11-1939 to 8-12-1939 and that I last saw her alive on 8-12-1939

Immediate cause of death General arterio sclerosis

Duration ?

Due to Age

Due to Acute myocarditis with myocardial injury 10 days

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature S. Armacost M. D.

Address Medical Arts Bldg Date signed 8-14-39

F 60505

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a

F 60505

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Union Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 day

(e) Length of stay in Baltimore (yrs., mos., or days) Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 5 Club Rd, City (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dr. Jeffries Buck

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Sarah Jeffries Buck

(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/29/70

8. AGE: Years 68 | Months 10 | Days 16 | If less than one day: hr. min.

9. Birthplace Port Gibson, Miss (Town, county, and state)

10. Usual Occupation Doctor

11. Industry or business

MOTHER / FATHER

12. Name Dr Edwin Buck

13. Birthplace Miss

14. Maiden Name Sarah Jeffries Buck

15. Birthplace Miss

16 (a) Informant Union Mem Hosp.

(b) Address Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-16-39 (month) (day) (year)

(c) Cemetery or crematory Greenmount

Location Baltimore

18 (a) Funeral director STEWART & MOWEN COMPANY

(b) Address (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

(Date received by registrar) AUG 15 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/14 1939, at 2.33 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/9 1939, to 8/14 1939, and that I last saw h M alive on 8/14 1939.

Immediate cause of death Central Hemorrhage — Duration

Due to Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Richard H Pembroke M. D.

Address Union Memorial Hosp Date signed 8/14/39

F 60506

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60506

CERTIFICATE OF DEATH

✓93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3425 Elliott St. 26-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran (Give war or conflict)

2. FULL NAME Harry A. Carback Social Security # 212-10-1586

(a) Residence: No. 3425 Elliott St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Carback

6. DATE OF BIRTH (month, day, year): Aug 1, 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	0	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 1062

10. Date deceased last worked at this occupation (month and year): July 1939

11. Total time (years) spent in this occupation: 3 yrs

12. BIRTHPLACE (city or town) (State or country): Balto. Md

FATHER

13. NAME: John Carback

14. BIRTHPLACE (city or town) (State or country): Balto. Md

MOTHER

15. MAIDEN NAME: Georganna ?

16. BIRTHPLACE (city or town) (State or country): Balto. Md

17. INFORMANT: Anna Carback

(Address) 3425 Elliott St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Ebenezer, Cem. Md. Date: Aug 17, 1939

19. UNDERTAKER: Leonard D. Covington

(Address) 21 W. Lexington St.

20. FILED AUG 15 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug-14-, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov-5, 1938, to Aug 14, 1939

I last saw h... alive on Aug 12, 1939. Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Aug 1-39
Other contributory causes of importance: Chr. Myocarditis	1937?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. F. Davidson, M. D.

(Address) 3248 Eastern Ave.

INSTRUCTIONS.—Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 60507

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-C

F 60507 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 710 N. Montford Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 710 N. Montford Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Lauskey

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife Frederick Lauskey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 18-1859

8. AGE: Years 79 | Months 11 | Days 25 | If less than one day ... hr. ... min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Frederick Hemer
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Kimmerle
15. Birthplace Balto. Md.

16 (a) Informant Harry Hilse
(b) Address 902 E. 36th. St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 16/39 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Edmondson Ave.

18 (a) Funeral director John A. Miller
(b) Address 2304 Jefferson St.

19 (a) Registered by Washington Williams M.F. Registrar

AUG 15 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH August 12 1939. at 730 P M

21. I certify that death occurred on the date above stated; that I attended deceased from August 11 1939. to August 12 1939. and that I last saw h[illegible] alive on August 12 1939.

	Duration
Immediate cause of death: General Uterosclerosis	2 years
Due to: Myocardial Insufficiency	over
Due to:	
Other Conditions: Acute Bronchitis and Cardiac Dilatation (Include pregnancy within 3 months of death)	2 days

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert Rosenberg M. D.
Address 2015 E. North Ave. Date signed 8/17/39.

F 60508

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 59

F 60508
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 210 St Dunstan Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State N.Y. (b) County
(c) City or town Yonkers (If outside city or town limits, write RURAL and give town)
(d) Street No. 27-12 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bridget Cecilia Laraghe

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Widow
6 (b) Name of husband or wife Henry Laraghe
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/8/1862

8. AGE: Years 75 | Months 7 | Days 13 | If less than one day hr. min.

9. Birthplace New York (Town, county, and state)
10. Usual Occupation Home Duties
11. Industry or business None

MOTHER / FATHER
12. Name Do Daughter
13. Birthplace N.Y.
14. Maiden Name Mary Lavace
15. Birthplace Ireland

16 (a) Informant Mrs J J Donovan
(b) Address 210 St Dunstans Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/15/39 (month) (day) (year)
(c) Cemetery or crematory Location Yonkers N.Y.

18 (a) Funeral director J J Foley Sons
(b) Address 151 E 161st St Bronx

19 (a) AUG 15 1939 (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH August 14 1939, at 10:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/11 1939, to 8/14 1939, and that I last saw her alive on 8/14 1939.

Immediate cause of death
Bronchopneumonia
Myocardial failure
Duration 2 days

Due to

Due to

Other Conditions Diabetes Mellitus, generalized arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dennis M. Lupo

Address 3526 Edmanson Ave Date signed M. 8 D. 15/39

F 60509

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 67

F 60509
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physician, please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 681 Sara Ann St.
(c) Hospital or institution:
(Dead on Arrival at University Hosp.)
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 681 Sara ann St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Erma (Mary) Shipley
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Fe | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/6/39

8. AGE: Years | Months 2 | Days 7 | If less than one day hr. min.

9. Birthplace Balto. md. (Town, county, and state)

10. Usual Occupation infant

11. Industry or business

FATHER
12. Name William Shipley
13. Birthplace Pittsburg Pa.

MOTHER
14. Maiden Name Mary Wheeler
15. Birthplace Washington D.C.

16 (a) Informant Mary M. Shipley
(b) Address 681 Saraann St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 8-15-39 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Brooklyn Md.

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) Date received by registrar AUG 1 1939 (b) Registrar's signature Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/13/39 19 at 7:30 a. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Enlarged thymus
Due to: Pulmonary edema
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Huntington Williams M.D. Medical Examiner
Date signed 8/14/39

F 60510

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 107

F 60510

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The street age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1638 Barnes St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Va (b) County Isle of Wight
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 74 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eugene Newby

3 (b) If veteran, name war

3 (c) Social Security Account No. 227-07-2102

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	married

6 (b) Name of husband or wife Julia
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years	Months	Days	If less than one day: hr.	min.
53				

9. Birthplace Smithfield Va (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business saw-mill

FATHER
12. Name Tom Newby
13. Birthplace Va

MOTHER
14. Maiden Name Julia Butler
15. Birthplace Va

16 (a) Informant Columbus Newby
(b) Address 616 N. Wolfe

17 (a) Burial, cremation, or removal Armetery (b) Date thereof Aug 15-39 (month) (day) (year)
(c) Cemetery or crematory Armetery
Location Windsor Va

18 (a) Funeral director Robert E. Williams
(b) Address 1515 Matlerry St

19 (a) Date received by registrar 1939 Huntington Williams M.D. Registrar

AUG 15

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/14 1939. at 3:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/10 1939. to 8/14 1939. and that I last saw h/m alive on 8/13 1939.

Immediate cause of death Broncho-pneumonia — Duration 1 wk

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]

Address 1500 E. Madison Date signed 8/15/39

F 60511

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131

F 60511 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1917 McKean ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) L
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 21

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1917 McKean ave (If rural give location)
(e) If foreign born, how long in U. S. A.? L years

3 (a) FULL NAME Silas E. Goff
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. married
6 (b) Name of husband or wife Effie L. Goff
6 (c) If alive, give age 73 years
7. Birth date of deceased (mo., day, yr.) 1-28-1865
8. AGE: Years 74 Months 7 Days 16 If less than one day hr. min.
9. Birthplace Coalsville Pa (Town, county, and state)
10. Usual Occupation Retired Farmer
11. Industry or business Farmer

MOTHER / FATHER
12. Name Francis B. Goff
13. Birthplace Coalsville Pa
14. Maiden Name Ann M. Bretnel
15. Birthplace England

16 (a) Informant Oscar Goff - Son
16 (b) Address 729 N. Walnut ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-17-39 (month) (day) (year)
17 (c) Cemetery or crematory Coalsville Location P.A.
18 (a) Funeral director Jos. Davis Inc
18 (b) Address 1439 E. Balto Huntington Williamsport Md.

AUG 15 1939 Registrar
(Registered by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 14 1939 at 11 20a M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 15 1938 to Aug 14 1939 and that I last saw h in alive on Aug 14 1939

Immediate cause of death	Duration
Valvular heart disease	Oct 1938
Due to Acute Congestive Chronic Interstitial Nephritis	June 1938
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm T. Sellman
Address 1501 Fulton ave Date signed 8/14/39 D.

F 60512

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1571-C

F 60512 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2407 Westwood ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) L 1

(e) Length of stay in Baltimore ~~(yrs.,~~ mos., ~~or days)~~ 15

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto

(c) City or town Balto 5-9 (If outside city or town limits, write RURAL and give town)

(d) Street No. 2407 Westwood ave (If rural give location)

(e) If foreign born, how long in U. S. A.? L years

3 (a) FULL NAME Herbert Joshua Ellison

3 (b) If veteran, name war L

3 (c) Social Security Account No. L

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. L

6 (b) Name of husband or wife

6 (c) If alive, give age L years

7. Birth date of deceased (mo., day, yr.) 5-9-1938

8. AGE: Years 1 | Months +53 | Days 5 | If less than one day: hr. ____ min. ____

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name David Lloyd Ellison

13. Birthplace Balto Md

MOTHER

14. Maiden Name Pauline Fannie Feinstein

15. Birthplace Balto Md

16 (a) Informant Father

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-15-39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Hebrew Friendship Location Balto at

18 (a) Funeral director Park Lewis Inc

(b) Address 1439 E. Balto St

19 (a) [illegible] (b) [illegible]

Date received by registrar Registrar

AUG 1 [illegible]

VS 3

Huntington Pathological Lab.

MEDICAL CERTIFICATION

20. DATE OF DEATH August 14, 1939, at 7:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1939 to Aug 14, 1939. and that I last saw him alive on Aug 14, 1939.

Immediate cause of death Congenital Heart Block

Duration Since Birth

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature John A. Askin M. D.

Address 2206 Park Ave Date signed 8/16/39

F 60513

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 F 60513 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2628 Loyola Southway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2628 Loyola Southway (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME RACHEL GANS MOSES

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Emanuel Moses

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 30, 1851

8. AGE: Years 88 | Months | Days 14 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: None

11. Industry or business

FATHER
12. Name: Isaac Gans,
13. Birthplace: Germany

MOTHER
14. Maiden Name: Eliza Auerbach,
15. Birthplace: Germany

16 (a) Informant: Mr. M. Burgunder,
(b) Address: 2342 Eutaw Place.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/16/39. (month) (day) (year)
(c) Cemetery or ~~crematory~~ Hebrew Friendship
Location: Balto. Md.

18 (a) Funeral director: David Sondheim & Son
(b) Address: 1902 Eutaw Place

19 (a) (Date rec'd by registrar) Aug 15 1939 (b) Permit issued for Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 14, 1939. at 1.15 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 2 1938. to Aug 14 1939. and that I last saw h er alive on Aug 13 1939.

Immediate cause of death: Arteriosclerotic cardiovascular renal disease.

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry B Makemer M.D. M. D.
Address 2232 Eutaw Place. Date signed Aug 14, 1939

F 60514

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 60514
Registered No.

PLEASE WRITE PLAINLY. WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 819 Bevan St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 27

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balt.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 819 Bevan St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Carrie Bostic

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: Col

6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 42 | Months | Days | If less than one day: hr. min

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director Per H. A. Moore
(b) Address

19 AUG 15 1939 Huntington Williams, M.D. Registrar
(Date received by registrar) 4089

UNIVERSITY BRANCH AUG 15 1939 Commissioner of Health

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/5/39 19 . at about 3a.m. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said " find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death	Duration
Pulmonary tuberculosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M.D.
Medical Examiner
Date signed 8/5/39

VS 6

F 60515

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160-B F 60515
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 506 Oxford St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Male Baby Anderson (Mother - Gertrude Anderson)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race Col

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/30/39

8. AGE: Years | Months | Days 2 | If less than one day hr. min

9. Birthplace (Town, county, and state) Balto

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

UNIVERSITY MEDICAL SCHOOL AUG 15 1939
Commissioner of Health

Location

18 (a) Funeral director Per H. A. Moore

(b) Address

19 AUG 15 1939 (Date received by registrar) Huntington Williams M.D. Registrar

4990

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/2/39 19__, at 2:15 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Extracranial Birth Injury - Hemorrhage about brain stem

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 7/30/39
(c) Where did injury occur? Balt. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? —
(e) Means of injury During Birth.

23. Signature W. W. Anderson M.D. Medical Examiner.

Date signed 8/2/39

F 60516

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 60516 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1605 Normal Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 72/3/11

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1605 Normal Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ANNA M. DANKMEYER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Henry C. Dankmeyer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 2, 1866

8. AGE: Years	Months	Days	If less than one day
72	9	11	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

MOTHER / FATHER
12. Name Peter Silver
13. Birthplace Germany
14. Maiden Name Don't know
15. Birthplace Don't know

16 (a) Informant Henry C. Dankmeyer
(b) Address 1605 Normal Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 17, 1939 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore, Md.

18 (a) Funeral director John Albert
(b) Address 2008 Orleans St.

19 (a) Registrar Huntington Williams M.D.
(b) Date received AUG 15 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 13 1939, at 10:10 P M

21. I certify that death occurred on the date above stated, that I attended deceased from July 31 1939. to August 13 1939. and that I last saw h[illegible] alive on August 13 1939.

Immediate cause of death: General arteriosclerosis. Cerebral Hypertension. — Duration: 18 months

Due to Chronic interstitial nephritis. — Duration: 14 days

Due to

Other Conditions Apoplexy

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert Greenberg M.D.
Address 2025 E Monument St Date signed 8/17/39.

F 60517. **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 60517

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 2409 E. Hoffman St. St., 8-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Joseph M. Paulus

If U. S. Veteran Social Security 705-07-9267

(a) Residence: No. 2409 E. Hoffman St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida E. Paulus

6. DATE OF BIRTH (month, day, year) May-6-1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59Yrs.	3Mo.	7Days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. no

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Peter Paulus

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Josephine Wolf

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT Mrs. Ida E. Paulus

(Address) 2409 E. Hoffman St.

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Cem. Aug-17-1939

Place Date 19

19. UNDERTAKER Henry Hoeck & Sons Inc.

(Address) 1001 E. Eager St.

20. FILED Aug 15 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug.-13-1939

22. I HEREBY CERTIFY, That I attended deceased from August 4 1939 to August 13 1939

I last saw h[illegible] alive on August 13, 1939. Death is said to have occurred on the date stated above, at 11.55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	3/4/39
Heart Disease	[illegible]
Cardiac Dilatation	7/4/39

Other contributory causes of importance

Was an operation performed? no Date of —

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical Examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Albert Eisenberg M. D.

(Address) 3025 E. North Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 60518

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 34-82 Registered No. 60518

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address [illegible]
(c) Hospital or institution: UNIVERSITY HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7days.
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 602 N. Mount Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Leola Mosley

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black.	Married.

6 (b) Name of husband or wife Charles Mosley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years	Months	Days	If less than one day
47			hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name ? William Bank
13. Birthplace ? Md.

MOTHER
14. Maiden Name ? Mary Adams
15. Birthplace ? Md.

16 (a) Informant Rebecca Savage (Sister)
(b) Address 602 N. Mount st

17 (a) (Burial, cremation, or removal) (b) Date thereof Aug 17-1939 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Brooklyn

18 (a) Funeral director V. A Brooks
(b) Address 1463 McCulloh St.

19 AUG 15 1939 (b) Registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 13 1939 at 7 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from August 6 1939 to August 13 1939. and that I last saw h[illegible] alive on August 12 1939.

Immediate cause of death	Duration
Cerebral hemorrhage	7days.
Due to Arteriosclerosis - Hypertension	?
Due to	
Other Conditions Ly nephrogranuloma inguinale	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy See above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John J. Rogers M. D.
Address University Hospital Date signed 8/13

The F 60519

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93 - c F 60519 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 517 N Augusta St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 517 Augusta St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frances Howard Tates
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female
5. Color or race Col
6 (a) Single, married, widowed, or divorced. Widowed
6 (b) Name of husband or wife Saml Tates
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug 10-1892
8. AGE: Years 47 Months 0 Days 2 If less than one day hr. min.
9. Birthplace Maryland (Town, county, and State)
10. Usual Occupation Housework
11. Industry or business

MOTHER / FATHER
12. Name Jerusa Howard
13. Birthplace Md
14. Maiden Name Carrillo ?
15. Birthplace Md

16 (a) Informant Charles Howard
(b) Address 517 Augusta St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/16/39 (month) (day) (year)
(c) Cemetery or crematory Marley Creek Md
Location Anne Arundel County

18 (a) Funeral director Robert Powell
(b) Address 804 W. Caroline St.

AUG 15 1939 (Date received by registrar) (b) Huntington Maryland (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 12 1939, at 9 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 10 1939 to Aug 12 1939 and that I last saw h(im) (her) alive on Aug 12 1939

Immediate cause of death — Duration
Heat Exhaustion — Aug 10 39 yrs

Due to —

Due to —

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo. S. Allen M. D.
Address 20 Augusta Date signed Aug 14 39

60520

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 60520

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp
Transferred from Emerg at
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1620 Orleans St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Wesley Chase
3 (b) If veteran, name war
3 (c) Social Security Account No. 215-05-9636

4. Sex M
5. Color or race Col
6 (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr) Sept 7, 1940
8. AGE: Years 18 Months 11 Days 4 If less than one day hr. min
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Gibbs Packing House

FATHER
12. Name Thomas Ball
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mabel Chase
15. Birthplace Balto. Md.

16 (a) Informant Mabel Chase
(b) Address 1620 Orleans St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/15/39 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary.
Location

18 (a) Funeral director Robert H. Young
(b) Address 804 E. Caroline St

19 (a) (Date received) AUG 15 1939 (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION 8:35 P

20. DATE OF DEATH 8/11/39 19 . at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said I (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Stab wound of chest

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Perforation of aorta

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 8/11/39
(c) Where did injury occur? Caroline + Fairmount Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Street (Specify type of place) While at work? No
(e) Means of injury Sharp instrument - Stabbing

23. Signature Wm. H. Sandkuhl M.D. Medical Examiner.
Date signed 8/12/39

F 60521

36648

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B

Registered No. F 60521

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1211 Myrtle Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Augusta Lee

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Married

6 (b) Name of husband or wife Cullen Lee

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-25-92

8. AGE: Years	Months	Days	If less than one day
46 41	10	18	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Cook

11. Industry or business Home

FATHER 12. Name William Farmer

13. Birthplace Va.

MOTHER 14. Maiden Name Sara Johnson

15. Birthplace Va.

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 16-39 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Balto.

18 (a) Funeral director Mrs. George H. Hillard

(b) Address 1631 Druid Hill Ave

19 (a) (Date rec'd by registrar) (b) Registrar

AUG 15 1939 Hunter for Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 13 1939, at 350A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 24 1939. to Aug 13 1939. and that I last saw her alive on Aug 13 1939.

	Duration
Immediate cause of death Pulmonary edema	1 day
Due to Hypertensive myocardial infarction	
Due to Coronary occlusion	2 days
Other Conditions Leukemia Anemia	

(Include pregnancy within 3 months of death)

Major findings:

Of operations Coronary thrombosis

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Thomas Williams M.D.

Address J. H. Hosp. Date signed 8/13/39

F 60522 HEALTH DEPARTMENT—CITY OF BALTIMORE F 60522

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2014 Kelly Ave St., Mt. Washington Ward)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Richard Coalle

If U.S. Veteran specify WAR

(a) Residence: No. 2014 Kelly Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Dorothy

6. DATE OF BIRTH (month, day, year) ? 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Howard Coalle
(Address) 2014 Kelly Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Aug. 15. 1939

19. UNDERTAKER Mrs. George K. Collard
(Address) 1631 Light St. Hill Ave

20. FILED Huntington Williams Mgr. Registrar

AUG 15 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 13 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 13 (7:30 a.m. 1939 to Aug 13/8:am 1939

I last saw him alive on Aug. 13 1939. Death is said to have occurred on the date stated above, at 8. a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other contributory causes of importance: Pulmonary Hemorrhage	Aug 13

Was an operation performed? No Date of

For what disease or injury?

chest disease

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Sherman R. Wantz M. D.

(Address) 2601 Manhattan Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

L2 60523 42670 BALTIMORE CITY HEALTH DEPARTMENT F #42670

CERTIFICATE OF DEATH

23 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Days 5 Mo.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 616 Smithson St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Samuel Robinson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 6, 1901

8. AGE: Years 37 | Months 11 | Days 6 | If less than one day: hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER 12. Name William
13. Birthplace Va.

MOTHER 14. Maiden Name Alice Wormley
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 15 39 (Month) (Day) (Year)
(c) Cemetery or crematory Old Bethel Bark
Location Balto. Md.

18 (a) Funeral director Mrs. Geo. W. Holland
(b) Address 1631 Druid Hill Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

AUG 15 1939 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-12 1939, at 2.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-7 1939 to 8-12 1939, and that I last saw h[illegible] alive on 8-12 1939.

Immediate cause of death: Post operative shock and hemorrhage — Duration: few hours ?
Due to Pulmonary tuberculosis

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Pulmonary tuberculosis
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L K Woodward Jr. M. D.
Address Balto city Hosp. Date signed 8-12-39

F 60524

L) F 60524 47282

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 Hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 10 hours

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 605 S. Hanover st. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Cuffley, Baby Girl
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
			10 hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name Anna Marie Cuffley
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Cremation (Burial, cremation or removal) (b) Date thereof 8-11-39 (month) (day) (year)
(c) Cemetery or crematory Hospital disposal
Location

18 (a) Funeral director Hospital disposal
(b) Address

AUG 15 1939 (b) Huntington Williams M.D.
(Registered by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 9th 1939, at 9:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 9th 1939, to Aug. 9th 1939, and that I last saw her alive on Aug. 9th 1939.

Immediate cause of death ~~Prematurity~~ Respiratory Failure — Duration
Due to Prematurity
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. Killmansdorf M. D.
Address Balto city Hosp. Date signed 8-10-39

F 60525

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-a F 60525 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Little Sisters of Poor, 1200 Valley St.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 78 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. Little Sisters of the Poor (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Joseph Scheuer
3 (b) If veteran, name war — 3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed.

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day hr.	min.
81				

9. Birthplace Austria (Town, county, and state)
10. Usual Occupation none
11. Industry or business —

FATHER
12. Name James Scheuer
13. Birthplace Austria

MOTHER
14. Maiden Name Frances Korb
15. Birthplace Austria

16 (a) Informant Records
(b) Address Little Sisters of the Poor.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-16-39 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore, Md.

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

19 (a) [illegible] Date received [illegible] Registrar

AUG 15 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/13 1939, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 29, 1939, to August 13, 1939, and that I last saw him alive on 8/13 1939.

Immediate cause of death	Duration
(a) Arterio-sclerotic cardio-vascular Disease.	
Due to (b) Arterio-sclerotic gangrene, left foot.	
Due to (c) —	
Other Conditions Bilateral Inguinal Hernia. (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James M. Craven M. D.
Address St. Agnes Hospital Date signed 8/13/39.
Craven

F 60526

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B

Registered No. F 60526

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2298 Wash Blvd

(c) Hospital or institution: W. Baltimore Gen Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 ho.

(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimor (If outside city or town limits, write RURAL and give town)

(d) Street No. 2298 Washington Blvd. (If rural give location)

If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Eckart

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband ~~or wife~~ Andrew

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 6 1880

8. AGE: Years	Months	Days	If less than one day hr.	min.
59	7	8		

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name James Grace

13. Birthplace Md.

MOTHER 14. Maiden Name Elizabeth Duvall

15. Birthplace Md

16 (a) Informant Martha Regan

(b) Address 2614 Hanover

17 (a) (Burial, ~~cremation~~, removal) (b) Date thereof Aug 16-39 (day) (year)

(c) Cemetery or ~~crematory~~ Mt Auburn Rudgl

Location Wash Blvd

18 (a) Funeral director Edw Lawrence

(b) Address 2249 Wash Blvd

19 AUG 15 1939 (Date received by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-14 1939. 3 19/A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-13 1939 to 8-14 1939.

and that I last saw h~~er~~ alive on 8-13 1939

Immediate cause of death Coronary Occlusion

Due to Generalized Atherosclerosis

Due to

Other Conditions Acute dysentery (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

1½ days

?

5 days.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Jos Shaw M. D.

Address W. 13. B. Ave. Date signed 8/14/39

VS 3

Wojciech Lipka

CERTIFICATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT

122-B F 60527

Registered No. F 60527

Lab 10138

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 yrs. 11 mths. 29 days

(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 420 N. Montford Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? 50 yrs. years

3 (a) FULL NAME ~~Wojciech Lipka~~ WOJCIECH LIPKA

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1845

8. AGE: Years 94 | Months | Days | If less than one day: hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation

11. Industry or business

MOTHER / FATHER

12. Name ?

13. Birthplace Poland

MOTHER

14. Maiden Name ?

15. Birthplace Poland

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof Aug 16-1939 (month) (day) (year)

(c) Cemetery or crematory St Stanislaus

Location Baltimore

18 (a) Funeral director George A Weber

(b) Address 700 S Arlington Ave

19 (a) (Date received by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-19- 1939 at 7 30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-24- 1939 to 8-13- 1939 and that I last saw h alive on 8-13- 1939

Immediate cause of death: Intestinal obstruction — Duration: 24 hrs.

Due to

Due to

Other Conditions Gen. arteriosclerosis —

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible] M. D.

Address Balto City Hosp. Date signed 8-13-39

F 60528

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60528

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2216 Bank st St., 1-5 Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Irene M. Smetana

(a) Residence: No. 2216 Bank st St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 4th 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife (037)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Elbe KURSLO

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Anna

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Sophia Malinowski
(Address) 310 S Washington st

18. BURIAL, CREMATION, OR REMOVAL
Place St Stanislaus Date Aug 16 1939

19. UNDERTAKER George A Weber
(Address) 706 S Ann st

20. FILED ... 19... Huntington Williams M.D.

AUG 15 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 12 1939 to Aug 13 1939

I last saw her alive on Aug 13 1939 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Aug 12 39
Other contributory causes of importance: Arterio Sclerosis	1938

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) William J Powers M. D.

(Address) 501 Lakewood Ave

Information sought on carefully supplied. Any errors or omissions discovered should be corrected by supplemental certificate. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60529

CERTIFICATE OF DEATH

126 F 60529

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Maryland General Hospital St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. 11 mos. 16 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Frances Bolewicki

(a) Residence: No. 920 S. Ellwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced (or) WIFE of James Bolewicki

6. DATE OF BIRTH (month, day, year) Aug 28, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Walter Lisikowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Agnes Walorough

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mr. James Bolewicki
(Address) 920 S. Ellwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Mt. Standard Mem Date Aug. 16 1939

19. UNDERTAKER Stafford Fitzhugh Inc
(Address) 1000 S. Kenwood Ave

AUG 15 1939 Registrar Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1939 to Aug 12, 1939

I last saw h[illegible] alive on Aug 12, 1939. Death is said to have occurred on the date stated above, at 6.00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rupture of Gallbladder	
Myocardial failure	
Chronic myocarditis	
Other contributory causes of importance: Cholecystitis & cholelithiasis	

Was an operation performed? Yes Date Aug 11, 1939

For what disease or injury? Cholecystitis

Name of operation Cholecystectomy

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. K. Mansfield M. D.

(Address) Maryland Gen. Hosp.

INSTRUCTIONS: Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 60530

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47106 F 60530

Registered No. Aug. 1939

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore Maryland

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. Unknown (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clarence Sinclair

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Unknown

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
60 ?			hr. min.

9. Birthplace Unknown (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER: 12. Name Unknown

13. Birthplace Unknown

MOTHER: 14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Location UNIVERSITY MEDICAL SCHOOL AUG 16 1939

18 (a) Funeral director Commissioner of Health

(b) Address Per H. A. Moore

19 (a) AUG 15 1939 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH August 6 1939, at 12 20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from August 2 1939, to August 6 1939, and that I last saw h alive on August 6 1939.

Immediate cause of death Cirrhosis of the liver

Due to

Due to

Other Conditions Syphilis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Cirrhosis of the liver

Duration
unknown
unknown

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Balto City Hosp M. D.

Address Date signed 8-14-39

VS 3

F 60531

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 60531

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 10 Balt. Gen. Hosp.
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore, Md.
(c) City or town ~~1710 E. Baltimore St~~ (If outside city or town limits, write RURAL and give town)
Street No. 1710 E. Gettings St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Irving Hill

3 (b) If veteran, name war: —

3 (c) Social Security Account No. —

4. Sex M. | 5. Color or race Wh | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) July 31, 1879

8. AGE: Years 60 | Months 1 | Days 14 13 | If less than one day hr min

9. Birthplace Balto, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Stephen B. Hill
13. Birthplace Cecil Co. Md

MOTHER 14. Maiden Name Estella Cannon
15. Birthplace Balto, Md

16 (a) Informant Mrs Myrtle Cooper
(b) Address 1273 Gettys Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 17, 1939 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet
Location

18 (a) Funeral director Margaret G. Flynn
(b) Address 1422 Light St.

19 (Signature) Huntington Williams, M.D. Registrar

AUG 15 1939

VS 6

MEDICAL CERTIFICATION 6 40 P.M.

20. DATE OF DEATH August 14 1939, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration
Fracture left clavicle and upper left right ribs
Due to bronchiectasis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 7/30/39
(c) Where did injury occur? Hamburg & Boyd sts (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Street (Specify type of place) While at work? No
(e) Means of injury Passenger in truck struck by automobile

23. Signature Wm B Ludwig Medical Examiner M.D.

Date signed 8/15/39

F 60532

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1723 E Pratt St. 2-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Anna Schirmer Social Sec. No. 212-09-2344

(a) Residence: No. 1723 E. Pratt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ (or) WIFE of John J. Schirmer

6. DATE OF BIRTH (month, day, year) Feb. 2 - 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "S S. H. Home"

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation 00

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Bennett Lawson

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Margaret Stockman

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Margaret Redman

(Address) 1009 S. Robinson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Morland Memo Date 8/17 1939

19. UNDERTAKER William Cook

(Address) 1217 St Paul St.

AUG 15 1939

Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 14. 1939

22. I HEREBY CERTIFY, That I attended deceased from March 10 1939, to August 14 1939

I last saw h.. alive on August 14 1939. Death is said to have occurred on the date stated above, at 9:45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	April 1938?

Other contributory causes of importance:

Generalized metastasis

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

NO If so, specify .....

(Signed) Michael J. Dausch M. D.

(Address) 2530 E. Baltimore St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 60533

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 C-9-2 F 60533 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 504 N. Exeter St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 504 N Exeter St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Gus Rudolph August C Ludwig

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex M. 5. Color or race wh 6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Anna

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 7, 1859

8. AGE: Years 79 Months 3 Days 17 If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Supervising Carpenter

11. Industry or business B & O R.R. 0009

FATHER 12. Name Gustave Ludwig

13. Birthplace Germany

MOTHER 14. Maiden Name Christine Boettcher

15. Birthplace Germany

16 (a) Informant Wm. Linn Ludwig

(b) Address 2 S. Eutaw St Baltimore Md

17. Disposition (Burial, cremation, or removal) Interment (b) Date thereof Aug 16 39 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore Md

18 (a) Funeral director Ruhorn & Co

(b) Address 1214 E Fayette St

AUG 15 1939 (b) Registrar Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 14 1939, at 1:45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said autopsy find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death: Syphilitic aortitis with aortic insufficiency — Duration

Due to

Due to

Other Conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Vandersluis M.D. Medical Examiner

Date signed 8/15/39

60534

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 60534

Registered No. 943

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Day

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 1319 Gusuch Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Driscoll

3 (b) If veteran, name war None

3 (c) Social Security Account No. 212-07-8966

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Susan

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 10 1886

8. AGE: Years 53 | Months 6 | Days 4 | If less than one day: hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Gibbs & Co. Inc.

11. Industry or business 0086

MOTHER FATHER

12. Name James Driscoll

13. Birthplace Unknown

14. Maiden Name Anna

15. Birthplace Unknown

16 (a) Informant Records – JOHNS HOPKINS HOSPITAL

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 16 39 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore Md

18 (a) Funeral director Wilmer Coe

(b) Address 1300 Eutaw St

19 AUG 15 1939 (Date rec'd by registrar) Hunting ton Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 14 1939 at 5:52 PM

21. I certify that death occurred on the date above stated; that I attended deceased from August 14 1939 and that I last saw h alive on 1939

Immediate cause of death

Due to Coronary Thrombosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration: 1 hour

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Fremaine Billington

Address J. H. Hospital Date signed 8/14

F 60535 rhw F 60535

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 2.3

Registered No. 46475

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address [illegible]
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 212 W. Franklin St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Marvan Sutherland

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	divorced

6 (b) Name of husband or wife Cora Sutherland
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/27/1903

8. AGE: Years	Months	Days	If less than one day
35	11	18	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation unknown
11. Industry or business

FATHER
12. Name Marvin
13. Birthplace Virginia

MOTHER
14. Maiden Name Virginia Holston
15. Birthplace Virginia

16 (a) Informant Baltimore City Hospitals
(b) Address

17 (a) Burial, cremation or removal Burial (b) Date thereof Aug 16/39 (month) (day) (year)
(c) Cemetery or crematory Mt Hebron Va
Location Virginia

18 (a) Funeral director Wellington Cook
(b) Address 1217 St Paul St.

19 (a) (Date rec'd by registrar) (b) Registrar

AUG 15 1938

MEDICAL CERTIFICATION

20. DATE OF DEATH August 15 1939, at 6:25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 12 1939, to Aug 15 1939, and that I last saw him alive on Aug 15 1939.

Immediate cause of death Tuberculosis of lungs — Duration 7 mos.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address Date signed

F 60536

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-e

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 607 Washington Blvd. St. 23-2 Ward)

Length of residence in city or town where death occurred 39 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Milton H. Everhart

(a) Residence: No. 607 Washington Blvd. St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Annie M. Everhart

6. DATE OF BIRTH (month, day, year) June 25, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Window Cleaner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) York, Pa.

FATHER

13. NAME Daniel H. Everhart

14. BIRTHPLACE (city or town) (State or country) York, Pa.

MOTHER

15. MAIDEN NAME Mary J. Hake

16. BIRTHPLACE (city or town) (State or country) York, Pa.

17. INFORMANT Mrs. Annie M. Everhart
(Address) 607 Washington Blvd.,

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date Aug. 17 1939

19. UNDERTAKER H. Howard Strong
(Address) 715 Light St.,

20. FILED ..... 19 ..... Huntington Williams ..... Registrar.

AUG 16 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1939 to Aug 14 1939

That I saw h[illegible] alive on 8/14/39 Death is said to have occurred on the date stated above, at 10.10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure	8/13/39
Other contributory causes of importance: Arteriosclerotic Cardiovascular disease - Chronic Myocarditis	8 yrs

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Joseph D. Lankart M. D.

(Address) 675 Washington Blvd

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 60537

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60537

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1435 Webb St St. 10-7 Ward)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Joseph Dixon

If U. S. Veteran specify WAR

(a) Residence: No. 1435 Webb St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Mal

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Florence Dixon

6. DATE OF BIRTH (month, day, year): DEC 16 1883

7. AGE: Years 55 Months 7 Days 29 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: WPA 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Unknow

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Mary Ellen

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mary E. Stoke
(Address) 609 N. Madeira St

18. BURIAL, CREMATION OR REMOVAL
Place: Mt Calvary Date: Aug. 7 1939

19. UNDERTAKER: Rayner Sanders
(Address) 413 E. Preston St

Huntington Williamsport Md

Registrar.

FILED AUG 16 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 1939 to Aug 14 1939

I last saw him alive on Aug 13 1939 Death is said to have occurred on the date stated above at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	About April 1939

Other contributory causes of importance:

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? (If so, specify)

(Signed) Geo Caple M. D.

(Address) 1 Druid Park Dr

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 60538

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 60538

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1225 N. Central Ave.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State S. C. (b) County Greenwood
(c) City or town — (If outside city or town limits, write RURAL and give town)
Street No. 101 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wade Mozgne

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Ollie Mozgne

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 15, 1878

8. AGE: Years	Months	Days	If less than one day: hr.	min.
61	3	28		

9. Birthplace Greenwood, S. C. (Town, county, and state)

10. Usual Occupation Laborer.

11. Industry or business

MOTHER / FATHER

12. Name Grant Mozgne

13. Birthplace S. C.

14. Maiden Name Rachael Mozgne

15. Birthplace S. C.

16 (a) Informant Zida Britt

(b) Address 1318 E. Monument St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 17 39 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location E. L. Co

18 (a) Funeral director Rayner Sanders

(b) Address 1412 E. Preston St

19 (a) Filed (date) AUG 16 1939 (b) Registrar Huntington Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 13, 1939. at 10:20 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from July 31 1939. to August 13 1939. and that I last saw him alive on 8-13 1939.

Immediate cause of death	Duration
Toxemia - Collapse	
Due to ~~pneumonia Colitis~~ Intestinal obstruction	1 day.
Due to ulcerative colitis.	3 months
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis S. Hamm M. D.

Address 7340 Modena Rd. Date signed 8-15-39

F 60539

F 60539

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163 Registered No.

PLEASE WRITE PLAINLY. WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address: Dukeland & Rayner Aves.

(c) Hospital or institution: General W. Balto Hosp

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1224 Dukeland (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lauretta Beck Loretta Pauline Beok X

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Walter Lee Beck

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 15, 1918

8. AGE: Years 21 | Months 4 | Days 29 | If less than one day hr. min.

9. Birthplace Harveys Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name Guy Haines

13. Birthplace Md.

MOTHER

14. Maiden Name Marjorie Fornwalt

15. Birthplace Md.

16 (a) Informant Mr. Walter Lee Beck

(b) Address 1224 Dukeland St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 17, 1939 (month) (day) (year)

(c) Cemetery or crematory Stone Chapel Cem

Location Baltimore County, Md.

18 (a) Funeral director Wm. J. Tickner & Son,

(b) Address North & Pa. Aves.

19 (a) AUG 16 1939 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-14-39, 19 , at 7 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death: Lysol poisoning — Duration: 1 hr.

Due to

Due to

Other Conditions Mental Depression (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Suicide

(b) Date of occurrence 8-14-39

(c) Where did injury occur? 1224 Dukeland St. (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? Not

(e) Means of injury Lysol by mouth,

23. Signature Conrad Octo Weis M.D. Medical Examiner

Date signed 8/17/39

F 60540
366664

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

123

F 60540 Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 324 Carnel St (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Lee

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-09-4564

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Jovsner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-17-95

8. AGE: Years 44 | Months 5 | Days 27 | If less than one day: hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Robert Lee
13. Birthplace Md -

MOTHER 14. Maiden Name Mary Henson
15. Birthplace Md -

16 (a) Informant Records -
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof 8-18-39 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Brooklyn

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Linden Ave

(c) The record was received by Wilfred Whitaker Registrar

AUG 16 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 17 1939 at 4:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 7 1939 to Aug 17 1939. and that I last saw him alive on Aug 14 1939.

Immediate cause of death: Peritonitis - B. coli — Duration: 6 wks
Due to fecal fistula — 3 wks.
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Peritonitis
Of autopsy Peritonitis.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. F. Jones Jr. M. D.
Address The Johns Hopkins Hosp Date signed 8/15/39

B 60541 47310-fs

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107-a F 60542 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 614 Collett St. (If rural give location)
(e) If foreign born, how long in U. S. A? years

3 (a) FULL NAME Donald Gale

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	colored	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-15-39

8. AGE: Years	Months	Days	If less than one day
	2	29	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Nathaniel
13. Birthplace Unknown

MOTHER
14. Maiden Name Hilda Parker
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 8/16/39 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Baltimore City
18 (a) Funeral director Geo. G. Nelson
(b) Address 1303 Pennsylvania Ave. Huntington Williams Jr.
19 (a) (Date rec'd by registrar) (b) Registrar

AUG 16 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 14 1939, at 4 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-9 1939, to 8-14 1939, and that I last saw him alive on 8-14 1939.

Immediate cause of death Bronchopneumonia — Duration 2 days
Due to aspiration of food
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Campbell Goodwin M. D.
Address Balt. City Hosp. Date signed

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 60542 Registered No. 131

60542

PLEASE WRITE PLAINLY. WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 410 Federal St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL, and give town)
(d) Street No. 410 Federal St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Rice
3 (b) If veteran, name war
3 (c) Social Security Account No. 217-07-0064

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	Col.	Married

6 (b) Name of husband or wife Annie Rice
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 12. 1885

8. AGE: Years	Months	Days	If less than one day
54	1	2	hr. min.

9. Birthplace Alberta Virginia (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Thomas Rice
13. Birthplace Va

MOTHER
14. Maiden Name Endie Maddox
15. Birthplace Va

16 (a) Informant Mrs. Annie Rice
(b) Address 410 E. Federal St.

17 (a) Burial (Burial, cremation, or removal)
(b) Date thereof 8-17-39 (month) (day) (year)
(c) Cemetery or crematory Location Alberta, Va.

18 (a) Funeral director Mrs. Frances A. Hensley
(b) Address 578 N. Biddle St.

AUG 16 1939 (Date received by registrar) Wm. E. Fox Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/14/39 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) I find that said deceased came to his death on the day stated above.

Immediate cause of death: Cardio vascular renal disease with hypertension
Due to: Cerebral hemorrhage
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature W. H. Grant Jr. M.D. Medical Examiner
Date signed 8/17/39

F 60543

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 60543 Registered No. 23

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 909 E. Lombard St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 909 E. Lombard St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Pitt

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M
5. Color or race Col
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Rosa Pitts
6 (c) If alive, give age 50 years
7. Birth date of deceased (mo., day, yr.) 1877
8. AGE: Years 65 Months Days If less than one day hr. min
9. Birthplace Atlanta Ga. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Rosa Pitts
(b) Address 909 E. Lombard St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 16th 1939 (month) (day) (year)
(c) Cemetery or crematory Mt Cahery Cem.
Location Brooklyn Anne Arundel Co. Md
18 (a) Funeral director Byron Francis Knight
(b) Address 1218 Mc Elderry St

AUG 16 1939 (Date rec'd by registrar) Huntington Williams (Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH August 11th 1939 at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

Immediate cause of death: Pulmonary tuberculosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner

Date signed 8/11/39

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 60544

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

23 Registered No. F 60544

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address University Hosp.

(c) Hospital or institution: Green & Redwood St

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 800 N. Appleton St (If rural give location)

(e) If foreign born, how long in U. S. A? ✓ years

3 (a) **FULL NAME** Henry Frederick Wiesner Jr.

3 (b) If veteran, name war Merchant Marine Service 1918

3 (c) Social Security Account No. 212-07-9969

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 26 - 1897

8. AGE: Years	Months	Days	If less than one day
41	7	20	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation draftsman

11. Industry or business Bartlett Hayward Co

FATHER

12. Name Henry F. Wiesner, Jr.

13. Birthplace Baltimore, Md.

MOTHER

14. Maiden Name Minnie K. Kronschild

15. Birthplace Balto. Md.

16 (a) Informant Henry F. Wiesner, Jr.

(b) Address 800 N. Appleton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 18-1939 (month) (day) (year)

(c) Cemetery or crematory Lorraine Park, Cem

Location Windsor Mill Rd.

18 (a) Funeral director Geo. Wilson & Son

(b) Address 2513 Edmondson Ave

AUG 16 1939 (Date registered) (b) [illegible] (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 15 1939, at 6 00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1939, to Aug 15 1939, and that I last saw h/M alive on Aug. 15 1939.

Immediate cause of death

Respiratory failure & Pneumonia

Due to Pulmonary Tbc.

Due to

Other Conditions Thoracoplasty

(Include pregnancy within 3 months of death)

Duration 1 day, months 2

Major findings:

Of operations Pneumothorax, Bilateral, Thoracoplasty

Of autopsy

2 mos.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Raymond M. Cunningham M. D.

Address University Hosp. Date signed Aug 15 1939

F 60546

F 60545

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

123 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Bon Secours Hosp.
(c) Hospital or institution: 1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 73-5-8

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1908 N. Poplar Grove St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ----- years

3 (a) FULL NAME Charles V. Mueller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) ~~Single~~, married, ~~widowed or divorced~~

6 (b) Name of husband or wife: Mrs Margaret Mueller

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) March 7, 1866

8. AGE: Years 73 | Months 5 | Days 8 | If less than one day hr. ---- min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business ------

FATHER
12. Name Adam Mueller
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Heil
15. Birthplace Germany

16 (a) Informant Michael A. Mueller
(b) Address 803 E. Belvedere Ave.

17 (a) (Burial, ~~cremation, or removal~~) (b) Date thereof 8/17/39 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Henry A. Meade & Son
(b) Address 805 N. Calvert St.

19 (a) Received by (Registrar) Huntington Woods, Md.

AUG 16 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/15 1939, at 5:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/6 1939 to 8/15 1939
and that I last saw him alive on 8/15/39 19

Immediate cause of death - Peritonitis — Duration 9 days

Due to Perforating diverticulitis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Stoma + Colon (mixed) Peritonitis
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William J. McClafferty M. D.
Address Bon Secours Hosp. Date signed 8-15-39

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

60546

F 60546

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Baltimore, Maryland
(b) Street address
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5mo. 9 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 5 mo. 9 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Somerset County
(c) City or town Princess Anne (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Grant Handy

3 (b) If veteran, name war WW

3 (c) Social Security Account No.

4. Sex Male

5. Color or race Negro

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Serrinda Smith

6 (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) Feb. 22, 1893

8. AGE: Years 46 Months 5 Days 23 If less than one day hr. min.

9. Birthplace Princess Anne, Maryland. (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business Agricultural

FATHER
12. Name John Handy
13. Birthplace Fruitland, Maryland.

MOTHER
14. Maiden Name Hattie Evans
15. Birthplace Manticocke, Maryland.

16 (a) Informant Records-U. S. Marine Hospital
(b) Address Baltimore, Maryland.

17 (a) (Burial, cremation, or removal)
(b) Date thereof 8-20-1939 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location Polk Road, md.

18 (a) Funeral director William Jones Son
(b) Address Princess Anne — md

(a) (Registrar)
(b) Registered AUG 16 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 15, 1939 at 10:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 6, 1939 to August 15 1939, and that I last saw him alive on Aug. 15, 1939.

Immediate cause of death	Duration
Dilatation of heart	Unknown
Due to Chronic Interstitial nephritis with hypertension	Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. H. Anderson M. D.
Address U. S. Marine Hospital, Baltimore, Maryland.
Date signed 8/16/39

Huntington Williams M.D.

Every item of information should be carefully supplied. The age is especially important. Physicians, please write the causes of death clearly and legibly.

F 60547

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 60547 Registered No. 19-a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mchens + Caton Aves,
(c) Hospital or institution: St. Agnes' Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. 130 Oakdale Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mildred Mahle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Earl Mahle

6 (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) Oct 5, 1900

8. AGE: Years 37 | Months 10 | Days 10 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state) Stoneside

10. Usual Occupation

11. Industry or business

FATHER
12. Name William Reople
13. Birthplace N.C.

MOTHER
14. Maiden Name Emma
15. Birthplace Md.

16 (a) Informant Earl Mahle
(b) Address Catonsville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 16, 1939 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Balto Co

18 (a) Funeral director Easton Sons & Edwards
(b) Address

19 (a) (Date received by registrar) AUG 16 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-13 1939 at 5.35 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-11 1939 to 8-13 1939; and that I last saw her alive on Aug. 13 1939.

Immediate cause of death Pneumococcic Meningitis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Earl F. Mech M. D.
St. Agnes Hosp
Date signed 8-13-39

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 60548

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 60548 Registered No. 100

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens + Caton Aves,
(c) Hospital or institution: St. Agnes' Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 17

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County Baltimore
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. 32 Bloomsbury Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charlotte Mossberger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Emory L.
6 (c) If alive, give age: 44 years
7. Birth date of deceased (mo., day, yr.): Oct 26, 1902
8. AGE: Years: 36 | Months: 9 | Days: 20 | If less than one day: hr. min.
9. Birthplace: Md. (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: Phillip Flook
13. Birthplace: Germany

MOTHER
14. Maiden Name: Anna Beckman
15. Birthplace: Maryland

16 (a) Informant: E. L. Mossberger
(b) Address: Catonsville Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 18, 1939 (month, day, year)
(c) Cemetery or crematory: Loudon Park
Location: Baltimore Md.

18 (a) Funeral director: Easton Sons
(b) Address: Ellicott City

19 (a) (Date rec'd by registrar) (b) Registrar: Huntington Williams

AUG 18 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-15 1939, at 7.10 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-29 1939, to 8-15 1939, and that I last saw h[illegible] alive on 8-15-1939.

Immediate cause of death: Pulmonary embolism — Duration

Due to: Embolus from ligation of saphenous vein

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings: —
Of operations: Thrombophlebitis of left saphenous vein.
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Charles V. Lenail M. D.
Address: St. Agnes' Hosp. Date signed 8-15-39

VS 2

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 60549

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 60549 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town) Co. Md
(d) Street No. 1957 Snyder avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? ? years

3 (a) FULL NAME ANTHONY WHITE

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: widower
6 (b) Name of husband or wife: late Monichella
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct. 26 1854
8. AGE: Years 84 | Months 9 | Days 19/3 | If less than one day hr. min.
9. Birthplace Italy (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name ? Salvatore Adomia
13. Birthplace Italy

MOTHER
14. Maiden Name ? Angiolina Riglia
15. Birthplace Italy

16 (a) Informant XXXX

F 60550

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60550

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2402 Fait Ave St. 1-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran

2. FULL NAME Wiktoria Kwiatkowska Social Security 216-10-0932

(a) Residence: No. 2402 Fait Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Michal Kwiatkowski

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. Packer in

9. Industry or business in which work was done, as silk mill, law mill, bank, etc. Packing house

10. Date deceased last worked at this occupation (month and year) 2 mon

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Josef Helminiak

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Wiktoria Helminiak
(Address) 2407 Fait Ave

18. BURIAL, CREMATION, OR REMOVAL
Place St Stanislaus Date 8-18-39

19. UNDERTAKER John J Puda
(Address) 2829 Hudson St

20. FILED ..., 19... Huntington Williams M.D. Registrar.

AUG 16 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from January, 1938 to Aug 15, 1939

I last saw her alive on Aug 15 Death is said to have occurred on the date stated above, at 1:25 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	unknown
Other contributory causes of importance: myocarditis auricular fibrillation	

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify ...

(Signed) Harold Jamison M. D.

(Address) 2431 Fait Ave

F 60551

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 Registered No. F 60551

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 310 W. Lanvale Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 310 W. Lanvale St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary E. Gunther

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife William E. Gunther
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 2, 1858

8. AGE: Years	Months	Days	If less than one day
80	8	12	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation retired housewife
11. Industry or business

FATHER
12. Name George Haschert
13. Birthplace Germany

MOTHER
14. Maiden Name Mary E. Haas
15. Birthplace Germany

16 (a) Informant William E. Kelly
(b) Address 429 Pitman Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 17, 1939 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Loudon Park
Location Frederick Avenue, Baltimore

18 (a) Funeral director John Oursler Sons
(b) Address 1900 Eutaw Place, Baltimore

AUG 16 1939 (Date rec'd by registrar) Registrar for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 14 1939, at 12:-- Noon M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1937, to Aug 14 1939.
and that I last saw h alive on Aug. 13th 1939.

Immediate cause of death
Uremia
Myocarditis
Due to Nephritis
Due to
Other Conditions Carcinoma
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. E. Kelly M. D.
Address 2314 W. North Ave. Date signed 8/14/39

VS 8

F 60552

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131

F 60552 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 433 E. 20th Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12-4
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ----
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 433 E. 20th Street (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME William G. Knauff

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Nannie B. McIlwain
6 (c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.) Dec. 7, 1855
8. AGE: Years 83 | Months 8 | Days 7 | If less than one day: hr. ..... min.
9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation carpenter -- retired
11. Industry or business

FATHER
12. Name William Knauff
13. Birthplace Frederick, Md.

MOTHER
14. Maiden Name Mary Kinghorn
15. Birthplace Baltimore County, Md.

16 (a) Informant Mrs. Nannie B. Knauff
(b) Address 433 E. 20th Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 16, 1939 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Baltimore
Location East North Avenue, Baltimore

18 (a) Funeral director Johnson & Hill Bros.
(b) Address 1900 Eutaw Place, Baltimore

19 (a) (Date received by registrar) AUG 15 1939 (Registrar) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH AUGUST 14 1939, at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from AUG. 11 1939, to AUG 14 1939, and that I last saw him alive on AUG 14 1939.

Immediate cause of death — Duration

UREMIA — 2 DAYS

Due to CARDIOVASCULAR RENAL ARTERIAL DISEASE

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....

23. Signature H. J. Singer M.D. M. D.
Address 506 E. North Ave. Date signed

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 60553

364514

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51-0 Registered No. F 60553

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 wk
(e) Length of stay in Baltimore (yrs., mos., or days) 25 ys

2. USUAL RESIDENCE OF DECEASED:
(a) State W Va (b) County
(c) City or town Morgantown (If outside city or town limits, write RURAL and give town)
(d) Street No. 317 Willey St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clement Ross Jones

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Elizabeth Isabell Jones
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 19 - 1871

8. AGE: Years 68 | Months 3 | Days 29 | If less than one day hr. min.

9. Birthplace W. Va. (Town, county, and state)

10. Usual Occupation Dean

11. Industry or business

FATHER 12. Name Uriah Clement
13. Birthplace W. Va

MOTHER 14. Maiden Name Perissa R Ford
15. Birthplace W Va

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof aug. 16 - 39 (month) (day) (year)
(c) Cemetery or crematory Morgantown W. Va.
Location

18 (a) Funeral director John O Mitchell & Son
(b) Address 1900 Eutaw Pl.

AUG 16 1939 (Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 16 1939 at 6 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 21 1939. to Aug 16 1939. and that I last saw him alive on Aug 16 1939.

Immediate cause of death Coma — Duration

Due to Bronchopneumonia

Due to Uremia

Due to Cerebral Metastases

Due to Carcinoma of Kidney

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations Lt. Renal Carcinoma
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Douglass D. Fear M. D.
Address Johns Hopkins Hospital Date signed

Don't age is especially important. Physicians: please write the causes of death clearly and legibly.

F 60554 47213

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 60554 349-953

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1102 Argyle Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Samuel Peterson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife Nannie (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 4, 1875

8. AGE: Years	Months	Days	If less than one day
63	9	9	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Elevator operator
11. Industry or business Unemployed

FATHER
12. Name William Taylor Peterson
13. Birthplace Md.

MOTHER
14. Maiden Name Rebecca Dabby
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof Aug 16, 1939 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 3221 Schroeder St.

19 (a) Date received by registrar AUG 16 1939 (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH August 13 1939, at 4 05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from August 7 1939, to August 13 1939, and that I last saw h alive on August 13 1939.

Immediate cause of death Broncho pneumonia — Duration 2 weeks
Rheumatic Heart Disease — unknown

Due to — over

Due to

Other Conditions Pulmonary Infarcts — unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Pneumonia, infarcts, rheumatic heart

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Mervin Peterson M. D.
Address Balto City Hosp. Date signed 8-15-39

F 60555

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a F 60555 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ~~2101 Boone Street~~ Calvert & St
(c) Hospital or institution: Union Memorial Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 1/2 Mo
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2101 Boone St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sophie G. Raabe

3 (b) If veteran, name war: no

3 (c) Social Security Account No. None

4. Sex: F

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife: XXXXXXXXXXXX

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10, 1869

8. AGE: Years 70 | Months | Days 0 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

MOTHER / FATHER

12. Name John F. Raabe

13. Birthplace Germany

14. Maiden Name Caroline Eckert

15. Birthplace Baltimore Md

16 (a) Informant Henry J. Raabe

(b) Address 411 Tobacco St

17 (a) Final (Burial, cremation, or removal) (b) Date thereof Aug 9 1939 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Baltimore Md

18 (a) Funeral director Wilson & Son

(b) Address 1217 Park Ave

19 (a) (Date received by registrar) (b) Huntington Williams M.D.

AUG 16 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH August 15 1939, at 8.05 M

21. I certify that death occurred on the date above stated, that I attended deceased from July 1 1939, to Aug 15 1939, and that I last saw her alive on Aug 15 1939.

Immediate cause of death Cerebral haemorrhage — Duration 2 months

Due to arteriosclerosis and hypertension — Duration unknown

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ferdinand Ward M. D.

Address Union Memorial Hosp. Date signed 8-15-39

F 60556

F 60556

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address ~~1944 E. Federal~~

(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 day.

(e) Length of stay in Baltimore (yrs., mos., or days) 19

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto. City (If outside city or town limits, write RURAL and give town)

8-6

(d) Street No. 1941 E. Federal ST. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William M. Lafferty

X

3 (b) If veteran, name war: No [illegible]

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife Anna M

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 19, 1876

8. AGE: Years 63 | Months — | Days 27 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business Bldg

FATHER 12. Name Robert Lafferty

13. Birthplace Ireland.

MOTHER 14. Maiden Name Seidentrika

15. Birthplace Hagerstown, Md.

16 (a) Informant Robert E Lafferty

(b) Address 17th & Federal St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 18 1939 (month) (day) (year)

(c) Cemetery or crematory Baltimore

Location Baltimore Md

18 (a) Funeral director Williams Sons

(b) Address 1217 St Paul St

19 (a) [illegible] (b) [illegible] for Williams [illegible]

Checked by registrar

16 [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 15, 1939. at 6.05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 13 1939. to Aug 15, 1939. and that I last saw h alive on Aug. 15 1939.

Immediate cause of death Lobar Pneumonia

Lobar Pneumonia

Duration 5 d.

Due to

Due to

Other Conditions Sulfapyradine Poison

Cardiac Decompensation

(Include pregnancy within 3 months of death)

Duration 2 days

Major findings:

Of operations

Of autopsy Lobar Consolidation

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature L. T. Krauss M. D.

Address Nurses Home Date signed

F 60557

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-a F 60557 Registered No.

Please age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6½ days.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 211 S. Washington St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dziwanoski, Jeannette
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced. Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr) Dec. 27, 1930
8. AGE: Years 8 | Months 7 | Days 19 | If less than one day hr. min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Child
11. Industry or business

FATHER
12. Name Dziwanoski, Philip
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Sherry, Sophie
15. Birthplace New Kensington, Pa.

16 (a) Informant Father as above
(b) Address 211 S. Washington St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 19, 1939 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Berman Hill Rd.

18 (a) Funeral director M. J. Sadowski & Son
(b) Address 1808 Eastern Ave.
(Signature of registrar) Huntington Williams Mgr.

AUG 16 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 15 1939 at 8:30 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 9 1939 to Aug. 15 1939. and that I last saw her alive on Aug. 15 1939.

Immediate cause of death Subacute Bacterial Endocarditis — Duration 5 weeks

Due to Streptococcus Viridans

Due to

Other Conditions Rheumatic Myocarditis and Mitral Insufficiency. (Include pregnancy within 3 months of death) — Duration Unknown

Major findings:
Of operations No operation
Of autopsy No Autopsy.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jacob L. Light M. D.
Address Sydenham Hospital Date signed Aug. 15, 1939

F 60558

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B Registered No. F 60558

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3400 Chestnut Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles E. Moore Jr.
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Minnie E. Moore
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 27 1868

8. AGE: Years 70 | Months 11 | Days 17 | If less than one day: hr. min.

9. Birthplace Maryland. (Town, county and state)
10. Usual Occupation Retired Builder
11. Industry or business

MOTHER / FATHER
12. Name Charles E. Moore Sr.
13. Birthplace Md.
14. Maiden Name Christina Jones
15. Birthplace Md.

16 (a) Informant Minnie E. Moore
(b) Address 3400 Chestnut Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 17 1939 (month) (day) (year)
(c) Cemetery or crematory St. Mary's Hampden
Location Roland Ave
18 (a) Funeral director Edmund Dolan
(b) Address 3615-17 Chestnut Ave.

19 AUG 16 1939 Harrington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-14 1939 at 10 17 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10:00 P.M. to 10:17 A.M. and that I last saw him alive on 10:17 19

Immediate cause of death Probably Coronary occlusion — Duration

Due to Coronary disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Douglas H. Stone M.D.
Address Union Memorial Hosp Date signed 8/16/39

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60559 F 60559

CERTIFICATE OF DEATH

Registered No. 27-13 91

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5712 Roland Avenue St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

If U. S. Veteran specify WAR

2. FULL NAME Sister Mary Colette McGoldrick

(a) Residence: No. 5712 Roland Avenue St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of ---------

6. DATE OF BIRTH (month, day, year) August 12, 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	0	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Philadelphia (State or country) Pennsylvania

FATHER

13. NAME Patrick McGoldrick

14. BIRTHPLACE (city or town) --------- (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret McGlinchy

16. BIRTHPLACE (city or town) --------- (State or country) Ireland

17. INFORMANT Mother M. Gertrude Peters (Address) 5712 Roland Avenue

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cemetery Date 8/17 1939

19. UNDERTAKER Henry H. Mears and Son (Address) 849 W. Calvert St.

20. [illegible] AUG 16 1939 Interring for Williamsport

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 15 1939

22. I HEREBY CERTIFY, That I attended deceased from ---, 1936, to Aug 15, 1939.

I last saw h[illegible] alive on Aug 15, 1939. Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized and Cerebral Arteriosclerosis	± 1935

Other contributory causes of importance:

Senility

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ---, 19--

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles O'Donnell M. D.

(Address) 5 E. Read St

OCCUPATION is very important. See instructions on back of certificate.

F 60560 47202--fs

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

34 G Registered No. F 60560

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 418 Mott St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

X

3 (a) FULL NAME Caroline Jackson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: colored | 6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-18-1891

8. AGE: Years 47 | Months 9 | Days 26 | If less than one day: hr. min.

9. Birthplace Wash., D.C. (Town, county, and state)

10. Usual Occupation H.W.

11. Industry or business

FATHER
12. Name John Jackson
13. Birthplace ?

MOTHER
14. Maiden Name Jane ?
15. Birthplace ?

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 18th 1939 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location Brooklyn A. A. Co. Md.

18 (a) Funeral director Bolton & Agnes H. Hughes
(b) Address 1298 W. Edgerton St

AUG 17 1939 (a) (Date rec'd by registrar) (b) Huntingtown Pratt Co. Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 14 1939, at 5.45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from August 7 1939, to August 14 1939, and that I last saw h er alive on August 14 1939.

Immediate cause of death
Pulmonary Infarcts
Syphilitic Heart Disease
Duration 4 days unknown

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Infarcts of lung, aortic insufficiency

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Tomway before M. D.
Address Balto City Hosp Date signed 8-14-39

60561

Case No. 12238 dk

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a

F 60561

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore, Maryland

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 yrs.

(e) Length of stay in Baltimore (yrs., mos., or days) 34 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. Unknown (If rural give location)

(e) If foreign born, how long in U. S. A.? 59 years years

3 (a) FULL NAME Elizabeth Eckhardt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1855

8. AGE: Years 84 ? | Months | Days | If less than one day: hr. min.

9. Birthplace Germany (town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER

12. Name Unknown

13. Birthplace Germany

MOTHER

14. Maiden Name Unknown

15. Birthplace Germany

16 (a) Informant B. C. H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/17/39 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Location Baltimore Md

18 (a) Funeral director Durward D. Covington

(b) Address 21 W 25th St Huntington Athenaeum W. Va.

19 (a) (Date rec'd by registrar) (b) Registrar

AUG 17 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH August 15 1939, at 7:20 PM

21. I certify that death occurred on the date above stated, that I attended deceased from April 14 1925, to August 15 1939, and that I last saw h[illegible] alive on August 15 1939.

Immediate cause of death: Cerebral hemorrhage — Duration: 2 days.

Due to

Due to

Other Conditions: Hypertension — unknown

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible] M. D.

Address Balt City Hosp. Date signed 8-16-39

60562

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 60562

Registered No. 119

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Dead on arrival at

(c) Hospital or institution: City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County —

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 607 Ellsworth ave (If rural give location)

(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Henry Thompson

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
	6		hr min

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Lacy

13. Birthplace Unknown

MOTHER 14. Maiden Name Anna Thompson

15. Birthplace Baltimore

16 (a) Informant Robert Thompson Son

(b) Address 1607 Ellsworth St

17 (a) Burial (b) Date thereof Aug 17 39 (month) (day) (year)

(burial, cremation, or removal)

(c) Cemetery or crematory Mt Calvary

Location A.E. Co

18 (a) Funeral director Payne Sanders

(b) Address 1412 E. Preston St

19 AUG 17 1939 Huntington Williams M.D. Registrar

(Date received by registrar)

V8 6

MEDICAL CERTIFICATION 8 am P

20. DATE OF DEATH 8/12/39 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)

obtained by said / find that said deceased came (Autopsy or Inquiry)

to his death on the day stated above.

Immediate cause of death Acute Intestinal Toxemia

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

For findings:

Of operations —

Of autopsy —

Duration
one

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury —

23. Signature [illegible] M.D. Medical Examiner

Date signed 8/12/39

60563 LB 47212

Deroggine

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

349-108 F 60563 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days

(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town (If outside city or town limits, write RURAL and give town) 1005 Argyle Avenue

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Deroggine

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Brown	Married

6 (b) Name of husband or wife William

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day hr.	min.
43 47				

9. Birthplace N. C. (Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business

FATHER 12. Name John Hughes

13. Birthplace N. C.

MOTHER 14. Maiden Name Allen ?

15. Birthplace N. C.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 18th '39 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn.

Location Mt Winans.

18 (a) Funeral director Edwin C. Ellison

(b) Address 1000 Brantley & Williams M.D.

19 (a) (b) Registrar

AUG 17 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-15-39 19 . at 8 07 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-7-19 39 to 8-15-1939. and that I last saw her alive on 8-15-19 39.

Immediate cause of death Lobar pneumonia — Duration 8 days

Due to

Due to

Other Conditions Hypertensive CVD

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Lobar pneumonia

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. Monaghan Lobstein M. D.

Address Balto City Hosp Date signed

F 60564

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 60564 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 658 Haw St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 7

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City ~~or town~~ Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 658 Haw St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah Graham

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race Col

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Arthur Graham

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 22 1894

8. AGE: Years 45 | Months 3 | Days 24 | If less than one day hr. min.

9. Birthplace Calvert Co. Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Black Collin Brown

13. Birthplace Md.

MOTHER 14. Maiden Name Rebecca Money

15. Birthplace Md.

16 (a) Informant Arthur Graham

(b) Address 658 Haw St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-18-39 (month) (day) (year)

(c) Cemetery or crematory Brotherhood Chapel

Location Calvert Co. Md.

18 (a) Funeral director Joseph M. Chase & Son

(b) Address 638 N. Gilmor St.

19 (a) Date received by registrar (b) Huntington Williams, M.D.

AUG 17 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 15 1939, at 2.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 13 1939. to Aug 15 1939. and that I last saw h[illegible] alive on Aug 15 1939.

Immediate cause of death: Lobar Pneumonia — Duration: 3 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature D.T. Carroll M. D.

Address 911 Warner St Date signed 8/16/39

F 60565

Case No. 47245 dk

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B F 60565

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore, Maryland

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1408 Lemon Street (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Jenkins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex female

5. Color or race Black

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife James

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/22/96

8. AGE: Years 43 | Months 4 | Days 17 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Benjamin Martin

13. Birthplace Maryland

MOTHER 14. Maiden Name Anna

15. Birthplace Virginia

16 (a) Informant B. C. H. Records

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location UNIVERSITY MEDICAL SCHOOL AUG 17 1939

18 (a) Funeral director Commissioner of Health

(b) Address

19 AUG 17 1939 (Date rec'd by registrar) Per H. A. Moore Huntington Williams, M.D. 4984

MEDICAL CERTIFICATION

20. DATE OF DEATH August 9 1939, at 7⁰⁰ AM

21. I certify that death occurred on the date above stated; that I attended deceased from August 8 1939, to August 9 1939, and that I last saw her alive on August 9 1939.

Immediate cause of death: Hypertensive Cardio vascular disease — Duration unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature S. Silverstein M. D.

Address Balto City Hosp. Date signed 8-16-39

VS 3

F 60566

Garden

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124-B

F 60566

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 1524 Light St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

2 B 3

3 (a) FULL NAME Herman V. Gardner

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-05-6407

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of ~~husband or~~ wife Mildred C. Garden

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 2, 1903

8. AGE: Years	Months	Days	If less than one day
36	2	13	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Glass Worker

11. Industry or business

FATHER
12. Name Frank Garden
13. Birthplace Germany

MOTHER
14. Maiden Name Annie Gayle
15. Birthplace Va

16 (a) Informant Mrs. Annie G. Garden
(b) Address 1524 Light St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 18, 1939 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Dorchester Md.

18 (a) Funeral director H. Howard Strong
(b) Address 715 Light St.

19 (a) AUG 17 1939 (b) Huntingtor Williams M.F.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-15- 1939, at 11.50 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Hypertrophic Biliary Cirrhosis	over
Due to Probably Toxic	
Due to Jaundice	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Madden M.D. Medical Examiner

Date signed 8-16-39

60567

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60567

CERTIFICATE OF DEATH

182-a

Registered No. ✓

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 11 S. Broadway St. 2-K Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Rodesick R. Riley
If U. S. Veteran specify WAR

(a) Residence: No. 11 S. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lela Riley

6. DATE OF BIRTH (month, day, year) Aug. 11 1872

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
67	0	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Male Nurse
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. For Self
10. Date deceased last worked at this occupation (month and year) 1939
11. Total time (years) spent in this occupation 18 yrs

12. BIRTHPLACE (city or town) (State or country) Macon Ga.

FATHER
13. NAME Warren B. Riley
14. BIRTHPLACE (city or town) (State or country) Macon Ga

MOTHER
15. MAIDEN NAME Mary Hand
16. BIRTHPLACE (city or town) (State or country) Macon Ga

17. INFORMANT Mrs. Loula V. Riley
(Address) 11 S. Broadway

18. BURIAL, CREMATION, OR REMOVAL
Place London Ky Date Aug 17th 1939

19. UNDERTAKER Wm Tichenor & Sons
(Address) Main & Jefferson Sts

20. AUG 17 1939 19 Huntington Williams M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 14th 1939

22. I HEREBY CERTIFY, That I attended deceased from July 28th 1939 to Aug. 14th 1939
I last saw h[illegible] alive on Aug 13th 1939 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	8/10 39
Cerebral Hemorrhage	7/15 39

Other contributory causes of importance:

Was an operation performed? no Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Ebert C. Reitz M. D.
(Address) 2245 Reistersburg Ky

F 60568

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

155 Registered No. F 60568

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1332 South Charles St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 1332 S. Charles St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

23-1

3 (a) FULL NAME Frank J. Kelly

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Margaret

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec. 24, 1867

8. AGE: Years 71 | Months 7 | Days 27 | If less than one day hr. ..... min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Post Office Clerk

FATHER 12. Name Edward Kelly

13. Birthplace Ireland

MOTHER 14. Maiden Name Mary Kelly

15. Birthplace Ireland

16 (a) Informant Mrs Frank J. Kelly

(b) Address 1332 S. Charles

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 19, 1939 (month) (day) (year)

(c) Cemetery or crematory Cathedral Cem.

Location

18 (a) Funeral director Margaret G. Flynn

(b) Address 1432 Light St.

19 (a) Date received by local registrar AUG 17 1939 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 16 1939 at 8:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1939 to Aug 16 1939 and that I last saw him alive on Aug 16 1939

Immediate cause of death Pulmonary oedema

Due to .....

Due to .....

Other Conditions Carcinoma of Breast Osteo-Sarcoma

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A. Schwentker M.D.
Address 1337 S. Charles St Date signed 8/17/39

VS 3

60569 F 60569

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

182-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 516 N. Pine St., 17-3 Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Florence Johnson

(a) Residence: No. 516 N. Pine St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced—(write the word)
F	Col	Widowed

5a. If married, widowed, or divorced. HUSBAND of (or) WIFE of Daniel Johnson

6. DATE OF BIRTH (month, day, year) 1-19-1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49		27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Calvert County Md

FATHER

13. NAME Benjamin Gray

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Maggie Kent

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Edna Davis
(Address) 618 Pedens ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem. Date aug 19 1939

19. UNDERTAKER Williams & Jackson
(Address) 916 Pennsylvania Ave Williams Md
(Signature of Undertaker or Assistant)

20. FILED ... Registrar

AUG 17 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 16 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 14 1939 to Aug 14 1939

I last saw her alive on Aug 14 1939 Death is said to have occurred on the date stated above at 9 20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	8/16/39

Other contributory causes of importance: —

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) J. Douglas Shepherd M. D.

(Address) 1063 Myrtle Ave

J. Howard J. Maddox M. D. Medical Examiner

OCCUPATIONS is very important. See instructions on back of certificate.

F 60570

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 34-95-6

F 60570

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5315 Belleville Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eleanor A Curd.
3 (b) If veteran, name war
3 (c) Social Security Account No.

4 Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Wm A Curd
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov 27/1890
8. AGE: Years 48 | Months 8 | Days 21 | If less than one day hr. min.
9. Birthplace Balto Md. (City, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name James J Whelan
13. Birthplace Ireland

MOTHER
14. Maiden Name Honora A Conroy
15. Birthplace Ireland

16 (a) Informant William A Curd
(b) Address 5315 Belleville Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 19/1939 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto Md.

18 (a) Funeral director Harry H Amiacook
(b) Address 4204 Roslyn Wood Ave

19 (a) Filed (Registrar) (b) (Registrar)

AUG 17 1939

V8 b

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 17 1939, at 1 20 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-11 1939, to 8-17 1939, and that I last saw her alive on 8-16 1939.

Immediate cause of death: Bronchopneumonia — Duration: 7 days.
Due to ?
Due to
Other Conditions Syphilis, Hypertensive heart disease (Include pregnancy within 3 months of death) — ?

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J M. Callery M. D.
Address Bon Secours Hospital Date signed 8-11-39

F 60571

362962

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94-B F 60571 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Fla (b) County
(c) City or town Seville (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Leora B. MacLennan

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Joseph A. MacLennan

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-24-82

8. AGE: Years 57 | Months 4 | Days 22 | If less than one day hr. min.

9. Birthplace Thomasville Mo (Town, county, and state)

10. Usual Occupation House Wife for 37

11. Industry or business

FATHER 12. Name James Green

13. Birthplace Arkansas

MOTHER 14. Maiden Name Mary Shannon

15. Birthplace Arkansas

16 (a) Informant Records -

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Aug 17. 39 (month) (day) (year)

(c) Cemetery or crematory Fort Lincoln

Location Washington D.C.

18 (a) Funeral director John Ottenhall Sons

(b) Address 1900 Eutaw Place

DEC 17 1939 H. Tipton Williams Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 15 1939. at 3 55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1939. to Aug 15 1939. and that I last saw her alive on Aug 15 1939.

Immediate cause of death: heart failure — Duration 2 mo.

Due to hypertension and coronary occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney Mayer Jr. M. D.

Address Johns Hopkins Hosp Date signed 8/16/39

F 60572

47398-fs

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 159

F 60572

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 hrs.

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 910 S. Kenwood Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Malle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-12-39

8. AGE: Years	Months	Days	If less than one day
			14 hr. 5 min.

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name Harry Malle

13. Birthplace ?

MOTHER

14. Maiden Name Catherine Gunner

15. Birthplace Md.

16 (a) Informant B.C.H. Records

(b) Address

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 8-15-39 (month) (day) (year)

(c) Cemetery or crematory crematory

Location Baltimore City Hospitals

18 (a) Funeral director

(b) Address

19 (a) AUG 17 1939 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-13 1939, at 12 05 M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-12 1939 to 8-13 1939.

and that I last saw h-- alive on 8-13 1939.

Immediate cause of death Prematurity — Duration

26 weeks

Due to 3 portaneous abortion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature D. Isaac Dawn M. D.

Address Balto City Hosp Date signed 8-16-39

VS 3

60573 HEALTH DEPARTMENT—CITY OF BALTIMORE 60573

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH West Balto. Gen'l Hospital

CITY OF BALTIMORE: (No.) St. 90-2 Ward)

Registered No. ....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? 11 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Freda Abbott

(a) Residence: No. 2631 Edmondson Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edison Abbott.

6. DATE OF BIRTH (month, day, year) May 24, 1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME ? Vosshanick,

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Edison Abbott,
(Address) 2631 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL AUG 19 1939
Place Woodlawn Date

19. UNDERTAKER S. A. Little
(Address) 2700 Edmondson Ave.

20. FILED AUG 17 1939 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 17. 1939

22. I HEREBY CERTIFY, That I attended deceased from August 12. 1939 to August 17. 1939

I last saw her alive on Aug. 17. 1939. Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia - bilateral	8-2-39
Rt - base	
Left upper + lower lobe	8/3/39
Bilateral empyema	
Other contributory causes of importance:	
Toxemia	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-ray + bronchoscopic Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Ghent, M. D.

(Address) W. Balto

OCCUPATION is very important. See instructions on back of certificate.

V.S.

60574 F 60574 ✓ Index 44654

LB 44654

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-C Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1115 Poplar Grove St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Florence Manahan ✓

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: William Manahan

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 9. 1876

8. AGE: Years 62 | Months 11 | Days 7 | If less than one day: hr. min.

9. Birthplace: Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Arthur Jackson
13. Birthplace Md.

MOTHER
14. Maiden Name Sadie Jones
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-19-39 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore City

18 (a) Funeral director Geo W Little
(b) Address 2700 Edmondson Ave.

AUG 17 1939 (Date received by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-16 1939 at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-18 1939 to 8-16 1939, and that I last saw her alive on 8-16 1939.

Immediate cause of death — Duration
Intestinal Obstruction — several days
Bronchopneumonia — several days
Due to Adenocarcinoma transverse colon — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Adenocarcinoma transverse colon & intestinal obstruction
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. Lewis Shrady M. D.
Address Balto City Hosp. Date signed 8-17-39

F 60575

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164 V a

Registered No. F 60575

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1513 Bolton St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 1513 Bolton St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

14 1

3 (a) FULL NAME Ethel Parsons

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, ~~married~~, ~~widowed~~, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) [illegible] 25 1880

8. AGE: Years 59 | Months 4 | Days 27 | If less than one day: hr. min

9. Birthplace St Marys Co Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name James T Parsons.
13. Birthplace St Marys Co Md

MOTHER 14. Maiden Name M Reeder
15. Birthplace St Marys Co Md

16 (a) Informant H J. Parson.
(b) Address 1513 Bolton St

17 (a) Burial (Burial, cremation or removal) (b) Date thereof Aug 18 1939 (month) (day) (year)

(c) Cemetery or crematory Woodlawn Cem
Location Woodlawn Md

18 (a) Funeral director H Jenkins & Son
(b) Address Orchard-Mc Collister

19 (a) (Date rec'd by Registrar) (b) [illegible] Registrar

AUG 17 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/17/39 19 , at 7:15 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inq (Autopsy or Inquest) thereon and from the evidence obtained by said Jury (Autopsy or Inquest) find that said deceased came to her death on the day stated above.

Immediate cause of death

Asphyxiation

Due to Illuminating Gas

Due to

Other Conditions Mental Depression Arthritis Chronic

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 8/17/39
(c) Where did injury occur? 1513 Bolton (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Illuminating Gas

23. Signature Conrad Veltmann M.D. Medical Examiner.
Date signed 8/17/39

F 60576

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

180 Registered No. F 60576

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 915 S. Curley st
(c) Hospital or institution Balto City Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 915 S Curley St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 37 years

3 (a) FULL NAME Gertrude Parnaby

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. NO

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Bert Parnaby.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 5 - 1893

8. AGE: Years 46 | Months 1 | Days 11 | If less than one day: hr. min

9. Birthplace England
(Town, county, and state)

10. Usual Occupation Home Wife
11. Industry or business at Home

FATHER
12. Name George Nixon
13. Birthplace England.

MOTHER
14. Maiden Name Harriett Cooper
15. Birthplace England.

16 (a) Informant Mrs Robert Parnaby
(b) Address 915 S Curley St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 18/39 (month) (day) (year)

(c) Cemetery or crematory Lt of Angels
Location 3 & Fennell St

18 (a) Funeral director Lilly & Egerton
(b) Address 463 W Pratt St

AUG 17 1939

(b) [illegible] Registrar

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-16- 1939, at 11.30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy found that said deceased came to her death on the day stated above.

Immediate cause of death Shock, Fire — Duration

Due to Conflagration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy As above

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 8-16-39
(c) Where did injury occur? City (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Conflagration House afire

23. Signature Howard J. Wilson M.D.
Medical Examiner

Date signed 8-16-39

F 60577

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

180

Registered No. F 60577

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 915 S Curley st
(c) Hospital or institution: Mercy Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 915 S Curley St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 25 years

3 (a) FULL NAME Bert Parnaby

3 (b) If veteran, name war

3 (c) Social Security Account No. NO

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Gertrude Parnaby.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 1893

8. AGE: Years 46 Months Days If less than one day hr. min.

9. Birthplace England.
(Town, county, and state)

10. Usual Occupation unemployed.

11. Industry or business Ship fitter

FATHER 12. Name Thomas Parnaby.

13. Birthplace England.

MOTHER 14. Maiden Name Margaret Graham

15. Birthplace England.

16 (a) Informant Mrs Robert Parnaby

(b) Address 1527 Maple av. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 18/39 (month) (day) (year)

(c) Cemetery or crematory St Mathias

Location O Donnell St

18 (a) Funeral director Tilley & Earlenbaugh

(b) Address 463 W Balto St

AUG 17 1939

(Registered by Registrar) (Deputy Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-16-39 19 , at 4.30 a.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Asphyxiation due to— Carbon Monoxide Gas — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 8-16-39
(c) Where did injury occur? City
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Conflagration

23. Signature Howard J. Madeira M.D.
Medical Examiner.

Date signed 8-16-39

F 60578

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

180 Registered No. F 60578

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 915 S. Curley st
(c) Hospital or institution: Mercy Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 915 S Curley St (If rural give location)
(e) If foreign born, how long in U. S. A.? 4 years

3 (a) FULL NAME Ethel Parnaby

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. NO

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife: none

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Feb 18-1924

8. AGE: Years 15. Months 5 Days 29. If less than one day: hr. ____ min. ____

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Bert. Parnaby

13. Birthplace England.

MOTHER 14. Maiden Name Gertrude Nixon

15. Birthplace England.

16 (a) Informant Mrs Robert Parnaby

(b) Address 4527 Mapleton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 18/39 (month) (day) (year)

(c) Cemetery or crematory St Mathews

Location Bonnet St

18 (a) Funeral director Taylor & Eichelberger

(b) Address 2837 Gwynn

(c) Date received by registrar AUG 17 1939

Registrar Martin for Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-16- 1939, at 1:30 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death Shock
Burns

Due to Conflagration

Due to Carbon Monoxide Gas

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 8-16-39
(c) Where did injury occur? City (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Conflagration

23. Signature Howard J. Madden M.D.
Medical Examiner

Date signed 8-16-39

F 60579

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 60579

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 915 S. Curley st.
(c) Hospital or institution: Mercy Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 915 S Curley St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Peggy Parnaby or Margaret J. Parnaby

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. NO

4. Sex: female white

5. Color or race

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife: none

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) aug 22-1930

8. AGE: Years 8 | Months 11 | Days 24. | If less than one day: hr. min

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Bert. Parnaby

13. Birthplace England.

MOTHER 14. Maiden Name Gertrude Nixon

15. Birthplace England.

16 (a) Informant Mrs Robert Parnaby

(b) Address 4527 Chapel Ave Md

17 (a) Burial (Burial, cremation, or removal)

(b) Date thereof aug 18/39 (month) (day) (year)

(c) Cemetery or crematory St Mathias

Location 5 St, Carroll St

18 (a) Funeral director Lilly & Hilgartner

(b) Address 403 S Wolfe St.

19 (a) Registrar Hunterstown Williams, M.D. Registrar

AUG 17 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-16-39 19 , at 1.30 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: asphyxiation due to Carbon Monoxide Gas

Due to: Fire

Due to:

Other Conditions: (Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: ~~Coroners~~

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accidental
(b) Date of occurrence 8-16-39
(c) Where did injury occur? City (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Conflagration Fire

23. Signature Howard J. Walden M.D. Medical Examiner

Date signed 8-16-39.

F 60580

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 186 F 60580

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Ave.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 12 N. Rose St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Howard Mapson

3 (b) If veteran, name war: World War
3 (c) Social Security Account No.:
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Dec 8/1889
8. AGE: Years 49 | Months 8 | Days 7 | If less than one day: hr. min.
9. Birthplace: Balto. Md. (Town, county and state)
10. Usual Occupation: Paper Hanger
11. Industry or business: Own Business

FATHER
12. Name: Frank Mapson
13. Birthplace: Balto Md.

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Balto Md.

16 (a) Informant: Charles Mapson
(b) Address: 12 N Rose St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 18 39 (month) (day) (year)
(c) Cemetery or crematory: U.S. National
Location: Frederick Rd.

18 (a) Funeral director: Lilly & Linthicum
(b) Address: 403 N. Mace St.

19 (a) Filed: AUG 17 1939 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-15-1939, at 3:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-6 1939, to 8-15 1939.
and that I last saw h l alive on 8-15 1939.

Immediate cause of death Comminuted Fracture of 11th & 12th Dorsal Vertebrae with complete crushing of
Due to Spinal Cord.
Due to
Other Conditions Cystitis
(Include pregnancy within 3 months of death)

Duration: 6-3 8-15-39

Major findings:
Of operations Crushed spinal cord 11th & 12th Dorsal Vertebrae
Of autopsy Crushed spinal cord; cystitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 6/6/39
(c) Where did injury occur? Wilkens & Caton Ave. Baltimore Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Farm While at work? No.
(Specify type of place)
(e) Means of injury Fell out of a cherry tree
23. Signature Robert Sheppard M. D.
Address St. Agnes Hospital Date signed 8/15/39
Howard J. Mapson M. D. Examiner

F 60581

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 Registered No. F 60581

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 515 Northington Rd
(c) Hospital or institution Sinai
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 515 Northington Rd (If rural, give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Elizabeth Reid Dall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife John J. Dall

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 4 1881

8. AGE: Years 58 | Months 4 | Days 16 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name John Reid

13. Birthplace Va

MOTHER 14. Maiden Name Lizzie Watkins

15. Birthplace Md

16 (a) Informant Mrs Helen Reid Dall

(b) Address 515 Northington Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 18 '39 (month) (day) (year)

(c) Cemetery or crematory Baltimore Location Gwynn Oak

18 (a) Funeral director Henry H. Ophile

(b) Address 7 7 Edmondson Ave

19 (a) AUG 17 1939 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/15/1939 at 9:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/29/1939 to 8/15 1939 and that I last saw her alive on 8/15 1939.

Immediate cause of death Uremia — Duration 2 wks

Due to Hypertensive cardiovascular renal disease. — Duration 4 yrs.

Due to —

Other Conditions Bronchopneumonia

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature [illegible] M. D.
Address Sinai Hosp. Date signed 8/15/39

V8 3

F 60582

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

92-a F 60582 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3209 Echodale ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3209 Echodale ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Adell Casey

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife William E. Casey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 3, 1866

8. AGE: Years 73 | Months 2 | Days 12 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation House Work

11. Industry or business

MOTHER / FATHER

12. Name Richard Hutchins
13. Birthplace North Carolina
14. Maiden Name Nancy Dudley
15. Birthplace Middlesex Co. Va.

16 (a) Informant Harry O. Casey
(b) Address 546 Hanover ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 18, 1939 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location

18 (a) Funeral director Frederick A. Dole
(b) Address 1700 W Lombard St.

19 (a) AUG 17 1939 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 15th 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 11 1939 to 8-15 1939
and that I last saw h alive on 8-15 1939

Immediate cause of death Mitral Regurgitation — Duration: 6 mon.

Due to Myocardial Degeneration — Duration: 2 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations no oper
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? no (Specify type of place) While at work?
(e) Means of injury no

23. Signature Daniel Miller M. D.
Address 1500 N Broadway Date signed 8-17-39

VS 3

F 60583

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 16th a F 60583

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4507 Prospect Circle
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4507 Prospect Circle (If rural give location)
(e) If foreign born, how long in U. S. A.? 6 mos. years

3 (a) FULL NAME Julius Veith

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Hedwig Veith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 15, 1868

8. AGE: Years 71 | Months 2 | Days | If less than one day hr. min.

9. Birthplace Germany (Town, county and state)

10. Usual Occupation physician
11. Industry or business

FATHER 12. Name Gerson Veith
13. Birthplace Germany

MOTHER 14. Maiden Name Lina Mahrle
15. Birthplace Germany

16 (a) Informant Mrs. John Veiter
(b) Address 4507 Prospect Circle

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 8/18/39 (month) (day) (year)
(c) Cemetery or crematory Fort Lincoln
Location Bladensburg, Md.

18 (a) Funeral director Harold Sondheim & Son
(b) Address 1902 Eutaw Place

19 (a) AUG 17 1939 (Date received by local registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/15/39 19 , at 6 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Asphyxiation
Due to: by Illuminating
Due to: Gas —
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide? Suicide
(b) Date of occurrence 8/15/39
(c) Where did injury occur? 4507 Prospect Circle (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify home, farm, etc.) While at work? no
(e) Means of injury Illuminating Gas

23. Signature Conrad Acton M.D.
Medical Examiner
Date signed 8/15/39

VS 6

F 60584

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 60584 Registered No. 164

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4507 Prospect Circle
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4507 Prospect Circle (If rural give location)
(e) If foreign born, how long in U. S. A.? 6 mos.

3 (a) FULL NAME Hedwig Von Valentine Veith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Julius Veith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 1, 1869

8. AGE: Years 70 Months 4 Days 14 If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Heinrich Von Valentini

13. Birthplace Germany

MOTHER 14. Maiden Name Marie Von Gyng-Rekowska

15. Birthplace Germany

16 (a) Informant Mr. John Veith

(b) Address 4507 Prospect Circle

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 8/18/39 (month) (day) (year)

(c) Cemetery or crematory Fort Lincoln

Location Bladensburg, Md.

18 (a) Funeral director Baird Sondheim & Son

(b) Address 1902 Eutaw Place

19 AUG 17 1939 (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/13/39 19 , at 6 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry find that said deceased came to her death on the day stated above.

Immediate cause of death Asphyxiation

Due to (a) Illuminating Gas

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Suicide

(b) Date of occurrence 8/13/39

(c) Where did injury occur? 4507 Prospect Circle (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No (Specify type of place)

(e) Means of injury Illuminating Gas

23. Signature Conrad Acton Jones M.D. Medical Examiner

Date signed 8/13/39

VS 6

F 60585

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

184 V Registered No. F 60585

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll.
(c) City or town Millers (If outside city or town limits, write RURAL and give town)
(d) Street No. Carroll Co. Md. R.F.D. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Melvin B. Asper (Melvin B. Asper)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 3, 1924

8. AGE: Years 15 | Months 0 | Days 13 | If less than one day: hr. min.

9. Birthplace Carroll Co. Md. (Town, county, and state)

10. Usual Occupation None Student

11. Industry or business

FATHER
12. Name Samuel B. Asper
13. Birthplace Md.

MOTHER
14. Maiden Name Minnie Boerner
15. Birthplace Md.

16 (a) Informant Mr. Samuel Asper
(b) Address Millers Carroll Co. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 19, 1939 (month) (day) (year)
(c) Cemetery or crematory St. Paul's Cem Arcadia
Location Arcadia, Md.

18 (a) Funeral director Edward C. Tipton
(b) Address Hampstead, Md.

19 (Date rec'd by registrar) AUG 17 1939 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/16/39 19 , at 5:45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fat embolism
Due to: Amputation of leg —
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 8/16/39
(c) Where did injury occur? Millville Balto Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Farm While at work? no (Specify type of place)
(e) Means of injury Shotgun

23. Signature Conrad Tipton M.D. Medical Examiner
Date signed 8/16/39

VS 6

F 60586

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137 F 60586

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hospital Ward 3

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs ... mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John F. W. Vogt

If U. S. Veteran specify WAR

(a) Residence: No. ... St., ... Ward. Fairburg, Md.

(Usual place of abode) (If non-resident give city or town and State)

Cornell Co

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret

6. DATE OF BIRTH (month, day, year) Feb. 18, 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	5	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Francis Vogt

(Address) Sandyville Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill A.A. County Date Aug 19 1939

19. UNDERTAKER John P. Byers

(Address) Westminster, Md

AUG 17 1939 Huntington Williams M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from 8-8, 1939 to 8-17, 1939

I last saw him alive on 8-17, 1939 Death is said to have occurred on the date stated above, at 1.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic Hypertrophy	?
Other contributory causes of importance: Myocardial Failure	8-16-39

Was an operation performed? Yes Date of 8-15-39

For what disease or injury? Prostatic Hypertrophy

Name of operation Suprapubic Prostatectomy

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) John M. Scott M. D.

(Address) Maryland General Hospital

OCCUPATIONS to be copied literally. See instructions on back of certificate.

VS 3

Spec.—8-16-29—L. F. S.—100 Bks.

60587

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60587

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 814 S Milton Av. ST., 1-4 WARD)

REGISTERED NO. 124-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Andrew Rozinski

(a) RESIDENCE NO. 814 S Milton Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 11 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	9	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER John Rozinski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Eva P.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Vera Kunta Daughter
(Address) 814 S Milton ave

15 Filed AUG 18 1939 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-17-1939.

17 I HEREBY CERTIFY, That I attended deceased from Aug. 2 1939. to Aug. 17 1939.

that I last saw h[illegible] alive on Aug. 17, 1939

and that death occurred, on the date stated above, at 4 45 P. m.

The CAUSE OF DEATH* was as follows:

Cirrhosis Liver (Alcoholic)
Myocarditis
Art. Sclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Andrew Rozinski, M. D.

19 (Address) 2579 Eastern av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus Cem — DATE OF BURIAL Aug 21 1939

20 UNDERTAKER Pearce & Weber — ADDRESS 705 E Pra[illegible]

Important. See instructions on back of certificate.

60588 HEALTH DEPARTMENT—CITY OF BALTIMORE 60588

CERTIFICATE OF DEATH ✓ 122-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hosp. St. 11-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 82 yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma Virginia Raine

If U. S. Veteran specify WAR .....

(a) Residence: No. Cecil Apts. 1111 N Eutaw St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Aug 9, 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
82	0	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Balt. Md.

FATHER

13. NAME Edw Raine

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Rachel Brundige

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs Wurstall (Friend)

(Address) Cecil Apts

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Park Date Aug 18 1939

19. UNDERTAKER STEWART & MOWEN COMPANY

(Address) (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

20. FILED AUG 18 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH ✓

21. DATE OF DEATH (month, day, year) 8/16, 1939

22. I HEREBY CERTIFY, That I attended deceased from 8/13/39, 19 ... to 8/16, 1939

I last saw h[illegible] alive on 8/16, 1939 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	8/11/39
~~Senile~~ Hypostatic Bronchopneumonia	8/15/39

Other contributory causes of importance: Senility

Was an operation performed? Yes Date of 8/14/39

For what disease or injury? Removal of a Sarcoma

Name of operation Cancer, Part of Caecum Colon

What test confirmed diagnosis? Op. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) Richard W. Watkins M. D.

(Address) Woman's Hospital

F 60589

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1121 Registered No. F 60589

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3907 Forest Park Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Robert Gilbert Wright

3 (b) If veteran, name war: none

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Adelaide N. Wright

6 (c) If alive, give age: 32 years

7. Birth date of deceased (mo., day, yr.): Feb 24 1908

8. AGE: Years: 31 | Months: 5 | Days: 23 | If less than one day: — hr. — min.

9. Birthplace: Balto Md (Town, county, and state)

10. Usual Occupation: Salesman

11. Industry or business: (Brush)

MOTHER / FATHER

12. Name: G. Hartman Wright

13. Birthplace: Balto Md

14. Maiden Name: Anna Kearney

15. Birthplace: Balto Md

16 (a) Informant: Mrs A. N. Wright (wife)
(b) Address: 3907 Forest Park Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 8-19-39 (month) (day) (year)
(c) Cemetery or crematory: Loraine
Location: Balto Co. Md

18 (a) Funeral director: STEWART & MOWEN COMPANY (W. F. WOODEN SUC.)
(b) Address: 108 W. DORTH AVENUE

19 (a) (Date received by registrar) 8 18 1939 (b) [illegible] M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 16 1939, at 1 40 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 7 1939, to Aug 16 1939, and that I last saw him alive on Aug 16 1939.

Immediate cause of death	Duration
Pulmonary Embolus	3 min
Due to	
Due to	
Other Conditions: Acute appendicitis operated 8-7-39 (Include pregnancy within 3 months of death)	

Major findings:
Of operations: Acutely inflamed gangrenous appendix
Of autopsy: —

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. M. Collins M. D.
Address: Bon Secours Hosp Date signed 8-16-39

60590 HEALTH DEPARTMENT—CITY OF BALTIMORE 60590

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1345 Ramsay St., 19-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mon. da.

If U. S. Veteran specify WAR

2. FULL NAME Mary J. Farrell

(a) Residence: No. 1345 Ramsay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Michael Farrell

6. DATE OF BIRTH (month, day, year): March 19 1863

7. AGE: Years 76 | Months 4 | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER

13. NAME: Patrick O'Holleran

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Mary Lee

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Bart. J. Farrell (Address) 1151 Ridgley St

18. BURIAL, CREMATION, OR REMOVAL: Place Holy Cross Date Aug 17 39

19. UNDERTAKER: Dunward & Covington (Address) 21 W. 25th St

AUG 18 1939

Huntington Williamson REGISTRAR

GPB

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8/15/39 19

22. I HEREBY CERTIFY, That I attended deceased from 6/7/39 to 8/15/39

I last saw her alive on 8/5/39 Death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	4 yrs
Other contributory causes of importance: Cardiac Insufficiency	8/13/39
	1 week

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Chas. Wood Dunn M. D.

(Address) 1-11 W. Lanvale St

60591 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 60591

CERTIFICATE OF DEATH

77-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St. 27-2 Ward)

Registered No. 27-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR —

2. FULL NAME William Gordon Gritz

(a) Residence: No. 2408 Arlington Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 5, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2		2/12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Gritz

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Margaret Arnal

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT John Gritz
(Address) 2408 Arlington Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Park Date 8/21/39, 19

19. UNDERTAKER George J. Roth Son
(Address) 1710 Ringgold Ave

FILED AUG 18 1939

Huntington Williams, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from August 2, 1939 to August 17, 1939

I last saw him alive on August 17, 1939 Death is said to have occurred on the date stated above, at 8 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lead poisoning	17 days
Encephalo myelitis	17 days
Congestive heart failure	1 day

Other contributory causes of importance:

Was an operation performed? NO. Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Lead determination (Blood) Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury Eating paint off fence

Nature of injury Rail

24. Was disease or injury in any way related to occupation of deceased?

If so, specify —

(Signed) W. K. Mansfield M. D.

(Address) Md Gen Hosp.

60592

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 60592

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1332 N. Eden St.
(c) Hospital or institution —

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1332 N. Eden St (If rural give location)
(e) If foreign born, how long in U. S. A.? 45 years

3 (a) FULL NAME Augusta Bachentine Bitter

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Emil Bitter
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 8 25 1862

8. AGE: Years 76 | Months 11 | Days 25 | If less than one day — hr. — min

9. Birthplace Germany. (Town, county, and state) at Home 0037

10. Usual Occupation
11. Industry or business

FATHER 12. Name August Bachentine
13. Birthplace Germany

MOTHER 14. Maiden Name Eliz. Johnson
15. Birthplace Germany

16 (a) Informant Anthony G. Bitter
(b) Address 5640 - N. Elan Rd.

17 (a) Burial (Burial, cremation, or removal)
(b) Date thereof 8/21/39 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director Geo. W. Roth & Sons
(b) Address 1725 Harford Ave.

(c) Signature of local registrar Huntington Williams

AUG 18 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/17/39 19 , at 5:30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death Atherosclerosis

Due to Coronary Sclerosis

Due to —

Other Conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: 8 mos

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Conrad Acton M.D.
Medical Examiner.

Date signed 8/21/39

F 60593

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

5-3-c F 60593

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7d.
(e) Length of stay in Baltimore (yrs., mos., or days) 26y.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Sinai Hospital (If rural give location)
1902 E Baltimore
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Nathan Kleimen

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-30-1913

8. AGE: Years 26 | Months 2 | Days 17 | If less than one day hr. min.

9. Birthplace Baalto., Md. (Town, county, and state)

10. Usual Occupation Draftman
11. Industry or business

FATHER
12. Name Nyman Isaac Kleimen
13. Birthplace Poland

MOTHER
14. Maiden Name Sadie —
15. Birthplace Poland

16 (a) Informant Harry Kleimen
(b) Address 1902 E. Balto. St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-18-39 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Phil. Pa.

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Balto. St

8 16 1939 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-17 1939, at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-10 1939, to 8-17 1939, and that I last saw h[illegible] alive on 8-17 1939.

Immediate cause of death Cerebral pyrexia — Duration: [illegible]

Due to Cerebral Tumor — Duration: 4 wks?

Due to — Duration: [illegible]

Other Conditions — Duration: [illegible]

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Willard Appleseed M. D.
Address Sinai Hospital Date signed 8-17-39

VS 3

60594 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 60594

CERTIFICATE OF DEATH

✓ 53-4

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 15-13 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? 30 yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Rose Golomb

(a) Residence: No. 4104 Park Heights Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	~~Married~~ Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Golomb

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Gershon Berman

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Pia Golomb

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Philip N Golomb (Son)
(Address) 4104 Park Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Pikesville Date 8-16-39

19. UNDERTAKER Sage Lewis Inc
(Address) 43 E. Lees. St

20. FILED ..... 19 ..... Registrar.

AUG 18 1939 Hunting Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/17, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1939, to Aug 17, 1939

I last saw h.e alive on 8/17, 1939. Death is said to have occurred on the date stated above, at 4:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Uremia	Aug 20 39
Multiple Myeloma	3 yr.

Other contributory causes of importance:

Edema due to uremia	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Sternal Puncture X-Ray Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) H. B. Kunnamon Jr. M. D.

(Address) Mercy Hospital.

60595

F 60595

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107-6 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 537 N. Fremont Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 71 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 537 N. Fremont Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? 71 years

3 (a) FULL NAME Elise Bouhage

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Philip Bouhage

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 29. 1849

8. AGE: Years 89 | Months 7 | Days 18 | If less than one day: hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Store Keeper

11. Industry or business Confectionery

FATHER 12. Name John N. Stalfort

13. Birthplace Germany

MOTHER 14. Maiden Name Anna Bockwinkel

15. Birthplace Germany

16 (a) Informant Fred. J. Steinbach

(b) Address 1634 Warwick Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 19. 1939 (month) (day) (year)

(c) Cemetery or crematory Trinity

Location Balto. Md.

18 (a) Funeral director Mrs. Mrs John N. Teufelbaugh

(b) Address 801 N. Fayette St

19 (a) [illegible] (b) Interring for Williamsport

AUG 18 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 16 1939. at 8.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 14 1939. to Aug 16 1939. and that I last saw h[illegible] alive on Aug 16 1939.

Immediate cause of death Bronchitis - developing Broncho-pneumonia

Due to Hot weather & old age

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration: 4 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J W Keown M.D.

Address 1938 Linden Ave Date signed 8/17/39

F 60596

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131 Registered No. F 60596

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 618 N. Fremont Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 618 N. Fremont Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Gertrude M. Brodsky

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Schy Brodsky

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 12-1899

8. AGE: Years 40 Months 4 Days 4 If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Martin Hill
13. Birthplace Balto.

MOTHER
14. Maiden Name Ida Gassaway
15. Birthplace Balto.

16 (a) Informant Schy Brodsky
(b) Address 618 N. Fremont Ave

17 (a) Western (Burial, cremation, or removal) (b) Date thereof Aug 19/37 (month) (day) (year)

(c) Cemetery or crematory Western
Location Baltimore

18 (a) Funeral director Philip Herwig Sons
(b) Address 2016 Orleans St

19 (a) Date received AUG 20 1939 (Registrar)
(b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 16 1939, at 11:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-5-1937, to 8-16-1939, and that I last saw h[illegible] alive on 7-16-1939.

Immediate cause of death cerebral hemorrhage with left hemiplegia — Duration 1 hour

Due to hypertensive cardio-vascular-renal disease — Duration 2 mos

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations negative

Of autopsy no autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James D. Carr M. D.
Address 518 Mosher St Date signed 8/19/37

F 60597

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60597

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 822 W. Bradford St. 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. da. How long in U. S. If of foreign birth? 46 yrs. mon. da.

2. FULL NAME Frank Rucha

If U. S. Veteran specify WAR

(a) Residence: No. 822 W. Bradford St., Ward. 212-27-3225

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Rucha

6. DATE OF BIRTH (month, day, year): Not known

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Tailor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Bohemia

FATHER

13. NAME: Frank Rucha

14. BIRTHPLACE (city or town) (State or country): Bohemia

MOTHER

15. MAIDEN NAME: Not known

16. BIRTHPLACE (city or town) (State or country): Bohemia

17. INFORMANT: Mary Rucha

(Address) 822 W. Bradford

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Aug 19, 1939

19. UNDERTAKER: Frank Crackson

(Address) 1906 Edmondson

20. [illegible] AUG 18 1939 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1939 to Aug. 16, 1939

I last saw him alive on Aug 16, 1939. Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal Disease	?
Other contributory causes of importance: Acute Uraemia	8/14/39

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis: none Was there an autopsy: no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph Pokorny, M. D.

(Address) 2200 E. Madison St.

F 60598

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a F 60598 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland Baltimore, Maryland

(b) Street address 2926 W. North Ave., Balto. Md.

(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da.

(e) Length of stay in Baltimore (yrs., mos., or days) 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore City

(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)

15-6

(d) Street No. 2926 W. North Avenue (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME David W. Wheatley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Minnie Peters

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 15, 1872

8. AGE: Years 66 | Months 8 | Days 1 | If less than one day: hr. min.

9. Birthplace Dorchester County, Maryland (Town, county, and state)

10. Usual Occupation Tug Boat Captain

11. Industry or business Seafaring

FATHER

12. Name John Wheatley

13. Birthplace Dorchester County, Md.

MOTHER

14. Maiden Name Fannie Walker,

15. Birthplace Dorchester County, Md.

16 (a) Informant Records-U. S. Marine Hospital,

(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 19-1939 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Baltimore County, Md

18 (a) Funeral director Mrs. Lucy Jones

(b) Address North Point Road

19 (a) Filed AUG 18 1939 (b) Registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 16, 1939, at 7:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from August 16 1939, to August 16 1939, and that I last saw him alive on Aug. 16, 1939.

Immediate cause of death: Hemorrhage, cerebral — Duration: 2/15/39

Due to: Ruptured left middle cerebral artery

Due to

Other Conditions: Arteriosclerosis, general with hypertension — Duration: Unknown

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature H L Wallmueller M. D.

Address U. S. Marine Hospital, Baltimore, Maryland. Date signed 8/17/39

F 60599

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

49-a

F 60599 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5100 Oaklawn Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
2453 (d) Street No. 5100 Oaklawn Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Zonia M. Roland

3 (b) If veteran, name war	3 (c) Social Security Account No.
---	---

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife T. Howard Boland
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 4, 1874

8. AGE: Years	Months	Days	If less than one day
64	8	12	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name Frederick Megenhardt
13. Birthplace Baltimore, Md

MOTHER 14. Maiden Name Margaret Deible
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. Frederick M. Roland
(b) Address 5100 Oaklawn Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 19, 1939 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pa. Aves.

19 AUG 18 1939 (Date received by Registrar) Huntington Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH August 16, 1939 at M

21. I certify that death occurred on the date above stated, that I attended deceased from June 26 1939 August 16 1939.
and that I last saw her alive on Aug 16 1939.

Immediate cause of death
(a) Abdominal Carcinomatosis - 3 months
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations yes
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm J Ringrose M.D.
Address Aug 16 1939 Date signed
Terrible Tortured Life

Central Police Sta. Room #13

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 15-a W 60600

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: UNIVERSITY HOSP. (ACC. Room)
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 6 MO.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 811 N. Calhoun St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eugene Hall
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	cd	—

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/16/39

8. AGE: Years	Months	Days	If less than one day hr.	min.
	6	29		

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Infant
11. Industry or business —

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name Anna ?
15. Birthplace

16 (a) Informant Anna Hall
(b) Address 811 N. Calhoun St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/18/39 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Geo. G. Nelson
(b) Address 1306 Pressman

19 AUG 18 1939 Registered by Howard J. Madden Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH AUG. 15 1939 at 10 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from AUG. 15 1939 to AUG. 15 1939 and that I last saw HIM alive on NEVER 19

Immediate cause of death	Duration
BRONCHO PNEUMONIA ?	1 WK ?
UPPER RESP. INFECTION	
Due to OTITIS MEDIA	
Due to	
Other Conditions PHARYNGITIS	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John Jones (Brother) M. D.
Address Under. Hospital Date signed 8/18/39
Howard J. Madden M. D. Physician

VS 3

60601

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B

F 60601

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Anchorage Hotel
(c) Hospital or institution: Thames & Broadway
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County
(c) City or town 307 N. 6th St Phila (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Roy L. Kellner (Kellerner)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M. | 5. Color or race Wh | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Ida Kellner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) —

8. AGE: Years 40 | Months | Days | If less than one day: hr. | min.

9. Birthplace Pennsylvania (town, county, and state)

10. Usual Occupation Seaman

11. Industry or business

FATHER
12. Name Geo Kellner
13. Birthplace Pa

MOTHER
14. Maiden Name Hemrita Tompair
15. Birthplace Pa

16 (a) Informant Mamie Shaud (Sister)
(b) Address 307 N. 6th St Phila Pa

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-19-39 (month) (day) (year)
(c) Cemetery or crematory Arlington Nat. Cem.
Location Va

18 (a) Funeral director Parker Brooks & Son
(b) Address N. E. Cor Calhoun & Hollins
Huntington Williamsport Pa.

Registrar

AUG 18 1939

MEDICAL CERTIFICATION 3302a

20. DATE OF DEATH 8/15/39 19 . at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wyatt Gundelfinger M.D. Medical Examiner

Date signed 8/15/39

60602

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60602

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH, Providence Hospital
CITY OF BALTIMORE: (No. 1514 Division St., 19 Ward)
Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Peggy Thomas
If U. S. Veteran specify WAR

(a) Residence: No. 519 N. Bruce St., Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
4. Color or Race C.
5. Single, Married, Widowed, or Divorced (write the word) —

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan. 27th 39

7. AGE — Years: — Months: 6 — Days: 14 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER
13. NAME Earl Thomas
14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER
15. MAIDEN NAME Jeneva Queen
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Goldie Queen
(Address) 519 N. Bruce St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Montgomery Date Aug 18th 1939

19. UNDERTAKER C. Jones
(Address) 111 S. Gilmor St

20. FILED AUG 18 1939 Huntington Pittman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-16-39

22. I HEREBY CERTIFY, That I attended deceased from 8-12-39. 19 . to 8-16-39. 19
I last saw her alive on 8-16-39 19 . Death is said to have occurred on the date stated above, at 8.05 P M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutrition (Hydremic Form),	Since Birth
other contributory causes of importance: Secondary Anemia + Prematurity (7 months)	

Was an operation performed? Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. T. Maloney M. D.
(Address) Providence Hospital Balto. Md.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60603

60603

94-B

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maney Hospital St. 19-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. 8 mos. 20 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Thomas Taylor

Social Sec. No. 214-05-3019

(a) Residence: No. 227 S. Stricker St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 27, 1892.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boiler shop

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore, (State or country) Maryland

FATHER

13. NAME William E. Taylor

14. BIRTHPLACE (city or town) Baltimore, (State or country) Maryland.

MOTHER

15. MAIDEN NAME Annie Simmont

16. BIRTHPLACE (city or town) Baltimore, (State or country) Maryland.

17. INFORMANT Mr William E. Taylor

(Address) # 2 August Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Aug 19, 1939

19. UNDERTAKER John J. Cowan & Son

(Address) # 901 Hollins Street

20. FILED Aug 18 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 16th, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1939 to Aug 16, 1939

Last saw him alive on Aug 15, 1939. Death is said to have occurred on the date stated above, at 3.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1 hour.
Other contributory causes of importance: Acute Myocarditis	2 Days.

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? no

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) C. Chas Norton M. D.

(Address) 888 N. Loudon St. Balto. Md.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60604

60604

CERTIFICATE OF DEATH

✓ 23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 707 N. Carrollton Ave St., 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Anita Bernice Scribner

If U. S. Veteran specify WAR

(a) Residence: No. 707 N. Carrollton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	A. A.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/22/21

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	17	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

FATHER

13. NAME Irvin Scribner

14. BIRTHPLACE (city or town) Baltimore
(State or country) Md

MOTHER

15. MAIDEN NAME Ethel De-Neit

16. BIRTHPLACE (city or town) Washington
(State or country) D. C.

17. INFORMANT Irvin Scribner (Father)
(Address) 707 N. Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Aug 20, 1939

19. UNDERTAKER Mrs Katie R Willgins
(Address) 322 S Schroeder Ste.

20. FILED 19 Registrar.

AUG 18 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/16, 1939

22. I HEREBY CERTIFY, That I attended deceased from 8/13, 1939 to 8/16, 1939

I last saw her alive on 8/16, 1939 Death is said to have occurred on the date stated above, at 11:55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pneumonia Influenza	7/7/39
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Carson C. Johnson M. D.

(Address) 1800 Pinewood Ave

66605 F 66605

36 55 93

Floyd Radcliff

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-A Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 114 Exeter st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Floyd Radcliff
3 (b) If veteran, name war
3 (c) Social Security Account No. 219-05-9048

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-9-17

8. AGE: Years	Months	Days	If less than one day hr.	min.
22	1	8		

9. Birthplace Virginia Buxton West (Town, county, and state)
10. Usual Occupation Laborer 6052
11. Industry or business Paper Hanger

FATHER
12. Name Warder Radcliff
13. Birthplace W. Va

MOTHER
14. Maiden Name Anna Kidd
15. Birthplace W Va.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof 8-21-39 (month) (day) (year)
(c) Cemetery or crematory St. Matthews
Location Edmondson Ave

18 (a) Funeral director Dennis & Sons
(b) Address 1406 Druid Hill Ave

19 (a) Filed 1939 (b) Registrar Huntington Hilleary

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 17 1939 at 1:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 14 1939 to Aug 17 1939. and that I last saw h/m alive on Aug 17 1939.

Immediate cause of death: Bronchopneumonia Pulmonary Infarctions — Duration: 1 wk 6 wks

Due to: Mitral stenosis & insufficiency

Due to: Rheumatic Heart Disease

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Mitral stenosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. M. Welty M. D.
Address Johns Hopkins Date signed 8-17-39

60606

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. 60606

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Fayette and Payson Sts

(c) Hospital or institution: Bon Secours Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 100 S. Willard St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Barbara Stettmeier

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race Wht

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife John B. Stettmeier

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 15-1862

8. AGE: Years 76 77 | Months 8 | Days 2 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name John Aeh

13. Birthplace Germany

MOTHER 14. Maiden Name Amelia Heidel

15. Birthplace Germany

16 (a) Informant John Stettmeier Jr.

(b) Address 2525 W. Baltimore St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 21 1939 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore Md.

18 (a) Funeral director George L. Lehmat

(b) Address 710 Cathedral Ave.

19 (d) AUG 18 1939 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 17 1939, at 3:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-11 1939, to 8-17 1939, and that I last saw her alive on 8-17 1939.

Immediate cause of death Dysentery (Bacillary) — Duration 7 days

Due to

Due to

Other Conditions Broncho-pneumonia

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. M. Collins M. D.

Address Bon Secours Hospital Date signed 8-17-39

VS 3

F 60607 32876-fs

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 60607 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 238½ N. Bond St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Gladys Hill

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: colored

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife Mathews Hill

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years ? 28 | Months | Days | If less than one day: hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

MOTHER / FATHER

12. Name Morris Epps

13. Birthplace Va.

14. Maiden Name Margaret Cangnol

15. Birthplace Va.

16 (a) Informant B.C.H. Records

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location

UNIVERSITY MEDICAL SCHOOL AUG 18 1939
Commissioner of Health
By U.S. Deane

18 (a) Funeral director

(b) Address

19 (a) AUG 18 1939 Huntington Williams M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 8 1939 at 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 10 1938 to Aug 8 1939 and that I last saw h alive on Aug 8 1939

Immediate cause of death: Tuberculosis of lungs. — Duration: 1 yr

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Salerno M. D.
Address Date signed

VS 3

F 60608

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 60608

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: County Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Month 2
(e) Length of stay in Baltimore (yrs., mos., or days) 18 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 6180 Lee Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jessie Coston

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 217-09-7947

4. Sex: M | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Eleanor Coston

6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) June 25/83

8. AGE: Years 56 | Months / | Days 21 24 | If less than one day: hr. min.

9. Birthplace: North Carolina (Town, county, and state)

10. Usual Occupation: Laborer

11. Industry or business:

FATHER
12. Name: John Coston
13. Birthplace: N. C.

MOTHER
14. Maiden Name: Mary
15. Birthplace: N. C.

16 (a) Informant: Eleanor Coston
(b) Address: 618 W Lee St

17 (a) (Burial, cremation, or removal) (b) Date thereof: Aug 20 1939 (month) (day) (year)
(c) Cemetery or crematory: Furnace Branch A.A.Co. Maryland
Location

18 (a) Funeral director: Isaiah L Bromwell
(b) Address: 1018 W Montgomery St

19 AUG 18 1939 (Date received by Registrar) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 16 1939, at 9:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1939, to Aug 16 1939, and that I last saw him alive on Aug 16 1939.

Immediate cause of death: Bronchopneumonia — Duration: 2 wks.

Due to: Generalized peritonitis — Duration: 1 wk.

Due to: Ruptured Appendix — Duration: 2 days.

Other Conditions: Bowel fistula

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Appendiceal abscess Generalized peritonitis
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Raymond M. Cunningham M. D.
Address: Univ. Hosp. Date signed 8-17-39

VS 3

F 60609

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

17-a

Registered No. F 60609

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3019 Rosalind ave

(c) Hospital or institution: Union Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days

(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3019 Rosalind Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

X

3 (a) FULL NAME Joseph Frank Gilling

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-03-4023

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	married

6 (b) Name of husband or wife Mrs. D. F. Gilling

6 (c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) Feb. 12, 1899

8. AGE: Years	Months	Days	If less than one day hr.	min.
40	6	4		

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Store Room Keeper 0086

11. Industry or business Western Electric Co

MOTHER / FATHER

12. Name Joseph Gilling

13. Birthplace Pennsylvania

14. Maiden Name Kathryn Knell

15. Birthplace Maryland

16 (a) Informant Mrs. D. F. Gilling

(b) Address 3019 Rosalind Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 19, 1939 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Baltimore Md.

18 (a) Funeral director Martin Baker Sons

(b) Address 1827 N. North Ave.

19 (a) [illegible] Huntington Williamsport Pa.

AUG 18 1939

8

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 16 1939, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 12 1939. to Aug 16 1939, and that I last saw h i m alive on Aug. 16 1939.

Immediate cause of death Pneumonia (over)

Duration
...

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations Ulcerated stomach

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Douglas H. Stone M. D.

Address Union Memorial Hosp Date signed 8/17/39

F 60610

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 23

F 60610

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 812 Ensor St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 812 Ensor St (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Gertrude Lwant

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race Col

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 28-1919

8. AGE: Years 19 Months 10 Days 12 If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Stud

11. Industry or business

MOTHER / FATHER

12. Name Fredick C Lwant

13. Birthplace S. C

14. Maiden Name Josephine Rawlins

15. Birthplace Cumberland Md

16 (a) Informant Fredrick Lwant

(b) Address 812 Ensor St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-20-39 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location A A, Co Md

18 (a) Funeral director Mrs R. E. Elliott-Dyke

(b) Address 1129 N. Carolina St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 16, 1939 at 5:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 15 1939 to Aug 16 1939 and that I last saw h[illegible] alive on Aug 16 1939.

Immediate cause of death Acute Pneumonia Pleurisy

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration July 16 1939

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature George S. Allen M. D.

Address 150 W Pleasant St Date signed Aug 18 1939

AUG 18 1939

F 60611

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 60611

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1904 W Fayette St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 da
(e) Length of stay in Baltimore (yrs., mos., or days) 78-2-22

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1904 W Fayette St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George C. Rudolphis.
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, ~~widowed or divorced~~: Married
6 (b) Name of ~~husband~~ or wife: Mary Rudolphis
6 (c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) May 27-1861.

8. AGE: Years 78 | Months 2 | Days 22 | If less than one day: hr. ___ min. ___

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Retired
11. Industry or business Hardware Business

FATHER
12. Name Charles Rudolphis
13. Birthplace Germany

MOTHER
14. Maiden Name Fredericka Gunther
15. Birthplace Germany

16 (a) Informant Mrs Mary Rudolphis
(b) Address 1904 W Fayette St.

17 (a) (Burial, cremation, or removal)
(b) Date thereof Aug 19-1939 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Loudon Pk
Location Balto Md

18 (a) Funeral director Jos Doerder & Son
(b) Address 217 S Paca St.

19 (a) Filed AUG 19 1939 Theodore A. Huntington, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 18 1939 at 2:00 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 12 1939 to Aug 18 1939; and that I last saw h[illegible] alive on Aug 16 1939.

Immediate cause of death: Senile arteriosclerosis — Duration ...
Due to —
Due to —
Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify) While at work?
(e) Means of injury

23. Signature E B Freeman M. D.
Address 807 Cathedral St Date signed Aug 18-39

VS 3

F 60612

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1140 - 1143

Registered No. F 60612

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: John Hopkins Hosp

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 4508 St George ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frances Jones

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex F

5. Color or race Col.

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Calvin Jones

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 7 1916

8. AGE: Years 23 Months 1 Days If less than one day hr. min

9. Birthplace Towson Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Rufus Thomas Son

13. Birthplace Md

MOTHER 14. Maiden Name Frances Thompson

15. Birthplace Md

16 (a) Informant Lillian Thompson

(b) Address 1804 Spring Field Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/19/39 (month) (day) (year)

(c) Cemetery or crematory Pleasant Rest

Location Towson Md

18 (a) Funeral director Rayner Sanders

(b) Address 1462. E. Preston St

AUG 18 1939 (Date received by Registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-18-1939, at 9.30 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death: Incomplete Abortion — Duration

Due to Multiple abscesses of Lung

Due to Infection

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

PHYSICIAN

Underline the cause to which death should be charged statistically.

23. Signature Howard J. Malden M.D. Medical Examiner

Date signed 8-16-39

VS 6

Dr Schimmel 842 S East Ave

F 60613

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 93-C F 60613

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2810 Elliott St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 24 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2810 Elliott St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Walter T. Thomas
(b) If veteran, name war
(c) Social Security Account No. 216-10-4922

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married
(b) Name of husband or wife Lillie M
6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) Dec 3 1879

AGE: Years 59 | Months 8 | Days 14 | If less than one day: hr. | min.

8. Birthplace Harford Co Md (town, county, and state)
9. Usual Occupation Plainer Operator
10. Industry or business John L. Nelson
11. Name Unknown
12. Birthplace Maryland
13. Maiden Name Unknown
14. Birthplace Maryland
15. (a) Informant Lillie M Thomas
(b) Address 2810 Elliott Street.

16. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 19 39 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location O'Donnell St & Ponca
17. (a) Funeral director Williams Bros
(b) Address 317 St Paul Street
(c) Address Huntingtown Williamsport Md.

AUG 18 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH August 17th 1939, at 4.40 P M

21. I certify that death occurred on the date above stated, that I attended deceased from July 4 1939, to Aug 17 1939, and that I last saw him alive on August 14 1939.

Immediate cause of death
Hypostatic Pneumonia
Due to Chronic Myocarditis
Coronary Occlusion
Due to
Other Conditions None.
(Include pregnancy within 3 months of death)

Major findings:
Of operations None.
Of autopsy

Duration
July 4 1939
Aug 14 1939

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E A Schimmel M. D.
Address 842 S. East Ave Date signed 8/18/39

V8 3

F. 60614

Street 712 Park Ave 94 B

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 60614

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 919 Cathedral St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 919 Cathedral St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Anne I Norment
(b) If veteran, name war —
(c) Social Security Account No. None
4. Sex F
5. Color or race W
6. (a) Single, married, widowed, or divorced. married
(b) Name of husband or wife Thos A Norment
6. (c) If alive, give age years
7. Birth date of deceased (mo., day, and year) March 30 - 1884
8. AGE: Years about 55 Months 4 Days 17 If less than one day hr. min.
9. Birthplace Oklahoma (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business —
12. Name (Informant) Divine
13. Birthplace Baltimore
14. Maiden Name Unknown Shaw
15. Birthplace Ga
16. (a) Informant Geo. F Shaw
(b) Address 729 St Paul St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/19/39 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md
18. (a) Funeral director Jno Cole
(b) Address 1214 St Paul St
19. (a) AUG 18 1939 (Registrar's signature) Huntington Williams, M.D.
(b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 17 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 17 1939, to Aug 17 1939, and that I last saw him alive on Aug 17 1939.

Immediate cause of death Coronary occlusion — Duration

Due to arteriosclerosis

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature C Conner Jr M D
Address 712 Park Ave Date signed 18 Aug 1939

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60615 ~~Incomplete~~ ✓121 F 60615

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital St.) 9-9 (Ward)

Length of residence in city or town where death occurred ... yrs. mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George A Willey

(a) Residence: No. 17 a Clyde Ave. Landsdowne, Md., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Male	white	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Gertrude R Willey

6. DATE OF BIRTH (month, day, year) Sept 13, 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or ... min.
58	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery

10. Date deceased last worked at this occupation (month and year) 1939

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Ga.

FATHER

13. NAME Lacot T Willey

14. BIRTHPLACE (city or town) (State or country) Ga

MOTHER

15. MAIDEN NAME Susan Hopkins

16. BIRTHPLACE (city or town) (State or country) Ga

17. INFORMANT Gertrude Willey Wife

(Address) Lansdowne Md

18. BURIAL, CREMATION, OR REMOVAL

Place Longwood Cem Date Aug 21 39

19. UNDERTAKER H McCool

(Address) 1217 E Fayette

20. FILED AUG 18 1939 19 Huntington Mills Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 9, 1939 to Aug. 17, 1939

I last saw him alive on Aug. 17, 1939. Death is said to have occurred on the date stated above, at 5 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancerous involvement	15 mos
Acute gangrenous appendicitis	8/8/39

Other contributory causes of importance:

Was an operation performed? yes Date of 8/9/39

For what disease or injury? acute gangrenous appendicitis

Name of operation appendectomy

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) M. R. Linquist M. D.

(Address) St. Joseph's Hosp.

F 60616

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

×/94-B F 60616

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. — mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice May NICHOLSON

If U. S. Veteran specify WAR

(a) Residence: No. Glenwood MARYLAND St., Ward. Howard Co.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	MARRIED

5a. If married, widowed or divorced HUSBAND of (or) WIFE of James F. Nicholson

6. DATE OF BIRTH (month, day, year) May 20 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68 yrs	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) MARYLAND

FATHER

13. NAME Charles Musgrove

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Susan Thompson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Henry Grimes

(Address) Glenwood, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Dorsey Cem. Date 8/21/39 19

19. UNDERTAKER J. C. Keighton & Co.

(Address) Ellicott City, Md

20. FILED AUG 18 1939 Huntington Williams M.R.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from 8/18/39, 19 to 8/18/39, 19

I last saw her alive on 8/15/39, 19 Death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Obesity	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? NONE Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. R. Turnage M. D.

(Address) St. Joseph's Hosp.

F 60617

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B Registered No. F 60617

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address E-33-St

(c) Hospital or institution: Union Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County —

(c) City or town Baltimore (If outside city or town limits, write RURAL and give township)

(d) Street No. 2416 Crest Rd (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Harry Dorsey Comegys

3 (b) If veteran, name war none

3 (c) Social Security Account No. none

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Mary Comegys

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr) 2-15-68

8. AGE: Years 71 Months 6 Days 1 If less than one day — hr. — min.

9. Birthplace Balto. Co. Md. (Town, county, and state)

10. Usual Occupation retired

11. Industry or business

MOTHER / FATHER

12. Name Could not ascertain

13. Birthplace " " "

14. Maiden Name Could not ascertain

15. Birthplace " " "

16 (a) Informant T. R. Comegys-Son

(b) Address 2416 Crest Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-19-39 (month) (day) (year)

(c) Cemetery or crematory London Pk

Location Balto Md

18 (a) Funeral director STEWART & MOWEN COMPANY

(b) Address (W. F. WOODEN SUC.) 100 W. NORTH AVENUE

(b) Huntingtor Williamsport Md

AUG 18 1939

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH August 16 1939, at 8 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 16 1939, to August 2 1939, and that I last saw h[im] alive on August 2 1939.

Immediate cause of death Coronary Sclerosis — Duration Sudden

Due to

Due to

Other Conditions Cardio Vascular Renal — Duration 2 yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Elliot W. Johnson M. D.

Address 3432 Indian Ave Date signed 8/17/39

VS 3

F 60618

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 23

Registered No. F 60618

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 316 S. Washington St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 66 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Balto. Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 316 S Washington St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wilford Downs Wrightson Sr.

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mary Wrightson
6 (c) If alive, give age: 57 years
7. Birth date of deceased (mo., day, yr.): Nov 9-1872
8. AGE: Years 66 | Months 9 | Days 67 | If less than one day: hr. min.
9. Birthplace: Baltimore Maryland (Town, county, and state)
10. Usual Occupation: Inspector
11. Industry or business: Balto City Sanitary Lighting

MOTHER / FATHER
12. Name: Thomas S. Wrightson
13. Birthplace: St. Michaels Md.
14. Maiden Name: Mary Jane Smith
15. Birthplace: Mardella Springs. Md.

16 (a) Informant: Mary Wrightson
(b) Address: 316 S. Washington
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 19-39 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Baltimore Maryland
18 (a) Funeral director: Charles L. Black
(b) Address: 742 W. North Ave.
19 Aug 18 1939 (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 16 1939, at 3.56 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1939 to Aug 16 1939 and that I last saw h[illegible] alive Aug 15, 1939.

Immediate cause of death: Acute Dilatation Heart
Due to: Edema of Lungs
Due to: Diabetes Mellitus.
Due to: Tuberculosis of Lungs about 5 yrs

Other Conditions: (Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none.

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Albert L Webster M.D.
Address: 640 N Bdair Rd Date signed: Aug 17/39

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60619

CERTIFICATE OF DEATH

94-a F 60619

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 522 S. Smallwood St., 14 Ward) 2055

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bridget T. McDermott

If U. S. Veteran specify WAR

(a) Residence: No. 522 S. Smallwood St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Patrick McDermott

6. DATE OF BIRTH (month, day, year) Jan 1st 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME John Parsons

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr. Geo. W. McDermott

(Address) 2220 Eutaw Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mountcastle Date 8/21/1939

19. UNDERTAKER John F. Cowan & Son

(Address) 901 Hollins St.

20. FILED AUG 19 1939 Huntington Millingsley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 18th 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 14 1939 to Aug. 18 1939

last saw h[illegible] alive on Aug. 18 1939 Death is said to have occurred on the date stated above, at 7:47 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina pectoris	?
Coronary occlusion	3 days
Other contributory causes of importance:	
Generalized arteriosclerosis	?

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm. F. Stenglein M. D.

(Address) 2001 E. Baltimore St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

60620

CERTIFICATE OF DEATH

160-8 F 60620

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Volunteer of America Home St., Ward 24)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Folks
If U. S. Veteran specify WAR

(a) Residence: No. none St., 853 Carroll Av Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	S.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 16 1939

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		3 days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balt. (State or country) Md

FATHER

13. NAME John Folks.

14. BIRTHPLACE (city or town) Balto (State or country) Md

MOTHER

15. MAIDEN NAME Liliana Anderson

16. BIRTHPLACE (city or town) Balto (State or country) Md.

17. INFORMANT Mr. John L. Folks
(Address) 853 Carroll St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk Cem Date 8/19/, 1939

19. UNDERTAKER John L. Coovadon Son
(Address) 604 Hollins St

20. FILED AUG 18 1939 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1939 to Aug 18, 1939
I last saw him alive on Aug 18, 1939 Death is said to have occurred on the date stated above, at 3 05 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage	8/16/39

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Craig M. Hummel M. D.
(Address) 4151 Eastern Ave

Lived 57 hours in Md.

F 60991

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-a Registered No. F 6062I

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1947 N Collington Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1947 N. Collington Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 30 years

(a) FULL NAME Lena Knadler

(b) If veteran, name war No

3. (a) Social Security Account No. none

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Widow

(b) Name of husband or wife Frank Knadler

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Oct 30 1849

AGE: Years 89 Months 7 Days 17 If less than one day hr. min.

Birthplace Germany (Town, county, and state)

10. Usual Occupation housework
11. Industry or business

12. Name Pinkhart
13. Birthplace Germany
14. Maiden Name Unknown
15. Birthplace Germany

16. (a) Informant Addison Knadler
(b) Address 1947 Collington Ave

17. (a) Burial, cremation, or removal Burial (b) Date thereof Aug 17 1939 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18. (a) Funeral director Fulton & Co
(b) Address 1217 E Fulton

19. AUG 19 1939 (Date rec'd by registrar) Huntington Hillegeist (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 17 1939, at 9:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 9, 1939. to Aug. 17, 1939. and that I last saw her alive on Aug. 17 1939.

Immediate cause of death: Acute Myocarditis — Duration: 8 days

Due to

Due to

Other Conditions Arteriosclerosis — 5 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward E. Tingwald, M.D.
Address 1613 E. North Ave. Date signed Aug 18-39

VS 3

F 60622

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

85

Registered No. F 60622

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3716 Hickory Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3716 Hickory Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lois Naomi Arrego

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	wh	Married

6 (b) Name of husband or wife Salvatore

6 (c) If alive, give age 32 years

7. Birth date of deceased (mo., day, yr.) Jan 2. 1908

8. AGE: Years	Months	Days	If less than one day: hr.	min.
31	7	16		

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Joseph Lofrumo

13. Birthplace Italy

MOTHER 14. Maiden Name Anna Corbin

15. Birthplace Italy

16 (a) Informant Salvatore Arrego

(b) Address 3716 Hickory Ave

17 (a) Woodlawn (Burial, cremation, or removal) (b) Date thereof 8/21/39 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Frederick Rd

18 (a) Funeral director Geo. Cook

(b) Address 1219 E. Fond St

19 AUG 19 1939 (Date received by registrar) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH August 18 1939, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Epilepsy	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. M. VanDeGraft M.D. Medical Examiner

Date signed 8/18/39

F 363131

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

87-B Registered No. F 60623

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mos
(e) Length of stay in Baltimore (yrs., mos., or days) Life 24 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 507 Richmond Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Albert E Frankton

3 (b) If veteran, name war: Nil
3 (c) Social Security Account No. None
4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Betty M Frankton
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 3-20-89
8. AGE: Years 50 Months 4 Days 28 If less than one day hr. min.
9. Birthplace Md (Town, county, and state)
10. Usual Occupation Secretary
11. Industry or business B & O Rail Road

FATHER
12. Name Thomas Frankton
13. Birthplace England

MOTHER
14. Maiden Name Sarah ?
15. Birthplace England

16 (a) Informant Records
(b) Address Johns Hopkins Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 21. 39 (month) (day) (year)
(c) Cemetery or crematory, Location Loudon Park Cemetery
18 (a) Funeral director H m Cook
(b) Address 121 W. Saratoga St. (b) Huntington Apts. Baltimore Md.

AUG 19 1939 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 18 1939. at 2:18 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 22 1939. to Aug 18 1939. and that I last saw h him alive on Aug 18 1939.

Immediate cause of death: Cerebral atrophy — Duration
Due to Cerebral arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Cerebral atrophy
Of autopsy Cerebral atrophy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles E [illegible] M. D.
Address Johns Hopkins Hosp Date signed 8-18

V8 3

366911

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1051 N. Central av (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Orangalene Robinson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife | 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/1/39

8. AGE: Years | Months: 5 | Days: 16 | If less than one day: hr. min.

9. Birthplace md (Town, county, and state)

10. Usual Occupation

11. Industry or business

12. Name Orange Robinson
13. Birthplace md
14. Maiden Name Ruth Bowen
15. Birthplace md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/19/39 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Robert L. Young
(Address) 804 W. Cardine St.

AUG 19 1939
Registered

(Signature of Registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH August 17 1939 at 315 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 11 1939 to Aug 17 1939 and that I last saw her alive on Aug 17 1939.

Immediate cause of death: bacillary dysentery — Duration: 2 wks.
Due to Sonne bacillus
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ethel Walker M. D.
Address Baltimore Date signed 8/17/39

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

60625

CERTIFICATE OF DEATH

92a F 60625

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2648 Rayner St. 16-6 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie Dowell

(a) Residence: No. 2648 Rayner ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Moses Dowell

6. DATE OF BIRTH (month, day, year) Sept 7 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greenbury Va.

FATHER

13. NAME Dick Davis

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Lena Scott

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Moses Dowell
(Address) 2648 Rayner ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date Aug. 20, 1939

19. UNDERTAKER Mrs. George H. Holland
(Address) 1631 Druid Hill Ave.

AUG 19 1939 Huntington Williams M.D.
FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17. 1939

22. I HEREBY CERTIFY, That I attended deceased from May 15. 1939. to Aug 17. 1939.

I last saw h[illegible] alive on Aug 17. 1939. Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. Sullivan Fiey, M. D.

(Address) 1928 Pennsylvania Ave.

60626 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 60626

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital Ave. Pmse. 12-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mrs. Sizzie Banks

If U. S. Veteran specify WAR .....

(a) Residence: No. 428 E. Federal St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Robert Banks

6. DATE OF BIRTH (month, day, year) June 26 1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Robert Anderson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Husband Robert Banks
(Address) 428 E. Federal Street.

18. BURIAL, CREMATION, OR REMOVAL
Place Hanover Va Date Aug 22 1939

19. UNDERTAKER Joseph A. Lurfey
(Address) 4093 Pennsylvania Ave

20. FILED AUG 19 1939 Huntington Wilson
DN

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 18 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 18 1939 to Aug 18 1939

I last saw her alive on Aug 18 1939 Death is said to have occurred on the date stated above, at 3:40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Heart Disease	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. J. Mandelis M. D.

(Address) Mercy Hospital

Howard J. Mandelis M.D.
per S. Foreman, asst.

9627

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

rhw 94BF 60627 Registered No. 45860

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1541 634 N Eutaw st (If rural give location)
(e) If foreign born, how long in U. S. A.? Life. years

3 (a) FULL NAME Samuel Griffin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: black

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Mamie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years 71 | Months | Days | If less than one day: hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation unknown

11. Industry or business

MOTHER'S NAME

12. Name Lemmell Griffin

13. Birthplace Md.

14. Maiden Name marriet

15. Birthplace, unknown

16 (a) Informant Hospital records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 21 1939 (month) (day) (year)

(c) Cemetery or crematory Mt Wilson
Location Mt Auburn Cemet

18 (a) Funeral director E O Wilson

(b) Address 1000 Brantley a

(b) Huntington Williams (Registrar)

AUG 19 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-15 1939, at 205 P. M

21. I certify that death occurred on the date above stated, that I attended deceased from 6-21 1939 to 8 15 1939, and that I last saw h/m alive on 8 15 1939.

Immediate cause of death Coronary occlusion — Duration 5 days

Due to

Due to

Other Conditions Benign prostatic hypertrophy with chronic retention

(Include pregnancy within 3 months of death)

Major findings of operations None

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.

Address Balt City Hosp. Date signed

60628

HEALTH DEPARTMENT—CITY OF BALTIMORE

60628

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 621 N Fremont Ave.) St., 17 Ward)

Length of residence in city (or town) where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME William Neal

(a) Residence: No. 621 N Fremont St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or race Colored

5. Single, Married, Widowed or Divorced (write the word) Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) 1872

7. AGE Years 67 Months — Days — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md. Mary Co

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md. Mary Co

17. INFORMANT Agnes Short

(Address) 621 N Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Cemet Date Aug. 21 1939

19. UNDERTAKER Edwin W Wilson

(Address) 1004 Pennsylvania Ave Huntington Williamsport Pa.

AUG 19 1939.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1 1929 to August 17 1939

I last saw him alive on May 16 1939. Death is said to have occurred on the date stated above, at 4:00 p.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Chronic Nephritis

Other contributory causes of importance:

Date of onset

Arteriosclerosis 1929

Chronic Nephritis 1935

Was an operation performed? None Date .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? None Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Charles Woodall M. D.

(Address) 861 Hanover St

60629

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-cF 60629 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4532 Harford Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4532 Harford Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth E. Weitzel
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: William Weitzel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 29, 1854

8. AGE: Years 84 | Months 9 | Days 19 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

12. Name Herman W. Schaefferman
13. Birthplace Germany
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs. Mary Sack,
16 (b) Address 4532 Harford Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 21, 1939 (month) (day) (year)
17 (c) Cemetery or crematory Immanuel
Location Grindon Ave.

18 (a) Funeral director F. Lazarus & Son
18 (b) Address 7401 Belair Road Huntington & Williams

19 (a) [illegible] (b) [illegible]

AUG 19 1939

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 18th 1939, at 9:05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 8 1939. to Aug 17 1939. and that I last saw h[er] alive on Aug 17 1939.

Immediate cause of death: Myocarditis — Duration: 5 yrs.

Due to Advanced arteriosclerosis.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Francis L. Bagli, M. D.
Address 6077 Harford Rd. Date signed 8/18/39

VS 3

F 60630

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60630

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 750 W. Fayette St. 4-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Samuel Ernest

(a) Residence: No. 750 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of Julia M. Ernest (Kirsh)

6. DATE OF BIRTH (month, day, year) Nov. 6, 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53 54	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ol. American Weekly Reserve Workers

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Himself

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Burd County Pennsylvania

FATHER

13. NAME Samuel F. Ernest

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Louisa Stewart

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Doris Ernst

(Address) 700 N. Gaulton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Aug 19 1939

19. UNDERTAKER Roland L. Ferkler

(Address) 612 N. Monroe St

20. Filed AUG 19 1939 19 Huntington Williamson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1937 to Aug 17, 1939

I last saw h— alive on Aug 17, 1939 Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis	?
Cerebral Hypertrophy	
Other contributory causes of importance: Coronary Thrombosis	Aug 12 '39

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Zeitzmann M. D.

(Address) 753 W. Fayette St

60631

✓ F 60631

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-13

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1688 Darley Ave St., 25 Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Abner Weltmer

(a) Residence: No. 1688 Darley Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lelia Poindexter

6. DATE OF BIRTH (month, day, year) Dec. 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Postal Service

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna

FATHER

13. NAME V

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME V

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Geo B. Pettor

(Address) 2nd Trust Co.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date Aug 19 1938

19. UNDERTAKER John A. Mitchell & Son

(Address) 800 Eutaw Place

20. FILED AUG 19 1938 Hunting for Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 17 39

22. I HEREBY CERTIFY, That I attended deceased from June 17 1939 to Aug 17 1939

I last saw h... alive on Aug 17 1939. Death is said to have occurred on the date stated above, at 10:15 P m.

The principal cause of death and related causes of importance were as follows: Coronary Occlusion — Date of onset 8-17-39

Other contributory causes of importance: Similar attack 2nd Pulmonary Edema June 17-1939

Was an operation performed? No Date of ...

For what disease or injury? No

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. R. Johnson M.D.

(Address) Hc 3 Medical Asst. Hy.

F 60632

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 Registered No. F 60632

F 60632

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3814 Falls Road.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 3814 Falls Road. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rose B. Sullens.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex female

5. Color or race white

6 (a) Single, married, widowed, or divorced. married.

6 (b) Name of husband or wife Clarence H. Sullens

6 (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) June 15, 1901

8. AGE: Years 38 | Months 2 | Days 3 | If less than one day: hr. — min. —

9. Birthplace Maryland. (City, county, and state)

10. Usual Occupation Housewife

11. Industry or business

MOTHER'S FATHER

12. Name Ernest H. Minkheim.

13. Birthplace Wash. D. C.

MOTHER

14. Maiden Name Mary Emge.

15. Birthplace Maryland

16 (a) Informant Clarence H. Sullens.

(b) Address 3814 Falls Road.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof Aug 21, 1939 (month) (day) (year)

(c) Cemetery or crematory Baltimore

Location North Ave

18 (a) Funeral director Clemens & Son.

(b) Address 3615-17 Eastern Ave Williamsport, Md.

19 (a) AUG 19 1939 (Date rec'd by registrar) Huntington Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 18, 1939. at 1:05 P. M.

21. I certify that death occurred on the date above stated, that I attended deceased from July 16 1939. to Aug 17 1939.

and that I last saw her alive on Aug 17 1939.

Immediate cause of death Coronary occlusion

(a) Heart trouble

(b)

(c) Duration 1 hr.

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Major findings: Of operations Cesarean section

Of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature A. E. Bratt M.D.

Address 1909 Eutaw Place Date signed Aug 19 1939

VS 3

F 60633

60633

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 818 Sterling St., 10 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME James Scott

(a) Residence: No. 818 Sterling St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

Social Sec. No. 212-12-9626

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-5-87-7-5-89

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Hunt Scott

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Virginia Johnson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Ora Davis
(Address) 818 Sterling

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem Date 8/21 1939

19. UNDERTAKER Joseph S. Lockard
(Address) 1304 N. Central Ave.

Huntington Woodlawn

AUG 19 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-17-1939

22. I HEREBY CERTIFY, That I attended deceased from 8/11 1939 to 8-17 1939

I last saw him alive on 8-17- 1939 Death is said to have occurred on the date stated above; at ... m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Lobar Pneumonia	4 days

Other contributory causes of importance:

Exposure & colds

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Autopsy? ...

What test confirmed diagnosis: Signs & Symptoms ... Was there an autopsy? No

23. If death was due to external cause, (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Jas. R. Blake M. D.

(Address) 724 Fitzsimmons Bldg. Baltimore, Md.

F 60634

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119 F 60634

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) So Balto Genl Hospital (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret E. Kirmse

(a) Residence: No. 507 S. Robinson St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 10-1939

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. child

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Casmer Kirmse

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Margaret Nitka

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Casmer Kirmse Father

(Address) 507 S. Robinson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date 8-21-39

19. UNDERTAKER Lilly & Zeiler Inc.

(Address) 403 S. Wolfe St. Huntington Williamsport Pa.

20. AUG 19 1939 19 J. Hunting Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/18/39

22. I HEREBY CERTIFY, That I attended deceased from 8-15-39, 19... to 8-18-39, 19...

I last saw h[illegible] alive on 8-18-39, 19... Death is said to have occurred on the date stated above, at 5-30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infectious Diarrhea	2 wks ago ?
Syphilis	
Pneumonia, Lobar, Left	8/17

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or Homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel L. Fox M. D.

(Address) So Balto Genl Hosp.

F 60635

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1120 F 60635

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2128 N. Wolfe St. St. 8-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Martha Starks

(a) Residence: No. 2128 N. Wolfe St. St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert. Starks

6. DATE OF BIRTH (month, day, year) Sept. 11/1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
84	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) WHEELING W. VA. W. Va

FATHER

13. NAME William Young

14. BIRTHPLACE (city or town) (State or country) West Va.

MOTHER

15. MAIDEN NAME Mary Morris

16. BIRTHPLACE (city or town) (State or country) West va.

17. INFORMANT Mary Dunmer

(Address) 2128 N. Wolfe St.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Aug. 19 1939

19. UNDERTAKER Sidney Lindenberg

(Address) 403 S. Wolfe St.

20. Filed AUG 19 1939 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 16. 1939

22. I HEREBY CERTIFY, That I attended deceased from May 8 1939 to Aug 16 1939

I last saw h[illegible] alive on Aug 16/39 Death is said to have occurred on the date stated above, at 5:30 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infirmities of age	
Arteriosclerosis - Influenza	
Heat Exhaustion	
Other contributory causes of importance: Chronic Entero Colitis	3 wks

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Phys. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) E H Mayard M. D.

(Address) 1520 E. 33rd St.

F 60636

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-2 Registered No. F 60636

1. PLACE OF DEATH:

(a) Baltimore City, Maryland Baltimore, Maryland.

(b) Street address 1745 E. Pratt Street.

(c) Hospital or institution U. S. Marine Hospital, Baltimore, Md.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 da.

(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore City

(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)

2-2 (d) Street No. 1745 E. Pratt Street (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Stephen Novak (Nowak)

(b) If veteran, name war WW

(c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Single

(b) Name of husband or wife

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Aug. 23, 1898

AGE: Years	Months	Days	If less than one day: hr.	min.
40	11	24		

7. Birthplace Maryland (Town, county, and state)

8. Usual Occupation AB Seaman

9. Industry or business Seafaring

10. Name Casimir Novak

11. Birthplace Poland

12. Maiden Name Ida ?

13. Birthplace New York ?

14. (a) Informant Records-U. S. Marine Hospital,

(b) Address Baltimore, Maryland.

15. (a) (Burial, cremation, or removal)

(b) Date thereof 8-21-39 (month) (day) (year)

(c) Cemetery or crematory Holy Rosary

Location German Hill Road

16. (a) Funeral director Lilly & Zeiler INC.

(b) Address 403 E. Wolfe St.

17. (b) Huntington Williams M.D. Registrar

AUG 19 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 17, 1939, at 4:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 15, 1939, to Aug. 17, 1939, and that I last saw h im alive on Aug. 17, 1939.

Immediate cause of death Cardiac disease, dilatation — Duration 2 days

Due to Myocardial fibrosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature T. Williams M. D.

Address U. S. Marine Hospital, Baltimore, Maryland. Date signed 8/17/39

CCK

47495

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. F 60637

CERTIFICATE OF DEATH

F 60637

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore Maryland

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days

(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 714 N. Gilmor St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Eva Coombs

(b) If veteran, name war

3 (c) Social Security Account No.

Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Divorced

(b) Name of husband or wife Thomas

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) 4-2-06

AGE: Years	Months	Days	If less than one day
33	4	16	hr. min.

Birthplace Md. (Town, county, and state)

Usual Occupation Pt. at Henryton

Industry or business

12. Name John Coombs

13. Birthplace Md.

14. Maiden Name Lorette Mathews

15. Birthplace Md.

(a) Informant Records

(b) Address Baltimore City Hospitals,

(a) Burial (Burial, cremation, or removal) (b) Date thereof 8/20/39 (month) (day) (year)

(c) Cemetery or crematory La Plata, Md

Location Md.

(a) Funeral director Chas. S. Nelson

(b) Address 1303 Druid Park Dr.

AUG 19 1939 (Date received by registrar)

(b) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-18 1939, at 3:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-15 1939 to 8-18 1939.

and that I last saw her alive on 8-18 1939

Immediate cause of death: Acute cocaine intoxication (administered in preparation for

Due to bronchoscopic examination

Due to

Other Conditions Pulmonary tuberculosis ?

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy

Duration: sudden

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Howard P. M. D.

Address Balto. City Hosp. Date signed 8-18-39

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60638

CERTIFICATE OF DEATH

94-B F 60638

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1250 Battery Ave St. 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice May McKay

If U.S. Veteran specify WAR

(a) Residence: No. 1250 Battery Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fem

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, (or) WIFE of: John S. McKay

6. DATE OF BIRTH (month, day, year): May 12 1867

7. AGE: Years 52 | Months 3 | Days 6 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) & State or country: Balto Md

FATHER

13. NAME: Frederick Stoller

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Amelia Hultaid

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT (Address): John S. McKay 1250 Battery Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Pk Date: 8/21/39 19

19. UNDERTAKER (Address): J. J. McCully 130 E. Fort Ave.

20. AUG 19 1939 Huntington Williams M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1938 to Aug 18, 1939

I last saw h[illegible] alive on Aug 16, 1939 Death is said to have occurred on the date stated above, at 1a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1 hr
Other contributory causes of importance: Generalized Arterial Sclerosis	1 yr

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. B. Wheeler, M. D.

(Address) 1279 Millram St

F 60639

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B

Registered No. F 60639

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 624 W. Bare St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 77 Y
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mayland (b) County Baltimne
(c) City or town Baltimne (If outside city or town limits, write RURAL and give town)
(d) Street No. 624 W Bare street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jane Wilson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Oliver Wilson

6 (c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) April 25 1904

8. AGE: Years 35 | Months 3 | Days 22 | If less than one day: hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Home work

11. Industry or business

12. Name Moses White

13. Birthplace Baltimore Maryland

14. Maiden Name Virgie White

15. Birthplace Prince anne Maryland

16 (a) Informant Virgie Ray

(b) Address 624 West Bare stret

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-20-1939 (month) (day) (year)

(c) Cemetery or crematory Mount Calvary

Location Annie Arundel Co

18 (a) Funeral director Joseph A. Lurzy.

(b) 624 Bare Street

19 (a) AUG 19 1939 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/17/39 19 . at 5 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inq (Autopsy or Inquiry) thereon and from the evidence obtained by said Jury (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Coronary Sclerosis — Duration: 4 hrs

Due to

Due to

Other Conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Conrad Arlington M.D. Medical Examiner

Date signed 8/17/39

DARNell

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 60640 / 23 Registered No. F 60640

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 532 N. Bruce Street
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5329 N Bruce St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Phillip Darnell
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Widowed
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 75 | Months | Days | If less than one day: hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation None
11. Industry or business

12. Name Unknown
13. Birthplace Unknown
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant John H Howard
(b) Address 532 N Bruce St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-22-1939 (month) (day) (year)
(c) Cemetery or crematory Mount Auburn
Location Westport

18 (a) Funeral director Joseph A Sirdy
(b) Address 409 N Mount St

19 (a) AUG 19 1939 Registrar
(Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-18- 1939, at 9:55 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death
Chronic Pulmonary
Due to Tuberculosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Walden M.D.
Medical Examiner
Date signed 8-19-39

V8 6

F 60641

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

√122-B

Registered No. F 60641

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Lochearn (If outside city or town limits, write RURAL and give town)
(d) Street No. 20 Liberty Road & Pattison Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Clara Frey
(b) If veteran, name war
(c) Social Security Account No.
4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced Married
(b) Name of husband or wife Bernhard Frey
(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov 19 1879
8. AGE: Years 59 Months 9 Days If less than one day hr. min.
9. Birthplace Baltimore Co Md. (Town, county, and state)
10. Usual Occupation at home
11. Industry or business 0037

MOTHER
12. Name August Luers
13. Birthplace Balto Co Md

FATHER
14. Maiden Name Emma Edmondson
15. Birthplace Balto Co Md.

16. (a) Informant Mary Botterill
(b) Address Liberty Road & Pattison Ave
17. (a) Burial (Burial, cremation, or removal)
(b) Date thereof Aug 22/1939 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Md.
18. (a) Funeral director Harry H Amacost
(b) Address 4204 Hodgson Ave Hunters Town Hillsboro Md.
19. (Date received by registrar) AUG 19 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/19 1939, at 5:45 A.M
21. I certify that death occurred on the date above stated; that I attended deceased from 8/11 1939, to 8/19 1939. and that I last saw h[illegible] alive on 8/19 1939.

Immediate cause of death: Cerebral Embolism — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Acute intestional obstruction due to a stone in small bowel
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James Hobart Weldon M. D.
Address 300 N Charles Date signed 8-19-39

VS 3

V 60642

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

49-a F 60642 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Dorchester
(c) City or town Cambridge (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Martina Woolford

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	married

6 (b) Name of husband or wife Eugene
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day hr.	min.
58				

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business Own Home

12. Name Alex Trego
13. Birthplace Md
14. Maiden Name
15. Birthplace

16 (a) Informant Hospital Records
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/20/39 (month) (day) (year)
(c) Cemetery or crematory Bethelat Cambridge
Location Cambridge Md
18 (a) Funeral director Sears & Pattison
(b) Address Cambridge Md
19 (a) Filed Aug 22 1939 by Williams M.D. Registrar
(b) Date received by Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 19 1939. at 7:20 A.M

21. I certify that death occurred on the date above stated, that I attended deceased from Aug 17 1939. to Aug 19 1939. and that I last saw her alive on Aug 19 1939.

Immediate cause of death
Cardiac failure
Cachexia

Due to Cardiovascular Syphilis
ovarian malignancy ?

Due to Syphilis

Other Conditions Secondary anaemia
(Include pregnancy within 3 months of death)

Major findings:
~~Of operation~~
Duodenal Perforation

Of autopsy Carcinomatosis Peritonitis

Duration
unknown
unknown
unknown

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. B. Nuttall M. D.
Address Univ. Hosp Date signed 8/20/39

YS 3

F 60643

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-a

F 60643

Registered No. .....

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1723 Tesrell Place

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County .....

(c) City or town Baltimore, Md. (If outside city or town limits write RURAL and give town)

(d) Street No. 1723 Tesrell Place (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3. (a) FULL NAME Mary A. Lauer

(b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

(b) Name of husband or wife Frank Lauer

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1862

AGE: Years 76 | Months 7 | Days 25 | If less than one day hr. ..... min.

8. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business —

12. Name Joseph Eckels

13. Birthplace Germany

14. Maiden Name Johanna Hagen

15. Birthplace Germany

16 (a) Informant Mrs. Anna Fields

(b) Address 620 N. Kenwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 22, 1939 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location .....

18 (a) Funeral director Margaret G. Flynn

(b) Address 1422 Light St.

19 (a) AUG 20 1939 (Date received by registrar) (b) [illegible] Baltimore Md. Williams St. Undertaker

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 19 1939 at 7.11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1939 to Aug 1 1939, and that I last saw h alive on Aug 14 1939.

Immediate cause of death — Duration

Chronic Endocarditis

Due to .....

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature B. P. Hergig M. D.

Address 1305 N. Patt Pl Date signed Aug 19/39

VS 3

60644

HEALTH DEPARTMENT—CITY OF BALTIMORE

60644

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH Levindale

CITY OF BALTIMORE: (No. Belvedere & Greenspring St. 27-17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. da. How long in U. S. If of foreign birth 18 yrs. mos. da.

2. FULL NAME Henry ~~Stug~~ Sugarman

If U. S. Veteran specify WAR

(a) Residence: No. Belvedere & Greenspring St., 27 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Esther

6. DATE OF BIRTH (month, day, year) 1857

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
82			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ice Fruit Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isaac Sugarman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Leah Sugarman

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Harry Sugarman

(Address) 701 N. Bradt

18. BURIAL, CREMATION, OR REMOVAL Place Rosedale Date 8/20/39

19. UNDERTAKER Jack Eden Inc

(Address) 1437 E. Baltimore St

20. FILED ..... 19.. Registrar

Huntington Hollins Registrar

AUG 20 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-19-1939

22. I HEREBY CERTIFY, That I attended deceased from 8-4-1937 to 8-19-1939

I last saw him alive on 8-18-1939. Death is said to have occurred on the date stated above, at 6.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension.	
Hemiplegia, cerebral, left	8-17-39
Arteriosclerosis	1932

Other contributory causes of importance:

Chr. Bronchitis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, state .....

(Signed) W. Edmund Lewis, M. D.

(Address) Levindale

F 60643

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-3 F 60643 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 26

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 121 Luzerne St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 26 years

3 (a) FULL NAME Henry Shudofsky.
3 (b) If veteran, name war ✓
3 (c) Social Security Account No.
4. Sex male
5. Color or race White General
6 (a) Single, married, widowed, or divorced. married
6 (b) Name of husband or wife Sarah
6 (c) If alive, give age 62 years
7. Birth date of deceased (mo., day, yr.)
8. AGE: Years 65 | Months | Days | If less than one day hr. min.
9. Birthplace Ekpaviteh, Russia (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Tailor
12. Name Isaac
13. Birthplace Russia
14. Maiden Name Rebecca
15. Birthplace Russia
16 (a) Informant Maurice Shudofsky.
(b) Address 121 Luzerne St. Baltimore
17 (a) Burial (Burial, cremation, or removal)
(b) Date thereof 8-20-39 (month) (day) (year)
(c) Cemetery Rosedale
Location Philadelphia Rd.
18 (a) Funeral director Jack Levin Jr.
(b) Address 1739 E. Balto St.
19 (a) Date received (by registrar) AUG 20 1939
(b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/19 1939, at 11:17 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 8/16 1939, to 8/19 1939, and that I last saw him alive on 8/19 1939.

Immediate cause of death Cardiac Failure, Pulm. Edema, Terminal Hypostatic Pneumonia — Duration 2 days
Due to Arteriosclerotic & Hypertensive Heart disease — 2 days.
Due to — ?
Other Conditions Hemiplegia — 4 days.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Julius Hess M.D.
Address Sinai Hospital Date signed 8/19/39

F 60646

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

87-a F 60646 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 101 N. Patt. Pk. Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 101 N. Patt. Pk. Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 27 years

3 (a) FULL NAME Bessie Levin

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1851

8. AGE: Years 88 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation H. Wife

11. Industry or business

FATHER
12. Name Israel Katz
13. Birthplace Russia

MOTHER
14. Maiden Name Chia
15. Birthplace Russia

16 (a) Informant Annie Levin
(b) Address 101 N. Patt Pk. Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-20-39 (month) (day) (year)
(c) Cemetery or crematory Beerung Run
Location Bowleys Lane

18 (a) Funeral director Jack Lewis Inc
(b) Address 1139 E. Balto. St.

19 (a) (Date received by registrar) Registrar

File No. 939

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-20-39 19 at 3.15 P M

21. I certify that death occurred on the date above stated, that I attended deceased from April 23rd 1939 to Aug 18th 1939, and that I last saw h alive on Aug 18 1939.

Immediate cause of death. Cerebral Hemorrhage — Duration 4 mo.

Due to Ruptured Blood Vessel

Due to arteri sclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations 0
Of autopsy 0

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 119 N. Milton Date signed 8/20/39

60647 HEALTH DEPARTMENT—CITY OF BALTIMORE 60647

CERTIFICATE OF DEATH

172-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Womens Hospital St. 28-W Ward)

Length of residence in city or town where death occurred 41 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Bessie J Smith

(a) Residence: No. 210 Mallow Hill Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6a. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of Albert A Smith

6. DATE OF BIRTH (month, day, year) Sept 16, 1897

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt. Md.

MOTHER FATHER

13. NAME Frank A Breeden

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Mary A Casey

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Albert R. Smith

(Address) 210 Mallow Hill Road

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Aug 21 1939

19. UNDERTAKER Geo W Little

(Address) 2700 Edmondson Ave

Aug 20 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/18 1939

22. I HEREBY CERTIFY, That I attended deceased from 8/14 1939 to 8/18 1939

I last saw h[illegible] alive on 8/18 1939 Death is said to have occurred on the date stated above, at 12 50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	8/12/39
Peritonitis	8/12/39

Other contributory causes of importance:

Was an operation performed? Yes Date of 8/14/39

For what disease or injury? Release of Obstruction

Name of operation Release of Omental adhesion

What test confirmed diagnosis? Op - Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Richard W. Wittington M. D.

(Address) Womans Hospital

F 60648

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

210-M Registered No. F 60648

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & 33rd St
(c) Hospital or institution Union Memorial
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Govt Hills (If outside city or town limits, write RURAL and give town)
(d) Street No. 6028 Stanton Ave (Or rural route location) STRUTON AVE
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Robert Dickerson
(b) If veteran, name war —
3 (c) Social Security Account No. none
4. Sex M
5. Color or race W
6 (a) Single, married, widowed, or divorced Single
(b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan 21 1932
8. AGE: Years 7 Months 6 Days 28 If less than one day hr. min
9. Birthplace Baltimore Co Md (Town, county, and state)
10. Usual Occupation Student
11. Industry or business
12. Name of father Geo Dickerson
13. Birthplace Md
14. Maiden Name of mother Edna Dickerson
15. Birthplace Md
16. (a) Informant Mrs Edna Dickerson
(b) Address 6028 Stanton Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 22 39 (month) (day) (year)
(c) Cemetery or crematory Loudon Cemetery
Location Baltimore Co Md
18. (a) Funeral director Tolson & Co
(b) Address 1217 N Carey St
AUG 20 1939 Huntington Williams M.D. Registrar
(Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/19/39 19 , at 4:47 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fractured ribs	1 hr.
Due to punctured L. lung	
Due to	
Other Conditions Fractured R. leg	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 8/19/39
(c) Where did injury occur? Falls Rd just outside City Limits (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Road While at work? no (Specify type of place)
(e) Means of injury Automobile struck him

23. Signature Conrad Aetna MD Medical Examiner.
Date signed 8/20/39

VS 6

F 60649

F 60649

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

216-M Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2wks
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town (If outside city or town limits, write RURAL and give town) Bala.
(d) Street No. 846 N. Eutaw (If rural give location)
(e) If foreign born, how long in U. S. A.? years

X

3. FULL NAME (a) Herman (Jerry) Sacks
(b) If veteran, name war
(c) Social Security Account No. 216-03-7804

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Single

(b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 10. 1916

AGE: Years 23 | Months 0 9 | Days 9 | If less than one day: hr. min

8. Birthplace Bala. Md. (Town, county, and state)

10. Usual Occupation Drug Clerk

11. Industry or business

12. Name Abraham Sacks
13. Birthplace Russia
14. Maiden Name Annie Hertzbach
15. Birthplace Russia

16. (a) Informant Abraham Sacks
(b) Address 846 N. Eutaw St

17. (a) Burial 8-20-39 (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Lorraine Phil. Rd. Frankbyn Apts
Location Jack Lewis Inc

18. (a) Funeral director Bala. Pt. 1
(b) Address 1398 Washington Williamsport Md.

19. Date received by registrar 8-20-1939

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/19/39 19 , at 2:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Pneumonia, Lobular — Duration: 5 day
Due to: fractured jaw
Due to:
Other Conditions: Laceration of head ~~fracture of jaw~~
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident?
(b) Date of occurrence 8/14/39
(c) Where did injury occur? Baltimore, Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? street (Specify type of place) While at work? no
(e) Means of injury Passenger in car that ran into rear of a truck

23. Signature Conrad Nelson M.D.
Date signed 8/20/39

F 60650

60650 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH Baltimore Md. 1576

CITY OF BALTIMORE: (No. While Riding in Car St., Ward)

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Walter L. Strine

(a) Residence: No. 2921 Clifton Av St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of Bertie E. Strine

6. DATE OF BIRTH (month, day, year) Oct. 13 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plasterer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sales

10. Date deceased last worked at this occupation (month, day, year) Aug 15th 1939.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick County.

MOTHER FATHER

13. NAME John W. Strine

14. BIRTHPLACE (city or town) (State or country) Frederick County

15. MAIDEN NAME Mary Miller.

16. BIRTHPLACE (city or town) (State or country) Frederick County

17. INFORMANT Mrs. Bertie E. Strine

(Address) 2921 Clifton Av

18. BURIAL, CREMATION, OR REMOVAL Burial

Place Mt. Hope Woodlawn Aug 22 1939

19. UNDERTAKER J. C. Barlow

(Address) Reisterstown Md.

20. FILED 1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/19/39 . 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 13th 38 to Aug 19th 39, 19 ... I last saw h[illegible] alive on Aug 19th 39 Death is said to have occurred on the date stated above, at about 4 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion — Date of onset 1938

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? none Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jno. T. Bayley M. D.

(Address) 45 W. Northern Av.

Dr. Conrad Detorre

F 60651

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

133 Registered No. 60651

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County St. Marys
(c) City or town Mechanicsville. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Aubrey Owens
(b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. Married
(b) Name of husband or wife Lena Owens
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years 65 | Months | Days | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Farmer. Own Farm
11. Industry or business

12. Name Jesse Owens
13. Birthplace Maryland

14. Maiden Name Mary Burke
15. Birthplace St Marys Co Md

16 (a) Informant Lena Owens
(b) Address Mechanicsville Md

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 8-22-39 (month) (day) (year)
(c) Cemetery or crematory St Josephs
Location Mechanicsville Md

18 (a) Funeral director Thos McIntosh
(b) Address Mechanicsville Md

19 (a) Filed AUG 20 1939 (Registrar)
(b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 19, 1939. at 4:20 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/15 1939. to 8/19 1939.
and that I last saw him alive on 8/19 1939.

Immediate cause of death Pyelonephritis c Septisemia — Duration 5 days

Due to

Due to

Other Conditions Uremia.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. H. Thompson M. D.
Address University Hospital Date signed 8/20/39

F 60652 Social Security 212-07-1202 ✓ F 60652

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 705 N. Glover St., 7-12 Ward)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Michael Houck

If U.S. Veteran specify WAR .....

(a) Residence: No. 705 N. Glover St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Minnie Houck

6. DATE OF BIRTH (month, day, year) July 1, 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56 yrs	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet-metal worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Henry Houck

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Mary Kelly

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Wife — Minnie Houck
(Address) 705 N. Glover St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 8/22/39, 19

19. UNDERTAKER Charles E. Schumacher
(Address) 2623 E. Madison St.

AUG 20 1939 Huntington Williams M.R.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive dead on my arrival 19. Death is said to have occurred on the date stated above, at 4:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
[redacted] Coronary Thrombosis	
Cardiovascular Renal Disease	

Other contributory causes of importance:

Was an operation performed? None Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Israel Rosen M. D.

(Address) 2413 E. Monument St

Howard J. Haddix M.D. — Med. Examiner per S. Zosmer mch

F 60653

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 c

F 60653 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2607 Pelham Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2715 Chesterfield Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Leo Tippett
(b) If veteran, name war
(c) Social Security Account No. 213-05-3420
4. Sex male
5. Color or race White
6 (a) Single, married, widowed, or divorced married
(b) Name of husband or wife Louise Tippett
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 21, 1879
8. AGE: Years 60 Months 1 Days 27 If less than one day hr. min.
9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Retired Police Officer
11. Industry or business Investigater(Greenebaum)

MOTHER'S MAIDEN NAME
12. Name John Tippett
13. Birthplace Baltimore, Md.

14. Maiden Name Wurzbacker
15. Birthplace Unknown

16 (a) Informant Louise Tippett
(b) Address 2715 Chesterfield Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 21/39 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair R. & Moravia Ave.

18 (a) Funeral director Charles E. Schimunek.
(b) Address 2603 E. Madison Street

AUG 20 1939 (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/17/39 19 . at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 8 1939 to Aug 19 1939.
and that I last saw h alive on Aug 17 19 39.

Immediate cause of death Coronary Occlusion — Duration Aug 14 39

Due to Chronic Myocarditis — April 1. 1939

Due to Arterio Sclerosis — 1939

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Huntington Williams M. D.
Address 801 N Kenwood Date signed Aug 18/39

60654

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60654

CERTIFICATE OF DEATH

11-131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1031 Strieker St. 16th Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.

2. FULL NAME Rulon Taylor

(a) Residence: No. 1031 Strieker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth Taylor

6. DATE OF BIRTH (month, day, year) March 15 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Tube Store

10. Date deceased last worked at this occupation (month and year) Last month

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Northumberland Co. Virginia

FATHER

13. NAME James Taylor

14. BIRTHPLACE (city or town) (State or country) Northumberland Co. Va.

MOTHER

15. MAIDEN NAME Elizabeth Devaney

16. BIRTHPLACE (city or town) (State or country) Northumberland Co. Va.

17. INFORMANT Mary Taylor
(Address) 1031 Strieker St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 8/21 1939

19. UNDERTAKER Geo. L. Gelson
(Address) 1383 Pennsylvania Ave.

AUG 21 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-18-1939

22. I HEREBY CERTIFY, That I attended deceased from 8-15-1939 to 8-18-1939.

I last saw him alive on 8-17-1939. Death is said to have occurred on the date stated above, at 2:20 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 8-15-39

Other contributory causes of importance:

Nephritis and Hypertension — unknown

Was an operation performed? Dec. Date of

For what disease or injury?

Name of operation Physical and Laboratory examination

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thomas L. Saunders M. D.

(Address) 1029 Strieker St.

F 60655

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 B F 60655 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3106 White Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or institution (yrs., mos., or days) 75 1 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 3106 White Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Schmidt

(b) If veteran, name war: No

3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: John A. Schmidt

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23, 1864

8. AGE: Years 75 Months 1 Days 26 If less than one day: hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

12. Name Bernhardt Schorr

13. Birthplace GERMANY

14. Maiden Name Anna M. Stumptner

15. Birthplace GERMANY

16 (a) Informant Mr. Edward Schmidt

(b) Address 3106 White Avenue.

17 (a) Intered (Burial, cremation, or removal) (b) Date thereof Aug. 22-39 (month) (day) (year)

(c) Cemetery or crematory Lakewood Cemetery.

Location Baltimore Maryland

18 (a) Funeral director Albert I. Hilt

(b) Address 1606 N. Chester Street

8 21 1939 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH aug 19 1939 at 3a M

21. I certify that death occurred on the date above stated, that I attended deceased from Jany 29 1939 to aug 19 1939 and that I last saw her alive on aug 5 1939

Immediate cause of death: Coronary Thrombosis (Acute Dilatation Cardiac)
Duration: aug 19 1939

Due to

Due to

Other Conditions arterio Sclerosis
Duration: a number of years

(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓
(c) Where did injury occur? (City or town) (County) (State) ✓
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) ✓ While at work?
(e) Means of injury

23. Signature Morris B. Green M. D.

Address 3009 Eutaw Pl Date signed aug 20/39

VS 3

60656 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 60656

CERTIFICATE OF DEATH

92-A

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 339 S. Caroline St. 3-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mike Komsik

(a) Residence: No. 339 S. Caroline Street St., ... Ward. Social Sec. No. 214-03-2130

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of ~~WIFE OF~~ Pauline Komsik

7. DATE OF BIRTH (month, day, year) 1896 ?

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
42 43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0-040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Pauline Komsik (Wife)

(Address) 232 Washington St.

18. BURIAL, CREMATION, OR REMOVAL Holy Trinity Russian G.O.C. Aug. 21 39

Place Date

19. UNDERTAKER John A. Greblinckas, Jr.

(Address) 1423 S. Paca St.

20. FILED AUG 21 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1939 to Aug. 18, 1939.

I last saw h... alive on May 15, 1939. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Mitral Insufficiency (Chronic)
Cardiac Hypertrophy

Date of onset

Other contributory causes of importance

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Howard J. Grabellis M. D. Med. Exam. per D. Norman, secty. M. D.

(Address) 2574 Eastern Ave.

Finck

F 60657 HEALTH DEPARTMENT—CITY OF BALTIMORE F 60657

CERTIFICATE OF DEATH

35c

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Maryland General St. Hospital (Ward)

Registered No.
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. John L. Finck If U. S Veteran specify WAR

(a) Residence: No. 1932 E 31st St. St., Balto. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Katie Finch

6. DATE OF BIRTH (month, day, year): Jan 24, 1863

7. AGE: Years 75 | Months 6 | Days 8 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md

FATHER
13. NAME: Henry Finck
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Augusta Cittl
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Mrs. Katie Finck 1932 E. 31st St.

18. BURIAL, CREMATION, OR REMOVAL: Place Immanuel Cem Date Aug 21, 1939

19. UNDERTAKER (Address): J. Heugmann Son 32 S. Broadway Hunting ton Williamsport Pa.

20. FILED AUG 21 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from 8/10, 1939, to 8/17, 1939. I last saw him alive on 8/17, 1939, 3:11 P.M. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows: Acute Congestive Heart failure with Pulmonary edema — Date of onset

Other contributory causes of importance: Diabetes mellitus 7 yrs

Was an operation performed? No — Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C F Johnston M. D.

(Address) Md. General Hospital

60658 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 60658

CERTIFICATE OF DEATH

93-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mary Land Gen Hosp (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Alice Barger

(a) Residence: No. Shipley Hey (Usual place of abode) Balto Md Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Marie A Bargar

6. DATE OF BIRTH (month, day, year) June 25 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor + Bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

13. NAME Sarah A Bargar

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

15. MAIDEN NAME Annie Ferguson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Marie A Bargar

(Address) Shipley Md

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Aug 23 1939

19. UNDERTAKER William M Mareck

(Address) 715 Lytle St Huntingtor Williams Registrar

AUG 21 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-20-39

22. I HEREBY CERTIFY, That I attended deceased from 8-11-39, 19 ... to 8-20-39, 19

I last saw him alive on 8-20 19 39. Death is said to have occurred on the date stated above, at 4½ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Granulocytosis	12-38
Brain abscess	8-? 39
Ch. myocarditis	

Other contributory causes of importance:

Was an operation performed? Yes Date of 8-14-39

For what disease or injury? Brain abscess

Name of operation Trephine + drainage of abscess

What test confirmed diagnosis? Clinical Were any autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W K Maguire M. D.

(Address) Md Gen Hosp

0659

45563 SD 60659

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 341-82a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town (If outside city or town limits, write RURAL and give town) Baltimore
(d) Street No. No Home (If rural give location)
(e) If foreign born, how long in U. S. A.? years

X

(a) FULL NAME Charles Staton
(b) If veteran, name war
3 (c) Social Security Account No. 212-18-0860

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	B	Widowed

(b) Name of husband or wife
6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) 4/1/69

AGE: Years	Months	Days	If less than one day hr.	min.
70	4	17		

Birthplace North Carolina (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

12. Name from North Carolina
13. Birthplace
14. Maiden Name Lettie ?
15. Birthplace North Carolina

16. (a) Informant Records
(b) Address Baltimore City Hospitasl

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-21-39 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A. A. Co. Md
18. (a) Funeral director Mrs Frances A. Hynson
(b) Address 578 W. Biddle St
Huntington Hollins 8

(Filed by registrar) 21 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 17 1939, at 11:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 12 1939, to August 17 1939, and that I last saw him alive on August 17 1939.

Immediate cause of death: Cerebral Hemorrhage — Duration: 9 days
Due to: Bronchopneumonia — 3 days
Due to:
Other Conditions: Hypertension — unknown
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Yes

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 8-19-39

660 F 60680

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 923 Shields Pl St. 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Harriett Dailey

(a) Residence: No. 923 Shields Place St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	A. A.	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Graham Dailey

7. DATE OF BIRTH (month, day, year) 68?

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68?	68?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Harford Co. (State or country) Maryland

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Susie Cole (Cousin)
(Address) 1009 Myrtle Ave

18. BURIAL, CREMATION, OR REMOVAL.
Place Mt Calvary Date 8-21-39

19. UNDERTAKER Adolphus Hazzard
(Address) 918 Druid Hill Ave

20. FILED Huntington Hilliard Registrar
AUG 21 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/17 1939

22. I HEREBY CERTIFY, That I attended deceased from 8/15 1939 to 8/17 1939

I last saw h[illegible] alive on 8/17 1939. Death is said to have occurred on the date stated above, at 1 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Hypertension Cardio-renal disease	1 yr prior
Other contributory causes of importance: Senility	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Carey C. Thom M. D.

(Address) 1002 Pendleton Court

F 6066

Case No. 47492 dk

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. No Home
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME John Harry Darsch, or John Harry Garsch

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

(b) Name of husband or wife Drucinda

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) 11/3/75

AGE: Years	Months	Days	If less than one day
63	9	15	hr. min.

Birthplace Maryland (Town, county, and state)

8. Usual Occupation Night watchman
9. Industry or business Unemployed

12. Name Conrad Darsch
13. Birthplace Germany
14. Maiden Name Martha Emsling
15. Birthplace Germany

(a) Informant B. C. H. Records
(b) Address

(a) (Burial, cremation, or removal) (b) Date thereof 8/21/39 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd.
(a) Funeral director Edward Lonegan
(b) Address 2759 Wash. Blvd.
(d) Date received by registrar this 22nd day of Aug 1939

G 22 1333

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-18 1939, at 4:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-15 1939 to 8-18 1939, and that I last saw him alive on 8-18 1939.

Immediate cause of death: Myocardial failure — Duration: about 3 days

Due to arteriosclerotic heart disease — Duration: ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L.A. Woodward M. D.
Address Balto City Hosp. Date signed 8-19-39

F 60662

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

43-c

F 60662 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 620 E 27th St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 620 E 27th St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

(a) FULL NAME John H. Claudice

(b) If veteran, name war None | 3 (c) Social Security Account No. None

4. Sex M. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Married

(b) Name of husband or wife Ethel L. Claudice | 6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) Feb 28 1859

AGE: Years 80 | Months 5 | Days 21 | If less than one day hr. ... min. 52

8. Birthplace Balto Md (Town, county, and state)

9. Usual Occupation Paper Hanger

10. Industry or business

12. Name Henry C. Claudice

13. Birthplace Balto Md

14. Maiden Name Magdalene Burnham

15. Birthplace Balto Md

16. (a) Informant Mrs. Ethel L. Claudice

(b) Address 620 E 27th St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 22 1939 (month) (day) (year)

(c) Cemetery or crematory Baltimore

Location Balto Md

18. (a) Funeral director Putnam & Co

(b) Address 222 N Charles St.

19. (a) (b) Huntington Ave Baltimore Md

(c) Date received by registrar AUG 22 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 19th 1939, at 11:50 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 18 1939 to Aug 19 1939.
and that I last saw him alive on Aug 19 1939.

Immediate cause of death

Myocardial Insufficiency
Due to Senility
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
5 hours
own

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. Cuttelow M. D.
Address 5 Cathedral St Date signed Aug 22 1939

F 60663

60663

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

28-4 V 115-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen Hospital St. 28 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

If U. S. Veteran specify WAR

2. FULL NAME Celeria Elizabeth McCaghey

(a) Residence: No. 509 Charing Cross Rd. St., ..Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Joseph A. McCaghey

6. DATE OF BIRTH (month, day, year) June 12, 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year) Aug 1939

11. Total time (years) spent in this occupation Life.

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER FATHER

13. NAME Wm. Stephen W. Reese

14. BIRTHPLACE (city or town) (State or country) Eastern Shore, Md.

15. MAIDEN NAME Sarah Anne Kugler

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Jos. A. McCaghey

(Address) 509 Charing Cross Rd.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Aug 22 1939

19. UNDERTAKER Leitham & Pue

(Address) 2220 N. Charles St.

20. FILED Aug 21 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Aug 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1939 to Aug 19, 1939.

I last saw her alive on Aug 19, 1939. Death is said to have occurred on the date stated above, at 5 p.m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Agranulocytic angina	8/1/39
Other contributory causes of importance: Pulmonary collapse	8/16/39
Bronchopneumonia	8/18/39

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Blood count Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) N. R. Mansfield, M. D.

(Address) Md. Gen'l Hosp

F 60664

60664

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St
(c) Hospital or institution: Little Sisters Home for the Aged
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo. 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) ~~10 mo 11 days~~

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Little Sisters of the Poor (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Frederick Strassel

(b) If veteran, name war

3 (c) Social Security Account No.

Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

(b) Name of husband or wife

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) 24 Dec 1867

AGE: Years 71 | Months 8 | Days 26 | If less than one day hr. min.

Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

12. Name Frank Strassel

13. Birthplace Germany

14. Maiden Name Clara Klinger

15. Birthplace Germany

16 (a) Informant Sr. Gertrude

(b) Address 1200 Valley St - Baltimore

17 (a) (Burial, cremation, or removal)

(b) Date filed 8-22-39 (month) (day) (year)

(c) Cemetery or crematory Holy Sepulchre

Location Butler Pa

18 (a) Funeral director Kate Strudfeld

(b) Address 914 Penna Ave

(c) Date of registration AUG 22 1939 Registrar Huntington Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH AUG 18 1939 19 . at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from AUG 18 1939 to AUG 18 1939 and that I last saw h[illegible] M alive on AUG 18 1939

Duration

Immediate cause of death Cardiac Dilatation Heart Failure

Due to

Due to

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence X X X X
(c) Where did injury occur? X X X X (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? X X X X (Specify type of place) While at work?
(e) Means of injury X X X X

23. Signature Edith Duker M. D.

Address 928 E. North Ave Date signed 8/19/39

F 60665

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 60665 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Little Sisters of the Poor
(c) Hospital or institution: Home for the Aged
1200 Valley St.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Mary Miller

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Wh. | 6 (a) Single, married, widowed, or divorced Married

(b) Name of husband or wife Unknown

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.)

AGE: Years	Months	Days	If less than one day
80			hr. min.

7. Birthplace Germany (Town, county, and state)

8. Usual Occupation none

Industry or business

12. Name Adam Miller

13. Birthplace Germany

14. Maiden Name Barbara Kephelf

15. Birthplace Germany

16. (a) Interment Loretto Cemetery

(b) Address 1200 Valley St Baltimore

(c) Burial (Burial, cremation, or removal) (b) Date thereof Aug 22/39 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Baltimore

17. (a) Funeral director Rita Wedefeld

(b) Address 914 Reamont

AUG 21 1939 Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/20/39 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Fracture of femur — Duration

Due to Cardiovascular-renal disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 8/13/39
(c) Where did injury occur? Little Sisters, 1200 Valley St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home for aged (Specify type of place) While at work? No
(e) Means of injury Fell on floor

23. Signature [illegible] M.D. Medical Examiner

Date signed 8/21/39

F 60666

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52

Registered No. F 60666

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 247 N Payson St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 247 N. Payson St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Henry F. Trissel
(b) If veteran, name war
3 (c) Social Security Account No.

4 Sex Male | 5 Color or race White | 6 (a) Single, married, widowed, or divorced. Married
(b) Name of husband or wife Caroline A. Trissel
6 (c) If alive, give age 68 years

Birth date of deceased (mo., day, yr.) July 3 - 1868

AGE: Years 71 | Months 1 | Days 14 | If less than one day hr. min.

Birthplace Baltimore, Md (Town, county and State)

10. Usual Occupation Glass Blower
11. Industry or business

12. Name of father Frederick Trissel
13. Birthplace of father Germany
14. Maiden Name of mother Unknown
15. Birthplace of mother Germany

(a) Informant Mrs Ethel Trissel
(b) Address 247 N Payson St

(a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 20 1939 (month) (day) (year)
(c) Cemetery Loudon Park
Location Baltimore, Md
(a) Funeral director Wm J. Duckett & Sons
(b) Address 1300 Eutaw Place

AUG 21 1939 Huntington Williams Registrar
(Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH August 17 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1939 to Aug 17 1939.
I last saw him alive on 8/17 1939.

Immediate cause of death: Auricular Fibrillation
Sarcoma of Abdominal Wall — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Not Done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Daniel S. O'Hanlon M.D.
Address 1945 W. Saratoga St Date signed 8/18/39

VS 3

F 60667

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 60667 Registered No. 165

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Johns Hopkins Hosp.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Alabama (b) County
(c) City or town Tuscaloosa (If outside city or town limits, write RURAL and give town)
(d) Street No. 1826 Fourth St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Mrs. Nell H. Jones
(b) If veteran, name war NO
(c) Social Security Account No. NONE
4. Sex Fe
5. Color or race Wh
6. (a) Single, married, widowed, or divorced Married
(b) Name of husband or wife Sam
(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 7/11/89
AGE: Years 50 Months 1 Days 19 If less than one day hr. min.
8. Birthplace Ga. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business at Home
12. Name Robert Edwards
13. Birthplace Ala
14. Maiden Name Marie Holland
15. Birthplace Ala
16. (a) Informant Records
(b) Address Johns Hopkins Hospital
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/21/39 (month) (day) (year)
(c) Cemetery or crematory
Location Birmingham Ala
18. (a) Funeral director William Cook
(b) Address 1217 E. Pratt St
(c) Huntington Phillips (Registrar)
AUG 21 1939
Reg. No. 4

MEDICAL CERTIFICATION about 5:30 P

20. DATE OF DEATH 8/20/39 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Strangulation by Hanging — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 8/20/39
(c) Where did injury occur? Room in J. H. Hosp (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Hospital (Specify type of place) While at work? Not at work
(e) Means of injury Hanging by rope allegedly
23. Signature [illegible] M.D. Medical Examiner
Date signed 8/20/39

60668

HEALTH DEPARTMENT—CITY OF BALTIMORE

60668

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1505 N. Spring St. St. 9-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Antone G. Hagner

If U. S. Veteran specify WAR

(a) Residence: No. 1506 N. Spring St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M. Hagner

7. DATE OF BIRTH (month, day, year) April 11-1862

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77Yrs.	4Mo.	8Days	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Produce dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Jacobe Hagner

14. BIRTHPLACE (city or town) (State or country) not known

15. MAIDEN NAME Anna Meyers

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna M. Hagner

(Address) 1506 N. Spring St.

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Cem. Aug.-22-1939

Place Date

19. UNDERTAKER Henry Hoeck & Son Inc

(Address) 1391 E. Eager St.

Hunting Town Williamsport

21 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug.-19-1939

22. I HEREBY CERTIFY, That I attended deceased from NOV 17 1937 to Aug 19 1939

I last saw h[illegible] alive on Aug 17 1939 Death is said to have occurred on the date stated above, at 7.45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilatation of heart	4 days
Other contributory causes of importance:	
Myocarditis	2 yrs
Arteriosclerosis	

Was an operation performed? Sclerosis No

For what disease or injury? x x x x

Name of operation x x x x

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury x x 19

Where did injury occur? x x x x (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place x x x x

Manner of injury x x x x

Nature of injury x x x x

24. Was disease or injury in any way related to occupation of deceased? No If so, specify x x x x

(Signed) Otto F. Duker M. D.

(Address) 9286 Northern

F 60669 HEALTH DEPARTMENT—CITY OF BALTIMORE F 60669

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2300 Hunter St 12-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME. Instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eveline Anderson

If U.S. Veteran specify WAR .....

(a) Residence: No. 2300 Hunter St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: C.

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Warner Anderson

6. DATE OF BIRTH (month, day, year): DEC. 25/1867

7. AGE: Years 71 | Months 1 | Days 23 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Maryland

13. NAME: Samuel Johnson

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Mary Johnson

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Bessie Wheeler

(Address) 712 N. Gilmore St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 8/21 19 39

19. UNDERTAKER: Rayner Sanders

(Address) 1412 E. Preston St

AUG 21 1939 Huntington Williams M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 18 . 1939

22. I HEREBY CERTIFY, That I attended deceased from about Nov. . 1938. to Aug . 1939.

I last saw her alive on aug 3 . 1939. Death is said to have occurred on the date stated above 3:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation	1938
Hypertensive Cardiac Disease	1938
Hypertension	?
Other contributory causes of importance: arterio-sclerosis	?

Was an operation performed? ds Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Jno. S. Julian Jr. M. D.

(Address) 434 E 23rd St.

O.K. W.H.B. and draft

F 60670

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

146-E

F 60670 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3609 Cottage ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 33 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or Town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3609 Cottage ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? 33 years

(a) FULL NAME Ida Oshrine
(b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow
(b) Name of husband or wife Tanchum
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 1874
AGE: Years 65 | Months | Days | If less than one day: hr. | min.

8. Birthplace Russia (Town, county, and state or foreign country)
9. Usual Occupation Home Wife
10. Industry or business —

11. Name of father Isaac Louis Feinstein
12. Birthplace of father Russia
13. Maiden Name of mother Mollie Feinstein
14. Birthplace of mother Russia

15. (a) Informant Family
(b) Address —

16. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-21-39 (month) (day) (year)
(c) Cemetery or crematory Beth Hamedrash Hagadol
Location Rosedale
17. (a) Funeral director Earl Koppe Inc
(b) Address 1439 E. Baltimore St

AUG 21 1939 (Date received by Registrar) (b) Huntington Hollingsworth Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-20- 1939, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 26 1939, to Aug 20 1939, and that I last saw her alive on Aug 20 1939.

Immediate cause of death: Malignancy of Liver — Duration: 2 Mos (?)
Due to —
Due to —
Other Conditions: Cardiac Exhaustion — Duration: Few hrs
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alex H Weinstock M. D.
Address 4603 Park Heights Ave Date signed 8/20/39

VS 3

60671

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 60671

Registered No. 1363

PLACE OF DEATH:
1. (a) Baltimore City, Maryland
(b) Street address 2118 Madison Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 Madison Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Allen Pierce
(b) If veteran, name war
3. (c) Social Security Account No. 219-16-6702

4. Sex Male
5. Color or race Colored
6. (a) Single, married, widowed, or divorced Single
(b) Name of husband or wife
6. (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Nov. 1909.

AGE: Years 29 Months 9 Days If less than one day hr. min

7. Birthplace Smithfield Va (Town, county, and state)
8. Usual Occupation Porter
9. Industry or business Holland Cleaners.
10. Name Albert Pierce
11. Birthplace Smithfield Va
12. Maiden Name Maggie Allen
13. Birthplace Smithfield Va
14. (a) Informant Annie Carter
(b) Address 2216 Madison Ave
15. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/22/39 (month) (day) (year)
(c) Cemetery or crematory Richmond, Va.
Location Richmond, Va.
16. (a) Funeral director Mrs. Gertrude Holland
(b) Address 1631 Druid Hill Ave
17. (a) Filed AUG 21 1939 (b) Registrar Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-18-1939, at 5:45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Shock -	
Due to Electricity	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 8-18-39
(c) Where did injury occur? City (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? yes
(e) Means of injury Electricity Drill

23. Signature Howard J. Walden M.D.
Medical Examiner
Date signed 8-19-39

VS 6

F 60672

3648[illegible] 3655 89 F 60672

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

195-B Registered No. F 60672

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1222 Ashland ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Ruth Jenkins
(b) If veteran, name war
3 (c) Social Security Account No.

4. Sex female | 5. Color or race Black | 6 (a) Single, married, widowed, or divorced Married
(b) Name of husband or wife Charles
6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.)

AGE: Years 40 | Months | Days | If less than one day hr. min.

Birthplace Maryland (Town, county, and state)
9. Usual Occupation House work
10. Industry or business

12. Name WARREN
13. Birthplace Md.
14. Maiden Name Mary Smith
15. Birthplace Md

(a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

Int Calvary (Burial, cremation, removal) (b) Date thereof 8-24-39 (month) (day) (year)
(c) Cemetery or crematory Int Calvary Cem
Location A. A. Co Md
(a) Funeral director Jas. Wm. Skinner
(b) Address 1260 W Lafayette Ave
(c) Filed by registrar [illegible] Hunting for Williams M.D.

AUG 21 1939
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 20 1939 at 220 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-14-39 19 , to Aug 20 1939. and that I last saw her alive on Aug 20 1939.

Immediate cause of death	Duration
? CEREBRAL EMBOLISM	
Due to Staphylococcus fecalis	
Due to Cancer of Lung Endocarditis & Rheumatism	
Other Conditions Heart disease	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Roy Pollack M. D.
Address J. H. H. Date signed 8-20-39

F 60673

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 60673 Registered No. 94 B

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 937 Brooks Lane

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City ~~or town~~ Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 937 Brooks Lane (If rural give location)

(e) If foreign born, how long in U. S. A.? ... years

(a) FULL NAME Nellie Ullman Numan

(b) If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

(b) Name of husband ~~or wife~~ Charles Numan

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Mch. 14, 1876

AGE: Years	Months	Days	If less than one day hr.	min.
63	5	6		

Birthplace Balto. Md. (Town, county, and state)

9. Usual Occupation none

10. Industry or business

12. Name Ullman

13. Birthplace Germany

14. Maiden Name Henrietta Rosebrock

15. Birthplace Germany

16 (a) Informant Mrs. B. Kahn

(b) Address 937 Brooks Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/22/39 (month) (day) (year)

(c) Cemetery or crematory Ohel Shalom

Location Balto. Md.

18 (a) Funeral director Harry Sonnenstrahl

(b) Address 1902 Eutaw Place

19 (a) Filed AUG 21 1939 (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 20 1939, at 4 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 12 1939, to Aug 20 1939, and that I last saw h alive on Aug 20 1939.

Immediate cause of death Coronary Thrombosis — Duration 7 days

Due to

Due to

Other Conditions Hypertension Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. W. Truxtun M. D.

Address Temple Gardens Apts Date signed Aug. 21, 1939

VS 3

60674
366121

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

F 60674 Registered No.

PLACE OF DEATH:

1) Baltimore City, Maryland

2) Street address

3) Hospital or institution: JOHNS HOPKINS HOSPITAL

4) Length of stay in hospital or inst. (yrs., mos., or days) 1 5

5) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Frederick Co

(c) City or town Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 15 Winchester St (If rural give location)

(e) If foreign born, how long in U. S. A? ..... years

1. (a) FULL NAME Catherine Louise Hiltner

(b) If veteran, name war

3 (c) Social Security Account No.

Sex Female | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

(b) Name of husband or wife

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) 3-29-32

AGE: Years 7 | Months 4 | Days 27 | If less than one day hr. min.

Birthplace Md. (Town, county, and state)

9. Usual Occupation
10. Industry or business at school

12. Name Robert Hiltner

13. Birthplace md.

14. Maiden Name Blanche King

15. Birthplace md.

(a) Informant Mrs. Robert Hiltner

(b) Address Frederick, Md.

(a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 23 1939 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet Cem.

Location Frederick, Md.

(a) Funeral director M. A. Eichmuller & Son

(b) Address Frederick, Md

(a) [illegible] (b) [illegible] M.D. Registrar

(Registered by registrar) AUG 21 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 20 1939, at 5.25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 25 1939, to Aug 20 1939 and that I last saw her alive on Aug 20 1939.

Immediate cause of death: Subacute bacterial endocarditis — Duration: 2 mos.

Due to: Strep viridans septicemia

Due to:

Other Conditions: Rheumatic heart disease — 2 yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Ethel Walker M. D.

Address Baltimore Date signed 5/20/37

F 60675

60675

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ____

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4717 Harford Rd (Ward) 24

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

If U. S. Veteran specify WAR ____

2. FULL NAME William H. Roth Sr.

(a) Residence: No. 4717 Harford Rd St., ____ Ward. ____

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Minnie E. Roth

6b. DATE OF BIRTH (month, day, year): Sept 12, 1873

7. AGE — Years: 65 Months: 11 Days: 5 If LESS than 1 day, ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cabinet Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Furniture Factory

10. Date deceased last worked at this occupation (month and year): Aug 17 1937

11. Total time (years) spent in this occupation: 32 yrs

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME of Father: Adam Roth

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME of Mother: Mary ?

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Minnie Roth

(Address): 4717 Harford Rd

18. BURIAL, CREMATION, OR REMOVAL

Place: Parkwood Date: 8/4/39

19. UNDERTAKER: Harwood D. Covington

(Address): 2425 E. Pratt St.

20. FILED: AUG 21 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug. 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from 12-24, 1938 to 8-17, 1939

I last saw him alive on 5-21, 1939 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1937
Angina Pectoris	1937

Other contributory causes of importance:

Was an operation performed? No Date of ____

For what disease or injury?

Name of operation ____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) C. W. Peake M. D.

(Address) 4508 Harford Rd.

30676

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60676

CERTIFICATE OF DEATH

94.3

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5704 Winner Av St., 27 Ward)

Length of residence in city or town where death occurred 60 yrs. 5 mos. 27 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James M. Kirkland

(a) Residence: No. 5704 Winner Ave St., ... Ward. 27

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Aileen Kirkland

6. DATE OF BIRTH (month, day, year) Feb 22 79

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	5	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saleoman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stoves etc.

10. Date deceased last worked at this occupation (month and year) 1938

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Mar Jane Kirkland

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Watts

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Aileen Kirkland

(Address) 5704 Winner ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Pk Cem. Date Aug 21 1939

19. UNDERTAKER Young Bros. & Higgins inc.

(Address) 5005 Pk Heights ave.

20. FILED AUG 21 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 19 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 16 1939 to Aug 19 1939

I last saw him alive on Aug 19 1939. Death is said to have occurred on the date stated above, at 6.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Aug. 19
Other contributory causes of importance: Influenza	Aug. 16

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Sherman R. Hunt M. D.

(Address) 2601 Manhattan Av

60677

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48

F 60677

Registered No.

PLACE OF DEATH:

1. Baltimore City, Maryland

Street address

Hospital or institution: Sinai Hospital

Length of stay in hospital or inst. (yrs., mos., or days) 5 hrs.

Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1783 Montpelier St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) **FULL NAME** Mamie Stewart

(b) If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Divorced

(b) Name of husband or wife

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) April 7, 1887

AGE: Years	Months	Days	If less than one day
52	4	17	hr. min.

Birthplace Balto. Md. (Town, county, and state)

Usual Occupation — None

Industry or business

12. Name John Gallop

13. Birthplace Balto. Md.

14. Maiden Name Henrietta Mackenstill

15. Birthplace Germany

(a) Informant Raymond Stewart

(b) Address 443 Parkmont Ave.

(a) (Burial, cremation, or removal) (b) Date thereof 8-22-39. (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location

(a) Funeral director Loring Byers

(b) Address 2005 Pennsylvania Ave.

(a) Date received by local Registrar (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 19 1939, at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9 AM 8/19 1939, to 1:30 PM 8/19 1939, and that I last saw her alive on Aug. 19 1939.

Immediate cause of death Vaginal Hemorrhage — Duration

Due to Ca of cervix uteri

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature H. H. Grott M. D.

Address Sinai Hospital Date signed 8/19/39

60678

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183

F 60678 Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Gwynn Falls road
(c) Hospital or institution: 1 Frederick Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt (If outside city or town limits, write RURAL and give town)
Street No. 23 N. Norris St (If rural give location)
(d) If foreign born, how long in U. S. A.? years

(a) FULL NAME Russell Chaney

(b) If veteran, name war: none

3 (c) Social Security Account No. none

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Child

(b) Name of husband or wife: Child

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) 4/8/1922

AGE: Years	Months	Days	If less than one day
17	4	9	hr. min

Birthplace Baltimore Md (Town, county, and state)

9. Usual Occupation Child
10. Industry or business

12. Name Edward Evans
13. Birthplace Va
14. Maiden Name Elizabeth Chaney
15. Birthplace Baltimore Md
16. (a) Informant Elizabeth Chaney
(b) Address 23 N Norris St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 21 1939 (month) (day) (year)
(c) (Cemetery) or crematory Mt Auburn
Location Baltimore Md
18. (a) Funeral director Isaiah L. Brown & Son
(b) Address 108 W Montgomery St

19. Date received by registrar 8 21 1939 Hunter Williams M.D. Registrar

MEDICAL CERTIFICATION Early P.M.

20. DATE OF DEATH 8/17/39 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said I (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Drowning — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 8/17/39
(c) Where did injury occur? Gwynn Falls (City or town) Baltimore (County) Md (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Gwynn Falls (Specify type of place) While at work? no
(e) Means of injury Drowning

23. Signature Wm Vandegrift Medical Examiner. M.D.
Date signed 8/18/39

VS 6

F 60679

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1.3 ✓ Registered No. F 60679

PLACE OF DEATH:

1. Baltimore City, Maryland
1. Street address Monument + Rutland
1. Hospital or institution: Sinai Hospital
1. Length of stay in hospital or inst. (yrs., mos., or days) 2 mos.
1. Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 121 No. Patterson Park Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) **FULL NAME** Harry Belson ✓

(b) If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

(b) Name of husband or wife

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) July 7 1912

AGE: Years	Months	Days	If less than one day hr.	min.
32	1	14		

Birthplace Baltimore, Md. (Town, county, and state)

Usual Occupation musician

Industry or business

12. Name Louis Belson

13. Birthplace Poland

14. Maiden Name Jennie Broyotsky

15. Birthplace Poland

(a) Informant Jennie Belson

(b) Address 121 N. Patterson Pk ave

(a) (Burial, cremation, or removal) (b) Date thereof Aug 24/39 (month) (day) (year)

(c) Cemetery or crematory Hebrew Mt Carmel Rd

Location Cornell st

(a) Funeral director Sol Levinson + Bro

(b) Address 1124-26 W. North ave

(c) (Registered in Registrar) Huntington Williamsport

3 22 39

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 21 1939, at 5.50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 21 1939, to Aug 21 1939. and that I last saw him alive on Aug 20 1939.

Immediate cause of death Tuberculous meningitis

Due to ? Miliary tuberculosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

over

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Dr Louis L. Rabb M.D.

Address add Sinai Hospital (Date signed 8/21/39)

F 60630

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-B

Registered No. F 60630

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 24 S Highland Ave

(c) Hospital or institution: UNIVERSITY HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State MD (b) County

(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)

(d) Street No. 24 S HIGHLAND AVE (If rural give location)

(e) If foreign born, how long in U. S. A.? years

1. (a) **FULL NAME** ANDREW J BRANNEN

(b) If veteran, name war —

3 (c) Social Security Account No. —

Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: MARRIED

(b) Name of husband or wife ANNA WERNER

6 (c) If alive, give age 50 years

Birth date of deceased (mo., day, yr.) Dec 17-1887

AGE: Years 51 | Months 8 | Days 2 | If less than one day hr. : min.

Birthplace BALTIMORE, MD (Town, county, and state)

10. Usual Occupation FREIGHT AGENT

11. Industry or business STEAMSHIP LINE

12. Name John J. Brannen

13. Birthplace Baltimore,

14. Maiden Name Mary Jennings

15. Birthplace BALTIMOR

16. (a) Informant ANNA WERNER BRANNEN

(b) Address 24 S. HIGHLAND AVE.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/22/39 (month) (day) (year)

(c) Cemetery or crematory OAK LAWN Cemetary

Location Eastern Ave Road

18. (a) Funeral director Chas. E. Sparrow Son Inc.

(b) Address 118 W. Mt. Royal Ave

19. (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH AUGUST 19 1939, at 2 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/24 1939, to 8/19 1939, and that I last saw h/m alive on 8/19 1939.

Immediate cause of death BRONCHOPNEUMONIA — Duration 1 wk

Due to CARCINOMA OF URINARY BLADDER

Due to

Other Conditions LATENT SYPHILIS

(Include pregnancy within 3 months of death)

Major findings:

Of operations Cu of Bladder

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Samuel Novey M.D.

Address University Hospital Date signed 8/21

VS 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 6068 — 134 F 60681

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Sc Balto Genl Hospital St., (Street) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Laura L. Adams

(a) Residence: No. 1336 Sargent St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of John H. Adams

7. DATE OF BIRTH (month, day, year) Feby 7, 1883

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	6	11	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME John Harney

14. BIRTHPLACE (city or town) (State or country) Westington Co.

15. MAIDEN NAME Sophie Hallman

16. BIRTHPLACE (city or town) (State or country) Lemmberland. Md

17. INFORMANT Mr. Lloyd L. Adams.

(Address) 1336 Sargent St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date 8/22/, 1939

19. UNDERTAKER Chas J. Cowdery Jr.

(Address) 916 Baltimore St.

20. FILED ... 19... ... (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 18th, 1939.

22. I HEREBY CERTIFY, That I attended deceased from 8-15-39, 19... to 8-18-39, 19... I last saw her alive on 8-18-39, 19... Death is said to have occurred on the date stated above, at 10 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia — due to kidney stones	
Pyonephrosis, Lt. Atrophy Rt. kidney	

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? → Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Samuel L. Lop M. D.

(Address) Sc Balto Genl Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60682

CERTIFICATE OF DEATH

95-B F 60682

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 201 N Pine St St. 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosie M. Elgenfutz

If U. S. Veteran specify WAR

(a) Residence: No. 201 n Pine St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Howard J Elgenfutz

6. DATE OF BIRTH (month, day, year): July 4 1873

7. AGE: Years 66; Months 1; Days 17; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME OF FATHER: John Resty

14. BIRTHPLACE (city or town) (State or country): Balto Md

15. MAIDEN NAME OF MOTHER: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Howard Elgenfutz (Address) 201 N Pine St

18. BURIAL, CREMATION, OR REMOVAL: Place Western Cem Date 8/22/37

19. UNDERTAKER: John Rowan & Son (Address) 901 Hollins St

20. FILED 19 [illegible] Registrar

AUG 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 17 1937 to Aug 21, 1937.

I last saw her alive on Aug 20 1937. Death is said to have occurred on the date stated above, at 5 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic C.V.D	
c generalized edema	1935

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation None

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Basil Armfield M. D.

(Address) 412 W Lanvale

F 60683

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

F 60683

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2502 W Fairmount Ave St., 20-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Bridget Morris

(a) Residence: No. 2502 W. Fairmount Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced (or) WIFE of: ~~the late~~ John F. Morris

6. DATE OF BIRTH (month, day, year): Aug. 20 - 1853

7. AGE: Years 86 | Months 11 | Days 29 | If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ireland

13. NAME of Father: John Lavin

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME of Mother: unknown

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mrs Jos. P. Keller

(Address) 2202 W Fairmount Ave

18. BURIAL, CREMATION, OR REMOVAL: New Cathedral Date 8/22/39

19. UNDERTAKER: John F Cowan & Son

(Address) 1401 Hollins St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 17, 1939, to August 19, 1939.

I last saw her alive on August 18, 1939. Death is said to have occurred on the date stated above, at 5:30 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	8-17-39

Other contributory causes of importance:

Arteriosclerotic Cardio-Vascular Disease	5

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Philip D. Flynn M. D.

(Address) 423 E. North Ave.

AUG 21 1939

Huntington Williams M.D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

60634 — 60634

CERTIFICATE OF DEATH

Registered No. F 60634

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1919 Kelly Ave (Ward) 27-15

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Della Cummings

(a) Residence: No. 1919 Kelly Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed or Divorced (write the word): Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Henry Cummings

6b. DATE OF BIRTH (month, day, year): 1893

7. AGE: Years 42; Months —; Days —; If LESS than 1 day, hrs. or min. —

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Private home

10. Date deceased last worked at this occupation (month and year): 1934

11. Total time (years) spent in this occupation: 2

12. BIRTHPLACE (city or town) (State or country): Washington D.C.

13. NAME OF FATHER: Geo Albaugh

14. BIRTHPLACE (city or town) (State or country): D.C.

15. MAIDEN NAME OF MOTHER: Mary Lucas

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: Mrs. Della Cummings

(Address) 1919 Kelly Ave

18. BURIAL, CREMATION, OR REMOVAL: Place Arbutus Mem. Pk. Date Aug 24, 1939

19. UNDERTAKER: Mrs. Gertrude Leland

(Address) 2631 Druid Hill Ave

Aug 21, 1939 — Registrar: Hattie Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1939 to Aug 19, 1939

I last saw h alive on Aug 17, 1939 Death is said to have occurred on the date stated above, at 7:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	Aug 19
Dyspepsia	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles J. Wood M. D.

(Address) 1919 Kelly Ave

60685 HEALTH DEPARTMENT—CITY OF BALTIMORE 60685

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Md. Gen Hosp St., 11-3 Ward)
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR

2. FULL NAME Roland Miles
(a) Residence: No. Laurel Md St., ... Ward. Prince Georges Co.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 29th 1930

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	9	8	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER
13. NAME Charles R Miles
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER
15. MAIDEN NAME Evelyn Parker
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hazley L Miles
(Address) Bultonsville Md

18. BURIAL, CREMATION, OR REMOVAL Burtonsville Aug 22/39

19. UNDERTAKER Loyd Fraser
(Address) Laurel Md

20. FILED AUG 21 1939 Huntington Willis Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-19-39, 19...

22. I HEREBY CERTIFY, That I attended deceased from 8-19-39, 19... to 8-19-39, 19...
I last saw him alive on 8-19-39, 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Laceration of foot - Rt —	8-16-39
Tetanus	8-18-39

Other contributory causes of importance:

Was an operation performed? ... Date of ...
For what disease or injury?
Name of operation
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 8-16, 1939
Where did injury occur? Mont. Co.
(Specify City or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Home
Manner of injury Cut foot while playing
Nature of injury Laceration of foot Rt.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. H. Manasfield M. D.
(Address) Md Gen Hosp

Howard J. Madeira M.D.
Medical Examiner

60686

HEALTH DEPARTMENT—CITY OF BALTIMORE

60686

CERTIFICATE OF DEATH

× 119

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Division St. W-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Otis Grimage

If U. S. Veteran specify WAR .....

(a) Residence: No. Chase, Md St., ... Ward.
(Usual place of abode)

Born in Balto (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col.	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 10-8-38

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	0	10	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME Ballet Grimage

14. BIRTHPLACE (city or town) (State or country) Baltimore Co, Md

15. MAIDEN NAME Vera Sedgewick

16. BIRTHPLACE (city or town) (State or country) Chase, Md.

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date 19

19. UNDERTAKER
(Address)

AUG 21 1939
COMMISSIONER OF HEALTH

20. FILED ..... 19 Per H. A. Moore Registrar.

AUG 21 1939 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-19-39. 19

22. I HEREBY CERTIFY, That I attended deceased from 8-19-39. 19 ..... to 8-19-39. 19 .....

I last saw ~~him~~ alive on 8-19-39 19 ..... Death is said to have occurred on the date stated above, at 7.55 a.m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Bronchitis (Unspecified)	6-1939
Malnutrition	6-1939
Diarrhea	8-1-39

Other contributory causes of importance:

Acute Diffuse Respiratory Inf.	
Otitis media (Bilateral)	2-6-39

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) C. F. Maloney M. D.
(Address) Provident Hospital.

60687

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 60687

PLACE OF DEATH:

1. Baltimore City, Maryland
2. Street address
3. Hospital or institution: Sydenham Hospital
4. Length of stay in hospital or inst. (yrs., mos., or days) 3½ days.
5. Length of stay in Baltimore (yrs., mos., or days) 2 mos.

2. USUAL RESIDENCE OF DECEASED:

(a) State Penna. (b) County
(c) City or town Gardners (Rural) (If outside city or town limits, write RURAL and give town)
(d) Street No. R.D. #2 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Webner, David Paul

(b) If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	single

(b) Name of husband or wife

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) June 7, 1939

AGE: Years	Months	Days	If less than one day
	2	9	hr. min.

Birthplace Gardners, Penna. (Town, county, and state)

7. Usual Occupation Infant
8. Industry or business

12. Name Weidner, Chalmer
13. Birthplace Pennsylvania
14. Maiden Name Kline, Mary
15. Birthplace Pennsylvania

(a) Informant Union Memorial Hospital
(b) Address Transf. from there on 8-15-39

(a) (Burial, cremation, or removal)
(b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

AUG 21 1939
Commissioner of Health

(a) Funeral director Per H. A. Moore
(b) Address

Huntington Williams M.D. Registrar
(Date received by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 18 1939, at 12:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 15 1939, to Aug. 18 1939, and that I last saw him alive on Aug. 18 1939.

Immediate cause of death Lobular Pneumonia — Duration 2 wks.

Due to Aspiration of Vomitus

Due to

Other Conditions cleft Palate — Life

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Lobular Pneumonia Infarct of kidney.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jacob A. Light M. D.
Address Sydenham Hosp. Date signed Aug. 18, 1939.

F 60688

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

F 60688

Registered No.

PLACE OF DEATH:

1. Baltimore City, Maryland
   Street address 1524 Thames St
   Hospital or institution

Length of stay in hospital or inst. (yrs., mos., or days)

Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DEACESED:

(a) State Md (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1524 Thames St
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Joseph Dubrowske

(b) If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	Widowed

(b) Name of husband or wife

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) 3-10-73

AGE: Years	Months	Days	If less than one day
66	5	8	hr. min.

Birthplace Poland
(Town, county, and state)

Usual Occupation

Industry or business

12. Name

13. Birthplace

14. Maiden Name

15. Birthplace

(a) Informant

(b) Address

(a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory AUG 21 1939

Location

Commissioner of Health

(a) Funeral director Per M. A. Moore

(b) Address

AUG 21 1939 5005

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH August 18 1939, at 8 am M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Acute alcoholism	
Multiple fractures —	
Due to ribs, clavicle, pelvis	
Laceration of liver.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following

(a) Accident, suicide, or homicide Accident

(b) Date of occurrence 8/17/39

(c) Where did injury occur? Home
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work?
(Specify type of place)

(e) Means of injury fell off roof of house

23. Signature [illegible] M.D.
Medical Examiner

Date signed 8/19/39

F 60689

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

151 C

F 60689 Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 746 Pennsylvania Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State ~~Baltimore~~ (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 746 Pennsylvania Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. (a) FULL NAME William Kelly, Jr.
(b) If veteran, name war
3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	Col	

(b) Name of husband or wife
6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.)

AGE: Years	Months	Days	If less than one day hr.	min
	4			

Birthplace (Town, county, and state) Baltimore

9. Usual Occupation
Industry or business

12. Name
13. Birthplace

14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal)
(b) Date thereof (month) (day) (year)
(c) Cemetery or crematory UNIVERSITY MEDICAL SCHOOL AUG 21 1939
Location Commissioner of Health
18 (a) Funeral director Per H. A. Moore
(b) Address

AUG 21 1939 Huntington Williams M.D.
(Date received by Registrar) 1098 Registrar

VS 6

MEDICAL CERTIFICATION 11 Pm

20. DATE OF DEATH 8/11/39 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said ~~Autopsy~~ (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death: Congenital Malformation of heart — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Vandeburgh M.D.
Medical Examiner
Date signed 8/12/39

60690 HEALTH DEPARTMENT—CITY OF BALTIMORE 60690

CERTIFICATE OF DEATH

82-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1020 McCulloh 11-4 Ward)
Length of residence in city or town where death occurred 68 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Georgia Brown
(a) Residence: No. 1020 McCulloh St., ... Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word)
6. If married, widowed, or divorced: HUSBAND of (or) WIFE of ?
7. DATE OF BIRTH (month, day, year) ? 1871
8. AGE: Years 68; Months; Days; If LESS than 1 day, hrs. or min.
9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 00 90
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?
11. Total time (years) spent in this occupation
12. Date deceased last worked at this occupation (month and year)
13. BIRTHPLACE (city or town) (State or country) ?
14. NAME ?
15. BIRTHPLACE (city or town) (State or country) ?
16. MAIDEN NAME ?
17. BIRTHPLACE (city or town) (State or country) ?
18. INFORMANT Dora Gordon 1020 McCulloh
(Address)
19. BURIAL, CREMATION, OR REMOVAL
Place ... Date ... 19
20. UNDERTAKER ... Address ...

AUG 21 1939
... Registrar.
199

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/12, 1939
22. I HEREBY CERTIFY, That I attended deceased from 4 P.M., 2/12, 19 39 to 6 P.M., 2/12, 19 39
I last saw her alive on 8/12/39 at 4 P.M. Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage — Date of onset 8/12/39
Other contributory causes of importance: Arteriosclerosis, Hypertension
Was an operation performed? No Date of —
For what disease or injury? —
Name of operation —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify —

(Signed) A Gutelius M. D.
(Address) Provident Hosp, Balt, Md

691 COK 4762 E 60691

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B Registered No.

PLACE OF DEATH:

1. Baltimore City, Maryland
1. Street address Baltimore Maryland
1. Hospital or institution: Baltimore City Hospitals
1. Length of stay in hospital or inst. (yrs., mos., or days)
1. Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

6 (d) Street No. 115 N. Castle St. (If rural give location)

(e) If foreign born, how long in U. S. A.) ..... years

(a) **FULL NAME** John Wagner

(b) If veteran, name war

3 (c) Social Security Account No. 215-01-6568

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

(b) Name of husband or wife Bertha

6 (c) If alive, give age ..... years

Birth date of deceased (mo., day, yr.)

AGE: Years	Months	Days	If less than one day
57	?	?	hr. ..... min.

Birthplace Md. (Town, county, and state)

Usual Occupation Laborer

Industry or business

12. Name Unknown

13. Birthplace Unknown

14. Maiden Name Unknown

15. Birthplace Unknown

(a) Informant Records

(b) Address Baltimore City Hospitals

(a) Burial (b) Date thereof Aug. 22 1939 (Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Holy Sepulchre

Location Baltimore Md

(a) Funeral director Wallace Cook

(b) Address 1317 E Fort Ave

(a) AUG 21 1939 (Date received by registrar) Washington Pittsburgh Pa

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 19 1939, at 2 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from August 19 1939, to August 19 1939, and that I last saw him alive on August 19 1939.

Immediate cause of death Coronary thrombosis — Duration unknown

Due to .....

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury .....

23. Signature Lyle A. Goldberg M.D.

Address Baltimore City Hospitals Date signed 8/19/39

2

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B Registered No. F 60692

PLACE OF DEATH:

Baltimore City, Maryland

Street address 1805 Gilford Ave

Hospital or institution:

Length of stay in hospital or inst. (yrs., mos., or days)

Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)

(d) Street No. 1805 Gilford Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Robert C Hunt Sr

(b) If veteran, name war Yes

3 (c) Social Security Account No. 212-[illegible]-8127

Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

(b) Name of husband or wife Rose Hunt

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Dec 2 1893

AGE: Years	Months	Days	If less than one day hr.	min.
45	11	16		

Birthplace Baltimore Md (Town, county, and state)

Usual Occupation Asst. Supt. Mfg. Dept

Industry or business Paint Painting

12. Name Robert C Hunt

13. Birthplace Baltimore Md

14. Maiden Name Addie Cranston

15. Birthplace Baltimore Md

(a) Informant Rose Hunt

(b) Address 1805 Gilford Ave

(a) Burial (Burial, cremation, or removal) (b) Date thereof 8-22-39. (month) (day) (year)

(c) Cemetery ~~or crematory~~ U. S. National

Location Balto Md

(a) Funeral director Wilson Rose

(b) Address 1217 E Fort Ave

(c) Signature (Local registrar) Huntington Williams M.D. Registrar

AUG 21 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 18 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 12 1939, to Aug 18 1939, and that I last saw h alive on 19

Immediate cause of death Coronary Occlusion — **Duration** 1 hour

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Huntington Williams M. D.

Address 423 E North Date signed 8-21-39

O.K. Wm Blandy Supt

F 60693

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 60693 Registered No. 186-a

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) All

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 911 Catherwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Frederick Rengoy
(b) If veteran, name war —
3 (c) Social Security Account No. 218-01-4369
Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married
(b) Name of husband or wife Veronica M.
6 (c) If alive, give age 21 years
Birth date of deceased (mo., day, yr.) Nov. 8 1914

AGE: Years	Months	Days	If less than one day hr	min
25	9	12		

Birthplace Stonestreet, W & O Md (Town, county, and state)
Usual Occupation Cost Grinder Trimmer
Industry or business Oil Co 1080
12. Name Edward Rengoy
13. Birthplace Baltimore Md
14. Maiden Name Emma Rengoy
15. Birthplace Baltimore Md
(a) Informant Emma Rengoy
(b) Address 911 Catherwood Ave
Burial (Burial, cremation, or removal) (b) Date thereof Aug. 23, 1939 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd
(a) Funeral director Fulton Coy
(b) Address 1217 E Fayette St
(c) Huntington Williams M.D. Registrar
(Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/20/39 19 , at 7:25 A M
21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fractured skull — Duration: 6 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 8/14/39
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial Plant (While at work) yes
Am. Oil Co. (place)
(e) Means of injury Fell onto pipes
23. Signature Conrad C. Loos M.D. Medical Examiner
Date signed 8/20/39

F 60694

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

23

Registered No. F 60694

PLACE OF DEATH:
1. Baltimore City, Maryland
Street address
Hospital or institution: University Hospital
Length of stay in hospital or inst. (yrs., mos., or days) 1 mo 11 d
Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Prince George
(c) City or town Bowie (If outside city or town limits, write RURAL and give town)
4 Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Raymond Taylor
(b) If veteran, name war
3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, ~~married, widowed~~, or ~~divorced~~.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Aug. 9, 1899

AGE: Years	Months	Days	If less than one day hr.	min.
40		11		

Birthplace Maryland (Town, county, and state)
Usual Occupation Farmer
Industry or business
12. Name John R. Taylor
13. Birthplace Md
14. Maiden Name Sara Marshall
15. Birthplace Md.
(a) Informant Hospital records.
(b) Address

(a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 23 39 (month) (day) (year)
(c) Cemetery or crematory Md Memorial Park
Location Mitchellville, Md.
(a) Funeral director Francis Gaeche Sons
(b) Address Mitchellville, Md.
(a) AUG 21 1939 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 20 1939, at 10:20 P M
21. I certify that death occurred on the date above stated; that I attended deceased from July 11, 1939 to Aug. 20 1939, and that I last saw him alive on Aug 20, 1939.

Immediate cause of death Pulmonary tuberculosis — Duration ?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Pul. T.B. Cavitation both lungs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature J. H. Thompson M. D.
Address University Hospital Date signed 8/21/39

VS 8

F 60695

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

Registered No. F 60695

PLACE OF DEATH:

1. (a) Baltimore City, Maryland
   (b) Street address 2717 Latona Road
   (c) Hospital or institution:

   (d) Length of stay in hospital or inst. (yrs., mos., or days)
   (e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. 2717 Latona Rd (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) **FULL NAME** Reinert H. Steen

(b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

(b) Name of husband or wife Mary E Steen

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) June 10 1867

AGE: Years	Months	Days	If less than one day
72	2	10	hr. min.

Birthplace Norway. (Town, county, and state)

9. Usual Occupation Clerk. Ord
10. Industry or business R.R.

12. Name Unknown
13. Birthplace
14. Maiden Name
15. Birthplace

16. (a) Informant Mary E Steen
(b) Address 2717 Latona Road

17. (a) (Burial, cremation, or removal) (b) Date thereof 8-23-39 (month) (day) (year)

(c) Cemetery or crematory Balto. Cemetery
Location

18. (a) Funeral director Leonard J Roth
(b) Address 5305 Harford Road

19. (a) (Signature of Registrar) (b) Huntington Williams, M. D.

AUG 21 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug - 20 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1939, to Aug 20 1939, and that I last saw h alive on Aug 20 1939.

Immediate cause of death Hypertension and Heart disease

Duration

Due to Arteriosclerosis

Chronic Nephritis.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature F. B. Boyle M. D.
Address 5309 Harford Rd Date signed

60696 F 60696

60696 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5101 Century St. Corner Ward) Belair Rd

Registered No. 50

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Mary Catherine Tawes

(a) Residence: No. 5101 Century Corner Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles F Tawes

7. DATE OF BIRTH (month, day, year) Jan 12 - 1876

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	7	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt Md.

13. NAME Jacob Traeger.

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Muller

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Andrew Traeger

(Address) 2104 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer 8-22-1939

19. UNDERTAKER Leonard J Roof

(Address) 5305 Harford Road

20. FILED 8-21 1939 H. E. Lee Miller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-19-39. 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 4 1939 to 8/19 1939

I last saw her alive on 8/19 1939. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma right Breast.	1936.
Other contributory causes of importance: Acute Cardiac Dilatation.	8/16 39

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical & Laboratory Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) L. Fitzman M. D.

(Address) 1304 E. Eager

60697 10511-fs

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-F

Registered No. F 60697

PLACE OF DEATH:

1. Baltimore City, Maryland
2. Street address 4940 Eastern Ave.
3. Hospital or institution: Balto. City Hospitals
4. Length of stay in hospital or inst. (yrs., mos., or days) 3 yr. 9 mo.
5. Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Balto.
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 4511 York Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) **FULL NAME** Charles Michel

(b) If veteran, name war | 3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	single

(b) Name of husband or wife | 6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) 12-26-1872

AGE: Years	Months	Days	If less than one day hr.	min.
66	7	24		

Birthplace Md. (Town, county, and state)

7. Usual Occupation Gardner
8. Industry or business

12. Name Jacob
13. Birthplace Md.
14. Maiden Name Eliza Kline
15. Birthplace Md.
16. (a) Informant B.C.H. Records
(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 22, 1939 (month) (day) (year)
(c) Cemetery or crematory Balto. Cem.
Location North Ave.
(a) Funeral director Mary M. Kuidyfeld
(b) Address 507 E. 22nd St.
(a) Signature of Registrar Huntington Williams, M.D. Registrar
(b) Date received by registrar AUG 21 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH August 20 1939, at 8:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 14 1935, to August 20 1939, and that I last saw him alive on August 20 1939

Immediate cause of death: Carcinoma of the Pancreas — Duration: unknown.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy widespread carcinomatosis.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sylvan D. Goldberg, M.D. M. D.
Address Baltimore City Hospital Date signed 8/20/39

VS 3

M. D. B. 1268-9

60698

HEALTH DEPARTMENT—CITY OF BALTIMORE

60698

CERTIFICATE OF DEATH

1. PLACE OF DEATH Franklin Square Hospital — Registered No. 159

CITY OF BALTIMORE: (No. ..... St., 19 - Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Infant of Ferdinand and Marian Kalbakoff

(a) Residence: No. Carney Ind. St., ... Ward. Balto. Co. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 8-20-39

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				15 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Carney Balto Co. Md.

FATHER

13. NAME Ferdinand Kalbakoff

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Marian Davidson

16. BIRTHPLACE (city or town) (State or country) Laurel, Md.

17. INFORMANT Mother
(Address)

18. BURIAL, CREMATION, OR REMOVAL Baltimore Cemetery Date Aug. 22nd 39

19. UNDERTAKER Frederick Funeral Home
(Address) 7401 Belair Road

20. AUG 21 1939 Huntington Williams M.D.
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-20, 1939

22. I HEREBY CERTIFY, That I attended deceased from 8-20, 1939 to 8-20, 1939

I last saw him alive on 8-20, 1939 Death is said to have occurred on the date stated above, at 3:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
39 Weeks Premature Infant	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. W. Peake M. D.

(Address) 4508 Hayford Rd.

HEALTH DEPARTMENT—CITY OF BALTIMORE

60699 F 60699

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Social Security Number None
CITY OF BALTIMORE: (No. 705 N. Madeira St., 7-3 Ward)

Length of residence in city or town where death occurred 67 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Paul Beseleky

If U. S. Veteran specify WAR

(a) Residence: No. 705 N. Madeira St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Mary Beseleky

6. DATE OF BIRTH (month, day, year): May 20 1873

7. AGE: Years 66 | Months 3 | Days 1 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Iron Molder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Bohemia

13. NAME of Father: John Beseleky

14. BIRTHPLACE (city or town) (State or country): Bohemia

15. MAIDEN NAME of Mother: Not Known

16. BIRTHPLACE (city or town) (State or country): Bohemia

17. INFORMANT: Mary Beseleky
(Address): 705 N. Madeira St

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Cross Cem. Date: Aug. 24, 1939

19. UNDERTAKER: Frank Craig & Son
(Address): 1906 Eastern Ave.

20. DATE RECEIVED: AUG 21 1939 By: [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1 1939 to Aug 21 1939

I last saw him alive on Aug 21 1939. Death is said to have occurred on the date stated above, at 8:25 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	[illegible]
Other contributory causes of importance: Cardiac Valvular Lesion	Aug 21 39

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) William J. Powers, M. D.

(Address) 501 E. Lanvale St.

0700 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 60700

CERTIFICATE OF DEATH

✓ 46-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Women's Hospital St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Martin

(a) Residence: No. Westminster Md St., ... Ward.
(Usual place of abode) Carroll Co. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of James W Martin

7. DATE OF BIRTH (month, day, year) May 1 1889

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	3	21	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Westminster Md

13. NAME Edward Crouse

14. BIRTHPLACE (city or town) (State or country) Carroll Co.

15. MAIDEN NAME — Myers

16. BIRTHPLACE (city or town) (State or country) Carroll Co.

17. INFORMANT Mr. James W. Martin
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Boyler Date Aug. 25 1939

19. UNDERTAKER J. E. Myers Jr.
(Address) Westminster Md

20. FILED Huntington Williams Registrar.
AUG 28 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/22 1939

22. I HEREBY CERTIFY, That I attended deceased from 8/8 1939 to 8/22 1939

I last saw h[illegible] alive on 8/22 1939 Death is said to have occurred on the date stated above, at 12.08 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum with metastasis to liver	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 8/15/39

For what disease or injury? Carcinoma of Rectum

Name of operation Exploration Ligation & Colostomy

What test confirmed diagnosis? Op. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Richard W. Worthington Jr. M. D.

(Address) Hospital for Women of Md

60702

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 60701

PLACE OF DEATH:
Baltimore City, Maryland
Street address 634 S Monroe St
Hospital or institution:

Length of stay in hospital or inst. (yrs., mos., or days)
Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 634 S Monroe St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. FULL NAME William H Carr
(b) If veteran, name war —
3 (c) Social Security Account No. none
Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. Married
(b) Name of husband or wife Emma Carr
6 (c) If alive, give age 64 years
Birth date of deceased (mo., day, yr.) Aug. 26 1873
AGE: Years 65 Months 11 Days 26 If less than one day hr. min.
Birthplace Baltimore Md (Town, county, and state)
Usual Occupation Painter, House
Industry or business Carpenter
12. Name Mary E Carr
13. Birthplace Baltimore Md
14. Maiden Name Julia A Piper
15. Birthplace Baltimore Md
(a) Informant Emma A Carr
(b) Address 634 S Monroe St
(a) Burial (Burial, cremation, or removal) (b) Date thereof 8-22-39 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location: Baltimore Md
(a) Funeral director Pulhorn Co
(b) Address 1217 E Fayette St
(a) Huntington Williams Registrar
(Date rec'd by registrar) AUG 22 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 19 1939 at 1:04 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1, 1939 to Aug 19 1939. and that I last saw him alive on Aug 19 1939.

Immediate cause of death
Coronary thrombosis — Duration 3 hrs 30

Due to

Due to

Other Conditions Cardiac asthma — 7 hrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Benjamin Miller M. D.
Address 2030 Wilkens ave Date signed 8/21/39

60702 rhw 474 P 60702

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

Registered No. .....

PLACE OF DEATH:
Baltimore City, Maryland

Street address 4240 Eastern Ave.
Hospital or institution:
Baltimore City Hospitals

Length of stay in hospital or inst. (yrs., mos., or days) 9 days

Length of stay in Baltimore (yrs., mos., or days) 1 yr.

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill. (b) County .....

(c) City or town unknown (If outside city or town limits, write RURAL and give town)

(d) Street No. 2216 Mura St. (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

1. (a) FULL NAME Julia Handschuh

(b) If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	widowed

(b) Name of husband or wife Sherman Bly

6 (c) If alive, give age ..... years

Birth date of deceased (mo., day, yr.) 7/7/1870

AGE: Years	Months	Days	If less than one day
69	1	14	hr. ..... min.

Birthplace Illinois (Town, county, and state)

Usual Occupation House wife

Industry or business

12. Name Bernard Heitman

13. Birthplace La.

14. Maiden Name Marie Asmus

15. Birthplace France

(a) Informant Baltimore City Hospital

(b) Address

(a) Burial (Burial, cremation, or removal) (b) Date thereof 8/23/37 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Balto Co. Md.

(a) Funeral director Jm Cox Gould

(b) Address 1217 E. Fayette St.

AUG 22 1937 Huntington, Williams, M.D. Registrar

(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-21 1937. at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8 12 1937. to 8-21 1937.

and that I last saw h[illegible] alive on 8-21 1937.

Immediate cause of death Carcinoma Breast with metastases

Due to .....

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations metastases to axillary lymph node (Biopsy)

Of autopsy .....

Duration
?

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury .....

23. Signature [illegible] M. D.

Address Balto City Hosp Date signed 8-21-37

VS 3

60703

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48

46224 F 60703

Registered No.

PLACE OF DEATH:

1. Baltimore City, Maryland
1. Street address Baltimore Maryland
1. Hospital or institution: Baltimore City Hospitals
1. Length of stay in hospital or inst. (yrs., mos., or days) 1 Mo.
1. Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 818 Vincent St. (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

(a) **FULL NAME** Kliza West or Kliza Willis

(b) If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

(b) Name of husband or wife Durowd

6 (c) If alive, give age ..... years

Birth date of deceased (mo., day, yr.) Jan. 15, 1901

AGE: Years	Months	Days	If less than one day
38	7	4	hr. ..... min.

Birthplace N.C. (Town, county, and state)

0021

4. Usual Occupation Cook & Housework

5. Industry or business

12. Name Ben Wright

13. Birthplace N.C.

14. Maiden Name Maria Furlow

15. Birthplace N.C.

(a) Informant Records

(b) Address Baltimore City Hospitals

(a) ..... (Burial, cremation, or removal) (b) Date thereof May 22 1937 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location North Carolina

(a) Funeral director Undertaker of Blades

(b) Address 2101 McCulloh St.

(a) 22 1937 (b) Registrar (Registered by registrar) Register No.

MEDICAL CERTIFICATION

20. **DATE OF DEATH** 5 17 1937, at 11:05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7 5 1937, to 5 17 1937, and that I last saw h[illegible] alive on 5 17 1937.

Immediate cause of death Carcinoma of Cervix with metastasis

Duration ?

Due to .....

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury .....

23. Signature [illegible] M. D.

Address Balto City Hosp Date signed 5-19-37

VS 3

60704

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 60704

Registered No.

PLACE OF DEATH:
Baltimore City, Maryland
Street address 2010 Monument St
Hospital or institution:

Length of stay in hospital or inst. (yrs., mos., or days)
Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2010 Monument St
(If rural give location)
(e) If foreign born, how long in U. S. A. Long as — years

1. FULL NAME Milton C. Miller

(b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

(b) Name of husband or wife Ida Miller

6 (c) If alive, give age 46 years

Birth date of deceased (mo., day, yr.) Dec 8, 1877

AGE: Years 61 | Months 8 | Days 12 | If less than one day hr. — min.

Birthplace Altoona, Iowa
(Town, county, and state)

Usual Occupation Watchman
Industry or business U. S. P. O.

12. Name Milton Miller
13. Birthplace Iowa
14. Maiden Name Hattie Hutchinson
15. Birthplace Iowa

(a) Informant Mrs Ida Miller
(b) Address 2010 Monumental St

(a) Buried (Burial, cremation, or removal) (b) Date thereof May 22, 1939 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet
Location Baltimore Md

(a) Funeral director Thomas Cook Jr
(b) Address 1217 E Fayette St

(a) Filed 1939 (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1939, at 7:10 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-8 1937, to 5-20 1939, and that I last saw him alive on May 3 1939.

Immediate cause of death: (Coronary Occlusion) — Duration: 5-20-39

Due to Arterio Sclerosis — 1937

Due to —

Other Conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward F Milan M. D.
Address 682 Washington Blvd Date signed 5-21-39

Coronal Action, M.D. Med. Rec. Examined S. Goodman, clerk

VS 3

30705

Case no. 46768 dk

F 60705

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 148

CERTIFICATE OF DEATH

PLACE OF DEATH:

1. Baltimore City, Maryland
2. Street address Baltimore, Maryland
3. Hospital or institution: Baltimore City Hospitals
4. Length of stay in hospital or inst. (yrs., mos., or days) 28 days
5. Length of stay in Baltimore (yrs., mos., or days) 15 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 302 Bruce Street (If rural give location)

(e) If foreign born, how long in U. S. A.? years

1a. FULL NAME Henrietta Kish

(b) If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Married

(b) Name of husband or wife John

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) 5/14/76

AGE: Years	Months	Days	If less than one day hr.	min.
63	3	6		

Birthplace North Carolina (Town, county, and state)

7. Usual Occupation Housewife

Industry or business

12. Name Hames Davis

13. Birthplace North Carolina

14. Maiden Name Mary

15. Birthplace North Carolina

(a) Informant B. C. H. Records

(b) Address

(a) (Burial, cremation, or removal) (b) Date thereof 8-25-39 (month) (day) (year)

(c) Cemetery or crematory Arbutus Cem

Location Baltimore Co

(a) Funeral director Jas. M. Skinner

(b) Address 927 N. Mount St

(By) (Signature of Undertaker or Manager)

AUG 22 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-20 1939, at 8:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-22 1939 to 8-20 1939, and that I last saw her alive on 8-20 1939.

Immediate cause of death: Carcinoma cervix with metastasis — Duration: 1 month

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations None,

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature L K Woodward Jr. M. D.

Address Balto City Hosp Date signed 8-21-39

60706

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 60706

Registered No. 23

PLACE OF DEATH:
1. Baltimore City, Maryland
2. Street address 519 N. Pine St.
3. Hospital or institution:

4. Length of stay in hospital or inst. (yrs., mos., or days)
5. Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 519 N. Pine St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. (a) FULL NAME Benjamin Cook
(b) If veteran, name war
3. (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Married

(b) Name of husband or wife Teenie
6 (c) If alive, give age years

Birth date of deceased (mo., day, yr)

AGE: Years	Months	Days	If less than one day
39			hr. min.

7. Birthplace Alabama (Town, county, and state)
8. Usual Occupation Cook
Industry or business Private
12. Name Auburn
13. Birthplace Alabama
14. Maiden Name Julia
15. Birthplace Alabama
(a) Informant Teenie Cook
(b) Address 519 N. Pine St.
(a) (Burial, cremation, or removal)
(b) Date thereof 8-23-39 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Westport
(a) Funeral director Adolphus Halstead
(b) Address 916 Druid Hill Ave.
(b) Huntington Williams M.D. Registrar
(Date received by Registrar) AUG 23 1939

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/20/39 19 , at 2 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Pulmonary Tuberculosis — Duration 7 yrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Conrad Acton M.D. Medical Examiner
Date signed 8/20/39

60707

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B

Registered No. 60707

PLACE OF DEATH:

1. Baltimore City, Maryland
   Street address 1007 Bayard St
   Hospital or institution

2. Length of stay in hospital or inst. (yrs., mos., or days)
   Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1007 Bayard St (If rural, give location)
(e) If foreign born, how long in U. S. A.) 35 years

(a) FULL NAME Josephine A. Urbanowich or (Mrs. Alexander A. Urbanowich)

(b) If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

(b) Name of husband or wife Alexander A. Urbanowich (c) If alive, give age years

Birth date of deceased (mo., day, yr.) April 1888

AGE: Years	Months	Days	If less than one day: hr.	min.
51	3			

Birthplace Lithuania (Town, county, and state)

Usual Occupation H. W.

Industry or business

12. Name Vincent Demshaw

13. Birthplace Lithuania

14. Maiden Name

15. Birthplace

(a) Informant Mrs. Anna M. Brown

(b) Address 1007 Bayard St

(a) Holy Redeemer (b) Date thereof Aug 23/39 (month) (day) (year)
(Burial, cremation, or removal)

(c) Cemetery or crematory Holy Redeemer
Location Belair Rd

(a) Funeral director Harry F. Leitzke

(b) Address 401 E Edmondson Ave

(c) Date rec'd by registrar 8-23-1939 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 20 1939. at 11.35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 15 1939. to Aug 20 1939.
and that I last saw h[illegible] alive on Aug 20 1939.

Immediate cause of death	Duration
Coronary Thrombosis	5 days
Due to	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney H. Street M. D.
Address 421 E Fort Ave Date signed 8/22/39

VS 3

F 60708

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

209-M

Registered No. F 60708

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 431 W. Lombard

(c) Hospital or institution: Franklin Square Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1431 W. Lombard (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Rosa M. Noone

(b) If veteran, name war

(c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	(W) d Mar'd

(b) Name of husband or wife Patrick H. Noone

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Feb 15, 1869

AGE: Years	Months	Days	If less than one day
70	6	4	hr. min.

Birthplace Baltimore, Md. (Town, county and state)

Usual Occupation House Work

Industry or business

12. Name Jacob Stavey

13. Birthplace Pa.

14. Maiden Name Catherine

15. Birthplace Pa.

(a) Informant Edward Noone

(b) Address 2400 Edmondson Ave

(a) Burial (b) Date thereof Aug. 23, 1939 (month) (day) (year)

(c) Cemetery or crematory London Park

Location

(a) Funeral director Frederick A. Pole

(b) Address 200 W. Lombard St.

AUG 22 1939 Registrar for Baltimore City

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/19/39 19 , at 6:50 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Laceration of brain

Due to: Fractured ribs

Due to: ruptured spleen

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy as above

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Accident ?

(b) Date of occurrence 8/19/39

(c) Where did injury occur? Gilmor St between Booth & Hollins (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Street While at work? no (Specify type of place)

(e) Means of injury Street car

23. Signature Conrad Acton M.D. Medical Examiner

Date signed 8/20/39

F 60709

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 60709 Registered No. 1721

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address: Fayette & Calhoun Sts

(c) Hospital or institution: Franklin Square Hospt

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Balto (b) County md.

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. 1104 Stockton St (If rural give location)

(e) If foreign born, how long in U. S. A.? life years

(a) **FULL NAME** John E. Coles

(b) If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	colored	Single

(b) Name of husband or wife

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Oct. 14/21

AGE: Years	Months	Days	If less than one day hr.	min.
17	10	6		

Birthplace Balto Md. (Town, county, and state)

Usual Occupation School Boy

Industry or business

12. Name Marcus Coles

13. Birthplace Va.

14. Maiden Name Annie Balf.

15. Birthplace Wil Del

(a) Informant Annie Coles

(b) Address 1104 Stockton St

(a) (Burial, cremation, or removal) (b) Date thereof Aug 23, 1939 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location

(a) Funeral director Mrs Katie R Williams

(b) Address 322 N. Schroeder St

(a) (Date rec'd by registrar) Huntington Williams (Signature of registrar)

AUG 23 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH August 20 1939. at 9:25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 2 1939. to August 20 1939. and that I last saw h/M alive on August 20 1939.

Immediate cause of death intra abdominal abscess

Due to, or as a consequence of acute appendicitis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operation Acute appendicitis 7/2/39 7/26/39 intra abdominal abscess

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature James J. Kalodner M. D.

Address Franklin Sq Hosp Date signed 8/20/39

F 60710

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94B

F 60710 Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1023 Wagon Alley
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and name town)
(d) Street No. 1023 Wagon alley (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. (a) FULL NAME Georgianna Georgie Maddox Beal
(b) If veteran, name war
3. (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced Married

(b) Name of husband or wife Leroy Beal
6 (c) If alive, give age years

Birth date of deceased (mo., day, yr) Mar 4, 09.

AGE: Years 30 | Months | Days | If less than one day hr. min.

Birthplace Granite, Md (Town, county, and state)

7. Usual Occupation Housework
Industry or business

12. Name Jeremiah Maddox
13. Birthplace Somerset Co. Md
14. Maiden Name Eleanor Spears
15. Birthplace Catonsville, Md

(a) Interment Mamie Fitzhugh
(b) Address 1018 W. Franklin St
(c) (Burial, cremation, or removal)
(b) Date thereof Aug 24, 1939 (month) (day) (year)

(c) Cemetery or crematory Western Star
Location Catonsville, Md
(a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St

(a) (b) (c) Date (day) registered Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-20-39 19 , at 1 4 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Coronary Sclerosis — Duration: ?

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Conrad Acton M.D.
Medical Examiner
Date signed 8/20/39

VS 4

60711

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 60711

95-P Registered No.

PLACE OF DEATH:

Baltimore City; Maryland

Street address Redwood - Greene Sts.

Hospital or institution: University Hospital

Length of stay in hospital or inst. (yrs., mos., or days) 2/24 day

Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Wash (b) County Wash.

(c) City or town [illegible] (If outside city or town limits, write RURAL and give town)

(d) Street No. 310-Pine St. (If rural give location) Baltimore

(e) If foreign born, how long in U. S. A.? years

(a) **FULL NAME** George Noisette

(b) If veteran, name war

3. Social Security Account No.

Sex Male | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced. Married

(b) Name of husband or wife none

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.)

AGE: Years 44? | Months — | Days — | If less than one day hr. min.

Birthplace Eagleville N.C. (town, county, and state)

Usual Occupation Mechanic

Industry or business

12. Name James Noisette Sr.

13. Birthplace S.C., N.C.

14. Maiden Name Sarah West

15. Birthplace N.C.

(a) Informant Mattie Jackson

(b) Address 310-Pine St. N.-W. Wash. D.C.

(a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Lincoln Memorial

Location Suitland Md.

(a) Funeral director Ernest Jarvis

(b) Address 1732 4 St. N.W. Washington D.C.

(a) (Date received by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 21 1934, at 3 12 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 21 1934, to Aug. 21 1934, and that I last saw h[illegible] alive on Aug. 21 1934.

Immediate cause of death	Duration
Intracerebral Hemorrhage (Def.)	4 hours
Due to Essential Hypertension	?
Due to ?	

Other Conditions: Hypertensive C-V Disease (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Intracerebral Hemorrhage (left)

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature S. Q. Bradley M. D.

Address University Hospital Date signed 8. 21. 34

60712 F 60712

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 23

Registered No.

PLACE OF DEATH:

1. Baltimore City, Maryland
2. Street address 3821 4th Ave (East Baltimore)
3. Hospital or institution:
4. Length of stay in hospital or inst. (yrs., mos., or days)
5. Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto Co
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3821 4th Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Charles H. Gent

(b) If veteran, name war —

(c) Social Security Account No. —

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W

(b) Name of husband or wife Charlotte Gent

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) May 5 1865

AGE: Years	Months	Days	If less than one day
74	3	14	hr. min.

Birthplace Baltimore Md (Town, county, and state)

Usual Occupation Caretaker (Farm)

Industry or business Rubber - Mfg. Jewelry

12. Name Chas Gent

13. Birthplace Baltimore

14. Maiden Name Elizabeth Kelly

15. Birthplace Ireland

(a) Informant Mrs Emma Garbach

(b) Address 1904 Orleans St

(a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 22/39 (month) (day) (year)

(c) Cemetery or crematory St Matthews

Location Baltimore Md

(a) Funeral director Philip Henry Lord

(b) Address 2016 Orleans St

(a) AUG 22 1939 (Date rec'd by registrar) Huntington Williams Registrar (b) Address

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 19 1939 at 5 30 P M

21. I certify that death occurred on the date above stated, that I attended deceased from Aug 16 1939 to Aug 19 1939 and that I last saw h alive on Aug 19 1939

Immediate cause of death Coronary Thrombosis

Due to Arterio-Sclerotic Cardio-Vascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration Instant

over

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. M. Baumgardner M. D.

Address Govans Md Date signed 8/21/39

60713

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 Registered No. 47504 60713

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore Maryland

(c) Hospital or institution:
Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1542 Leslie St. (If rural give location)

1541

(e) If foreign born, how long in U. S. A? years

(a) **FULL NAME** Baby Boy Jones

(b) If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	

(b) Name of husband or wife

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) 8-15-39

AGE: Years	Months	Days	If less than one day
		1	hr. min.

Birthplace Md. (Town, county, and state)

Usual Occupation

Industry or business

12. Name Unknown

13. Birthplace Unknown

14. Maiden Name Margaret Smith

15. Birthplace Md.

(a) Informant Records

(b) Address Baltimore City Hospitals

(a) Cremation (b) Date thereof 8-18-39
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Crematory
Location B.C.H.

(a) Funeral director

(b) Address

(a) 8-22-1939 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 16 1939, at 9:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-15-39 19..., to 8-16 1939, and that I last saw him alive on 8-16 1939.

Immediate cause of death	Duration
Respiratory Failure	
Due to Prematurity	1 day
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature H. Campbell Gordon M. D.

Address Bal. City Hosp. Date signed Aug. 21 '39

60714 CGK ✓ 47219 F 60714

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 1140

CERTIFICATE OF DEATH

PLACE OF DEATH:
1. Baltimore City, Maryland
1. Street address Baltimore Maryland
1. Hospital or institution: Baltimore City Hospitals
1. Length of stay in hospital or inst. (yrs., mos., or days)
1. Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1457 Washington Blvd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

X

3. (a) FULL NAME Marie Jones
(b) If veteran, name war
3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

(b) Name of husband or wife William
6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) June 28, 1911

AGE: Years	Months	Days	If less than one day
28		2	hr. min.

Birthplace Baltimore (Town, county, and state)
Usual Occupation Housewife
Industry or business

12. Name Herbert Prune
13. Birthplace Baltimore
14. Maiden Name Anna Paul
15. Birthplace Baltimore

(a) Informant Records
(b) Address Baltimore City Hospitals

(a) (Burial, cremation, or removal) (b) Date thereof 8/22/39 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel burial
Location 5712 O Donnell St
(a) Funeral director Martin M. O. Dwyer
(b) Address 31 S. Ann St.

8 22 1939 (b) [illegible] Registrar
(Date received by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-17 1939 at 10 1/2 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-7 1939 to 8-17 1939 and that I last saw he alive on 8-17 1939.

Immediate cause of death	Duration
Staphylococcic septicemia	four weeks
Due to Infected abortion	2 weeks
Due to	own
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L.A. Weichselbaum M. D.
Address Balto City Hosp. Date signed 8-24-39

Howard J. Haddix M.D. Chief Examiner

F 60715

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60715

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2730 Pennsylvania Ave St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lillian Florence Luedecke

If U.S. Veteran specify WAR .....

(a) Residence: No. 2730 Pennsylvania ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) February 28, 1920

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	5	22	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper (none)

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mother's Home

11. Date deceased last worked at this occupation (month and year) August 1939

12. Total time (years) spent in this occupation 2

13. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

14. NAME Walter Luedecke

15. BIRTHPLACE (city or town) (State or country) Canada

16. MAIDEN NAME Lydia Marie Brunner

17. BIRTHPLACE (city or town) (State or country) Wetzon Switzerland

18. INFORMANT Mrs Lydia Luedecke

(Address) 2737 Pennsylvania Ave

19. BURIAL, CREMATION, OR REMOVAL

Place Interment Loc Aug 25 1939

20. UNDERTAKER Wm H. Luckenbach & Sons

(Address) Booth & Fallows.

AUG 22 1939

21. FILED Huntington Williams M.P.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from June, 1939, to August 22, 1939.

I last saw her alive on August 22, 1939. Death is said to have occurred on the date stated above, at 3:15 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolus	8/22/39
Rheumatic Heart Disease	1933
Mitral Stenosis	
Auricular Fibrillation	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Helen I. Maginnis M. D.

(Address) 1445 N. Gay Street

60716

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X53-E

Registered No. F 60716

PLACE OF DEATH:

1. Baltimore City, Maryland
2. Street address Calvert & 33rd Sts
3. Hospital or institution: Union Memorial Hospital.
4. Length of stay in hospital or inst. (yrs., mos., or days) 4 days
5. Length of stay in Baltimore (yrs., mos., or days) 4 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Pennsylvania (b) County Cambria

(c) City or town Johnstown (If outside city or town limits, write RURAL and give town)

(d) Street No. 701 Tioga St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Mr. Charles Raymond Elliott

(b) If veteran, name war ✓

3 (c) Social Security Account No. [illegible]

Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

(b) Name of husband or wife Mrs. Hazel C Elliott

6 (c) If alive, give age 51 years

Birth date of deceased (mo., day, yr.) Aug 15, 1885

AGE: Years	Months	Days	If less than one day
54	0	7	hr. min.

Birthplace Easton, Penna. (Town, county, and state)

9. Usual Occupation Manager

10. Industry or business Bethlehem steel. 6086

12. Name Mr. John Edward Elliott

13. Birthplace Pennsylvania

14. Maiden Name Fannie Manning

15. Birthplace Pennsylvania

(a) Informant Wife

(b) Address 701 Tioga St. Johnstown Penn

(a) Burial (cremation or removal) Removal (b) Date thereof Aug 22-1939 (month) (day) (year)

(c) Cemetery or crematory Location Johnstown Pa

(a) Funeral director J. W. Jackson Sons

(b) Address North Penn Ave

Date received by Registrar AUG 22 1939 Registrar Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH August 22 1939. at 7:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 18, 1939. to Aug 22 1939. and that I last saw him alive on Aug 22, 1939.

Immediate cause of death Pulmonary congestion, cardiac failure — Duration

Due to Mediastinal obstruction of great vessels

Due to Thymic carcinoma

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations Thymic carcinoma-biopsy (May 26, 1939.

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Douglas H. Stone M. D.

Address Union Memorial Hosp Date signed 8/22/39

VS 8

60717

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48

Registered No. F 60717

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3927 Falls Road

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. 3927 Falls Rd. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Ella Blanche Dykes

(b) If veteran, name war

3 (c) Social Security Account No.

Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced married

(b) Name of husband or wife William Dykes

6 (c) If alive, give age 60 years

Birth date of deceased (mo., day, yr.) 9/17/1876

AGE: Years 62 | Months 11 | Days 4 | If less than one day hr. min. 8

Birthplace Maryland (Town, county, and state) Same

9. Usual Occupation

10. Industry or business At home

12. Name Thomas Wilson

13. Birthplace Maryland

14. Maiden Name Lillie Pond

15. Birthplace Maryland

(a) Informant William T Dykes

(b) Address 3927 Falls Road

(a) (Burial, cremation, or removal)

(b) Date thereof (month) (day) (year)

(c) Cemetery or crematory New Market

Location Balto Co, Parkton Md

(a) Funeral director R. S. Marshall

(b) Address 3539 Falls Road

(a) AUG 22 1939 Huntington Williams M.D. (Date filed by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 21 1939, at 5:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 25 1939, to Aug. 21 1939, and that I last saw h alive on Aug. 21 1939.

	Duration
Immediate cause of death Cardiac Failure	about 6
Conducted Hemmorhage	
Due to Metastasis in Colon	
Due to Carcinoma of Uterus	5 mo
Other Conditions Secondary Anemia	5 mo.

(Include pregnancy within 3 months of death)

Major findings:
Of operation Inoperable

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Frank H Martin M. D.

Address 1037 Falls Rd Date signed Aug 24 39

VS 3

F 60718

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a Registered No. F 60718

PLACE OF DEATH:

1) Baltimore City, Maryland

2) Street address Monument & Rutland Sts.

3) Hospital or institution: Sinai Hosp.

4) Length of stay in hospital or inst. (yrs., mos., or days) 12 hrs

5) Length of stay in Baltimore (yrs., mos., or days) 69

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Balt.

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. Aged Home Monument & Rutland (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

1. (a) FULL NAME Flora Goldsmith

(b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. married

(b) Name of husband or wife Bernard L.

6 (c) If alive, give age 70 years

Birth date of deceased (mo., day, yr.)

AGE: Years 69 | Months | Days | If less than one day hr. min.

8. Birthplace Balto. Md.
(Town, county, and state)

9. Usual Occupation None

10. Industry or business

12. Name Gustav Mann

13. Birthplace Germany

14. Maiden Name Matilda Marcuse

15. Birthplace Germany

(a) Informant Hospital Records.

(b) Address

16. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-23-39 (month) (day) (year)

(c) Cemetery or crematory Balto. Hebrew Cem.

Location Belair Rd. near North Ave.

17. (a) Funeral director Jack Levin Inc.

(b) Address 2100 Eutaw Place.

(a) (b) Register

(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/22/ 1939 at 5:25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/21 1939 to 8/22 1939 and that I last saw h e alive on 8/22 1939.

Immediate cause of death Bronchopneumonia (Duration) 1 hr

Due to

Due to

Other Conditions Cerebral hemorrhage, hypertension, arteriosclerosis.
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible] M. D.

Address Sinai Hospital Date signed 8/22/39

60719

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-F

Registered No. 60719

PLACE OF DEATH:
1. Baltimore City, Maryland
Street address 3909 Pinkney Road
Hospital or institution:

Length of stay in hospital or inst. (yrs., mos., or days) 27 Yrs
Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 3909 Pinkney Road. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Annie M. Plum

(b) If veteran, name war none

3 (c) Social Security Account No. none

Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow

(b) Name of husband or wife Frank J. Plum

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Aug. 17, 1859

AGE: Years 80 | Months 0 | Days 3 | If less than one day hr. min.

Birthplace Baltimore. Md. (Town, county, and state)

Usual Occupation Housewife
Industry or business at home

12. Name John Schaub.
13. Birthplace Germany.
14. Maiden Name unknown
15. Birthplace Germany.

(a) Informant Frank J. Plum
(b) Address 1925 Penrose Ave.

(a) Burial (Burial, cremation, or removal) (b) Date thereof 8/23/1939 (month) (day) (year)

(c) Cemetery or crematory Lorraine
Location Baltimore

(a) Funeral director C. Vernon Lemmon.
(b) Address 4611 Park Heights.

AUG 22 1939

(c) Date received by registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 20 1939. at 6:35 P. M.

21. I certify that death occurred on the date above stated, that I attended deceased from Aug 20 1939. to Aug 20 1939. and that I last saw her alive on Aug 20 1939.

Immediate cause of death — Duration

Coronary Thrombosis — 6 hrs

Due to

Due to

Other Conditions Chronic Nephritis — 2 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. Lemmon
Address 6711 Park Heights Ave. Date signed 8/23/39

VS 3

60730

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B-60730 Registered No.

PLACE OF DEATH:

1. Baltimore City, Maryland
2. Street address 1116 N. Eden St.
3. Hospital or institution:

4. Length of stay in hospital or inst. (yrs., mos., or days)
5. Length of stay in Baltimore (yrs., mos., or days) 40yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1116 N. Eden St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

10

6. (a) FULL NAME James E. Richards

(b) If veteran, name war

3 (c) Social Security Account No. 218-05-1063

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	Col.	Married

(b) Name of husband or wife Mamie

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Mar 23, 1882

AGE: Years	Months	Days	If less than one day hr.	min.
57	4	26		

Birthplace Va. (Town, county, and state)

Usual Occupation Laborer

Industry or business

12. Name Joseph Richards

13. Birthplace Va

14. Maiden Name Ella ?

15. Birthplace Va.

(a) Informant Ella Richards

(b) Address 1116 N. Eden St.

(a) Burial (Burial, cremation, or removal) (b) Date thereof 8/23/39 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location Cedar Hill Sec. ?

(a) Funeral director Robert L. Young

(b) Address 504 N. Central Ave.

(c) Huntington Williams M.D.

AUG 22 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 19 1939 at 11:30 P M

21. I certify that death occurred on the date above stated, ~~that I last saw deceased alive on~~ 19 . to 19 . ~~and that to the best of my knowledge and belief death occurred at~~ 19 .

Immediate cause of death Coronary Thrombosis

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature

Address 1500 E. Monument St. Date signed 8/22/39

Arnold J. Walden M.D. - Med. Examiner
D. Sossaman, sold

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

60721

CERTIFICATE OF DEATH

161-D F 60721

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 21-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Girl Taylor

(a) Residence: No. 919 S. Fremont St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): August 19, 1939

8. AGE: Years | Months | Days | If LESS than 1 day: hrs. or 15 min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

13. NAME: Albert Taylor

14. BIRTHPLACE (city or town) (State or country): North Carolina

15. MAIDEN NAME: Rebecca Scott

16. BIRTHPLACE (city or town) (State or country): Philadelphia, Penna.

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: UNIVERSITY MEDICAL SCHOOL Date: AUG 22 1939 19

19. UNDERTAKER: Commissioner of Health

(Address)

20. FILED: AUG 22 1939 H. A. Moore Registrar

3009

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): August 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from August 19, 1939 to August 19, 1939

I last saw her alive on August 19, 1939 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

Hemorrhagic Disease of Newborn

	Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph M. Hellman M. D.

(Address) University Hospital

F 60722 HEALTH DEPARTMENT—CITY OF BALTIMORE F 60722

CERTIFICATE OF DEATH

X 160-15

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteers of America Hosp 4151 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. — mos. — da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Baby Smith

If U. S. Veteran specify WAR .....

(a) Residence: No. ..... St., ... Ward. Brooklandwell, Balto Co

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug. 21, 1939

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or 1 min.
	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Bernard Smith

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Gladys Hook

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Bernard Smith

(Address) Falls Road, Brooklandville

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date AUG 22 1939 19

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Moore

20. FILED AUG 22 1939 Winston Williams Registrar

5096

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from ..... 19... to ..... 19...

I last saw h... alive on ..... 19... Death is said to have occurred on the date stated above, at 6.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulation of cord	Aug 21
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Myron W. Stember M. D.

(Address) Volunteers of America Hosp

E 60723

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B

Registered No. E 60723

PLACE OF DEATH:

1. Baltimore City, Maryland
2. Street address Wilkens + Caton Aves.
3. Hospital or institution: St. Agnes Hospital
4. Length of stay in hospital or inst. (yrs., mos., or days) 5
5. Length of stay in Baltimore (yrs., mos., or days) 29 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 2316 Edmondson Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. (a) FULL NAME Spencer Purdum
(b) If veteran, name war NO
3. (c) Social Security Account No. 717-07-7403
4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced married
(b) Name ~~husband~~ wife Lucy Cora
6 (c) If alive, give age 63 years
Birth date of deceased (mo., day, yr.) May 25th 1878

AGE: Years 61 Months 2 Days 27 If less than one day hr. min.

Birthplace Md. (Town, county, and state)

7. Usual Occupation Retired R. R. man
8. Industry or business
9. Name Charles F. Purdum
10. Birthplace Md.
11. Maiden Name Harriet S Hobbs
12. Birthplace Md.
13. (a) Informant Lucy Purdum
(b) Address 2316 Edmondson Ave.
14. Burial, cremation, or removal Lorraine PK Date thereof 8/24/39 (month) (day) (year)
(c) Cemetery or crematory Lorraine PK Cem
Location Woodlawn Md
15. (a) Funeral director Gilt Leyenbach
(b) Address 1-21 N Fayette St
(c) AUG 22 1939 Huntington Williams M.D.
(Date rec'd by Registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-21 1939 at 6:50 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-17 1939 to 8-21 1939, and that I last saw h l M alive on 8-21 1939

Immediate cause of death Cardiac failure

Due to Congestive heart failure

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles V. Secrist M. D.
Address St Agnes' Hosp Date signed 8/21/39

VS 3

60724

LB 47553

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107-a

F 60724 Registered No.

PLACE OF DEATH:
Baltimore City, Maryland

Street address 4940 Eastern Avenue
Hospital or institution:
Baltimore City Hospitals

Length of stay in hospital or inst. (yrs., mos., or days) 4 days

Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 4602 O'Donnell St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

X

1. FULL NAME
Maria Hughes

(b) If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

(b) Name of husband or wife George (d)

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) 50 10/2/59

AGE: Years	Months	Days	If less than one day
49	9	29	hr. min.

Birthplace Maryland (Town, county, and state)

Usual Occupation None 10 27
Industry or business

12. Name Daniel McNaugall

13. Birthplace Ireland

14. Maiden Name Catherine Mulcahey

15. Birthplace Ireland

(a) Informant Records

(b) Address Baltimore City Hospitals

(a) Burial (Burial, cremation, or removal) (b) Date thereof 8/24/39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Cathedral

Location Balto. Md.

(a) Funeral director William Cook

(b) Address 217 St. Paul St

(c) 8-23-1939 Huntington Williams M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH August 21 1939, at 10:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from August 11 1939, to August 21 1939, and that I last saw h er alive on August 21 1939.

Immediate cause of death
Bronchopneumonia
Chronic alcoholism

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Pneumonia, lower lobes

Duration
2 days
unknown

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Sylvan L. Goldberg M. D.

Address Baltimore City Hospitals Date signed 8-22-39

VS 3

F 60725

367248 med

Knoche

BALTIMORE CITY HEALTH DEPARTMENT 194B Registered No.

CERTIFICATE OF DEATH

PLACE OF DEATH:
1. Baltimore City, Maryland
1. Street address
1. Hospital or institution: JOHNS HOPKINS HOSPITAL
1. Length of stay in hospital or inst. (yrs., mos., or days)
1. Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 330 St. Paul (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Louis Knoche Jr.
(b) If veteran, name war —
3 (c) Social Security Account No. 217-03-0741
Sex: Male | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married
(b) Name of husband or wife: Louise
6 (c) If alive, give age years
Birth date of deceased (mo., day, yr.) 10-11-78
AGE: Years 60 | Months 11 | Days 10 | If less than one day hr. min.
Birthplace Md. (Town, county, and state)
Usual Occupation Clerk
Industry or business
12. Name Louis Knoche
13. Birthplace Germany
14. Maiden Name Elizabeth Fisher
15. Birthplace Germany
(a) Informant
(b) Address JOHNS HOPKINS HOSPITAL
(c) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 24, 1939 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md
(a) Funeral director Thomas J. Corkran
(b) Address 1217 E. Fayette St.
Date received by registrar AUG 23 1939 (c) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 21 1939, at 4.05 P M
21. I certify that death occurred on the date above stated; that I attended deceased from Aug 20 1939 to Aug 21 1939 and that I last saw h[illegible] alive on Aug 21 1939.

Immediate cause of death: Coronary Thrombosis — Duration: 2 days
Due to Coronary arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Coronary Thrombosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature D. M. Welty M. D.
Address Johns Hopkins Hosp. Date signed 8-22-39

VS 8

0726

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

F 60726
Registered No.

PLACE OF DEATH:

1. (a) Baltimore City, Maryland
(b) Street address 2100 N Fulton ave
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
5-4
(d) Street No. 2100 N Fulton ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 30 years

FULL NAME Isidore or Lloyd Kramer

(b) If veteran, name war

3 (c) Social Security Account No. none

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Married

(b) Name of husband or wife Sarah

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) 1857

AGE: Years	Months	Days	If less than one day hr.	min.
52				

Birthplace Russia (Town, county, and state)

Usual Occupation Barber

Industry or business Self

12. Name Louis Kramer

13. Birthplace Russia

14. Maiden Name Lena P

15. Birthplace Russia

(a) Informant William Kramer

(b) Address 2100 Fulton ave

(a) (Burial, cremation, or removal) (b) Date thereof 8-27-39 (month) (day) (year)

(c) Cemetery or crematory Hebrew Friendship

Location East Balto st

(a) Funeral director Sol Levenson & Bro.

(b) Address 1124-26 W North ave

(a) Filed by registrar Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 22, 1939, at 11 16 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 25, 1938, to Aug 22 1939, and that I last saw h im alive on Aug 22, 1939.

Immediate cause of death	Duration
Cerebral Embolism	3 days
Due to Arteriosclerotic Cardiovascular	8 mos.
Due to Disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Israel P. Wisanski M. D.

Address 1910 W. North Ave Date signed Aug 22, 1939

60727

67169

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53-C

F 60727

Registered No.

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Prince Georges Co.

(c) City or town Capitol Heights (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME David Goldstein

(b) If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	White	Single

(b) Name of husband or wife

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) 6-3-39

AGE: Years	Months	Days	If less than one day
	11 mths	19	hr. min.

Birthplace Maryland (Town, county, and state)

Usual Occupation Infant

Industry or business

12. Name Albert Goldstein

13. Birthplace Md

14. Maiden Name Mildred Cohen

15. Birthplace Penn

(a) Informant Records -

(b) Address

(a) Burial (Burial, cremation, or removal) (b) Date thereof 8-23-39 (month) (day) (year)

(c) Cemetery or crematory Wash. Blvd

Location Wash Blvd

(a) Funeral director Jack Lewis Inc.

(b) Address 1439 E. Balto St

(a) (b)

(Signature and title of local registrar)

AUG 23 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 22 1939, at 1400 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 17 1939, to Aug 22 1939, and that I last saw him alive on Aug 22 1939.

Immediate cause of death Brain tumor (malignant) — Duration ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations large tumor in left lateral ventricle

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Kenneth L. Pollard M. D.

Address J. H. H. Date signed 8.22

F 60728

F 60728

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 94-3

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1913 W. Mulberry St
Hospital or institution:

(c) Length of stay in hospital or inst. (yrs., mos., or days) Life
(d) Length of stay in Baltimore (yrs., mos., or days) 70

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1913 W Mulberry St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. (a) FULL NAME William H. Reynolds
(b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M | 5. Color or race Wh | 6 (a) Single, married, widowed, or divorced Married
(b) Name of husband or wife Edna Marie Reynolds
6 (c) If alive, give age years

Birth date of deceased (mo., day, yr) Jan. 8, 1886 If less than one day hr. min.

AGE: Years 53 | Months 7 | Days 13

Birthplace Balto, Md (Town, county, and state)
Usual Occupation Electric Welder
Industry or business

12. Name George Reynolds
13. Birthplace D. C.
14. Maiden Name Rose C. Wegner
15. Birthplace Balto. Md.

(a) Informant Mrs. Edna M. Reynolds
(b) Address 1913 W Mulberry St.

(a) Burial (Burial, cremation, or removal) (b) Date thereof 8/24/39 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.
(a) Funeral director Henry H Wetzler
(b) Address 4101 Edmondson Ave

Filed AUG 23 1939 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION 10 am

20. DATE OF DEATH 8/21/39 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Coronary occlusion

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner

Date signed 8/21/39

VS 6

60729 LB 27041

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B F 60729 Registered No.

PLACE OF DEATH:

1. Baltimore City, Maryland
Street address 4940 Eastern Avenue
Hospital or institution:
Baltimore City Hospitals
Length of stay in hospital or inst. (yrs., mos., or days) 1 yr. 10 mths 1 day
Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 652 Bradley St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Annie Hosey

(b) If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widowed

6 (b) Name of husband or wife Robert (d)
6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) 8-20-1893

AGE: Years	Months	Days	If less than one day
46	0	1	hr. min.

Birthplace Baltimore (Town, county, and state)
Usual Occupation
Industry or business

12. Name James Edward Queen (d)
13. Birthplace Baltimore
14. Maiden Name Josephine Wolfett (d)
15. Birthplace Maryland
(a) Informant Records
(b) Address Baltimore City Hospitals

(a) Burial (Burial, cremation, or removal) (b) Date thereof 8-26-39 (month) (day) (year)
(c) Cemetery or crematory Arlington Park
Location
(a) Funeral director Mrs Frances A. Heyward
(b) Address 578 N. Eddle St.
(a) (b) Registrar

8-23-1939

MEDICAL CERTIFICATION

20. DATE OF DEATH August 21 1939, at 10:15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-20 1937 to August 21 1939, and that I last saw h[illegible] alive on August 21 1939.

Immediate cause of death Bronchopneumonia. — Duration 2 days
Due to
Due to
Other Conditions Hypertension — Duration unknown.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Pneumonia, arteriosclerosis, old myocardial lesion

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sylvan D. Goldberg M. D.
Address Baltimore City Hospitals Date signed 8-22-39

60730

F 60730

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

23 Registered No.

PLACE OF DEATH:
Baltimore City, Maryland
Street address 115 N. Poppleton St
Hospital or institution:

Length of stay in hospital or inst. (yrs., mos., or days)

Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 115 N. Poppleton St (If rural give location)
(e) If foreign born, how long in U. S. A? years

1. (a) FULL NAME Hilleare Saunders

(b) If veteran, name war

3 (c) Social Security Account No. NONE

4 Sex female | 5 Color or race Colored | 6 (a) Single, married, widowed, or divorced Married

(b) Name of husband or wife Annie Saunders

6 (c) If alive, give age years

7 Birth date of deceased (mo., day, yr.) June 17 1896

AGE: Years 43 | Months 2 | Days 9 | If less than one day hr. min.

8 Birthplace Balto. Md. (Town, city, and state)

9 Usual Occupation Painter

10 Industry or business

11. Name ? Saunders

12. Birthplace

13. Maiden Name Jennie ?

14. Birthplace

15. (a) Informant Annie Saunders

(b) Address 115 N. Poppleton St

16 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-24-34 (month) (day) (year)

(c) Cemetery or crematory Int Auburn Cem.

Location Baltimore Md.

17 (a) Funeral director Mrs. Frances A. Heyesley

(b) Address 578 Ft. Biddle St.

(Date received by registrar) (b) Signature of registrar

AUG 20 1934

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8 21 1934, at 12 25 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1934, to Aug 21 1934, and that I last saw h alive on Aug 21 1934.

Immediate cause of death

Due to Pulmonary Tb

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
7 yrs
6 Mo
6 Da

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.

Address 1 W N Poppleton Date signed 8-23-34

F 60731

F 60731

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 95-B Registered No.

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Franklin Sq. Hospital

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Balto

(c) City or town Baco - Parkton Md. (If outside city or town limits, write RURAL and give town)

(d) Street No. Parkton Md. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Mrs. GERTHELIA M. GORE

(b) If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	white	MARRIED

(b) Name of husband or wife H. SPENCER GORE

6 (c) If alive, give age 64 years

Birth date of deceased (mo., day, yr.) April 9, 1878.

AGE: Years	Months	Days	If less than one day hr.	min.
60 yrs.	4	13		

Birthplace Baco Md. (Town, county, and state)

Usual Occupation H-Wife

Industry or business

12. Name DAVID E. HOOVER

13. Birthplace Md.

14. Maiden Name ~~Mrs. Nancy~~ Mary E. Hoffacker

15. Birthplace Md

(a) Informant H. Spencer Gore

(b) Address Parkton Md

(a) Burial (Burial, cremation, or removal) (b) Date thereof 8 (month) 27 (day) 39 (year)

(c) Cemetery or crematory Middletown Md. Location Middletown Md.

(a) Funeral director Edw. C. Pylatou

(b) Address Hampstead Md

(a) (Date rec'd by reg.) AUG 28 1939 (b) Huntington Md.

VS 3

MEDICAL CERTIFICATION

30

20. DATE OF DEATH Aug - 22 1939 at 10 am M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/21/1939 to 8/22 1939. and that I last saw her alive on 8/22, 1939.

Immediate cause of death Cardiac decompensation with terminal pneumonia

Due to Hypertension and cardio-vascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Lewis J. Haladuer M.D.

Address Franklin Sq. Hospital Date signed 8/21/39

F 60732

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 60732 Registered No. 121

PLACE OF DEATH:

1. Baltimore City, Maryland
2. Street address
3. Hospital or Institution: Franklin Square
4. Length of stay in hospital or inst. (yrs., mos., or days) 1 day
5. Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3625 Fairhaven Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Mrs Thelma White

(b) If veteran, name war | 3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	

(b) Name of husband or wife Wallace White
6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) March 17 1908

AGE: Years	Months	Days	If less than one day hr.	min.
31	5	4		

Birthplace Baltimore Md (Town, county, and state)

Usual Occupation Housewife
Industry or business

12. Name Leo F Winterling
13. Birthplace Baltimore
14. Maiden Name Florence Montgomery
15. Birthplace Baltimore

(a) Informant Wallace White
(b) Address 2106 N. Charles St

(a) Parkwood (Burial, cremation, or removal) (b) Date thereof Aug 24 37 (month) (day) (year)

(c) Cemetery or crematory Parkwood
Location
(a) Funeral director Wendell E Humphreys
(b) Address 501 N. Broadway

AUG 23 1939 (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/21/39 1939, at 1 00 A.M

21. I certify that death occurred on the date above stated, that I attended deceased from 8/20 1939. to 8/21 1939.
and that I last saw h Er alive on 8/21 1939.

Immediate cause of death: Vasomotor collapse — Duration

Due to Generalized Peritonitis

Due to Ruptured Appendicitis

Other Conditions Paralytic ileus

(Include pregnancy within 3 months of death)

Major findings:
Of operations Ruptured appendicitis Generalized peritonitis; ileus
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis J. McCormick M.D.
Address Franklin Square Hosp Date signed 8/21/39 (M D)

VS 2

F 60733

HEALTH DEPARTMENT—CITY OF BALTIMORE

60733

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 714-N. Eden St. 10-2 Ward)

Registered No.

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mary Burns

(a) Residence: No. 714 N. Eden St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year): 3-13-1867

7. AGE: Years 72 | Months 5 | Days 6 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: C

10. Date deceased last worked at this occupation (month and year): 40

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Thelma Spruell

(Address) 714-N. Eden

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery Date 8-23 1939

19. UNDERTAKER: Wm P. C. Elliott-Dighton

(Address) 1129 N. Caroline St.

20. FILED 8-23 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-19 1939

22. I HEREBY CERTIFY, That I attended deceased from 7/20 1939 to 8/19 1939

I last saw him alive on 8/19 1939 Death is said to have occurred on the date stated above, at 6:05 P. M.;

The principal cause of death and related causes of importance were as follows:

Myocarditis & Arteriosclerosis — Date of onset C

Other contributory causes of importance: Senility

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

Symptoms & Signs

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Chas. R. Blake M. D.

(Address) 924 Fregonia St.

23 1939

F 60734

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

82-a

F 60734 Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
Street address 2138 St Paul St
~~Hospital~~ or institution:
Convalescent Home
Length of stay in hospital or inst. (yrs., mos., or days)
Length of stay in Baltimore ~~yrs.~~, mos., or ~~days~~ 5 Months

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 206 Chauncery Road Guilford (If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

(a) FULL NAME Harriet Gardner Packard
(b) If veteran, name war No
3 (c) Social Security Account No. No
Sex Female
5. Color or race White
6 (a) ~~Single, Married, Widowed, or Divorced~~ Widow
(b) Name of husband or wife
6 (c) If alive, give age years
Birth date of deceased (mo., day, yr.) May 3 1869

AGE: Years	Months	Days	If less than one day
70	3	19	hr. min.

Birthplace Norfolk Va (Town, county, and state)
Usual Occupation None
Industry or business None

12. Name Wm F. Gardner
13. Birthplace Alexander Va
14. Maiden Name Harriet Rowland
15. Birthplace Norfolk Va
(a) Informant Wm F. Packard
(b) Address 2120 St Paul St
(a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 24 1939 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Ivy Hill Cem
Location Alexandria Va
(a) Funeral director Hitzelberger & Co
(b) Address Oakland & Mc Culloh Sts
AUG 23 1939 Huntington Hillsboro, W. Va.

MEDICAL CERTIFICATION

20. DATE OF DEATH August 22 1939, at 5 P M
21. I certify that death occurred on the date above stated, that I attended deceased from August 19 1939, to Aug 22 1939, and that I last saw h-r alive on August 22 1939.

	Duration
Immediate cause of death: arterio sclerosis with at least 5 cerebral hemorrhages in	Last one 8/19/39
Due to the past 3 years	
Due to hypertension	5 years
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Randall Smith, Jr. M. D.
Address 1014 St Paul St Date signed 8/22/39

VS 3

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 60735

1501 F 60735 Registered No. 195-B

PLACE OF DEATH:

1) Baltimore City, Maryland

2) Street address Baltimore Maryland

3) Hospital or institution: Baltimore City Hospitals

4) Length of stay in hospital or inst. (yrs., mos., or days)

5) Length of stay in Baltimore (yrs., mos., or days) 14 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1053 Myrtle Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

1a. FULL NAME Mary Glen

1b. If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Sep.

6 (b) Name of husband or wife Fonzey Glen

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) 1/10/1905

AGE: Years	Months	Days	If less than one day
30	8-	9	hr. min.

Birthplace Tenn. (Town, county, and state)

Usual Occupation presses

Industry or business Laundress

12. Name Fred Norwood

13. Birthplace Tenn.

14. Maiden Name Molly Seasons

15. Birthplace Tenn.

(a) Informant Records

(b) Address Baltimore City Hospitals

(a) (Burial, cremation, or removal)

(b) Date thereof Aug 23 1939 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cem

Location A. A. Co. Maryland

(a) Funeral director Isaiah R Brown Son

(b) Address 1018 W Montgomery St

AUG 23 1939 (b) (Date received by registrar)

Embalmer for Williams MP

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-19 1939 at 2 30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-25 1939 to 8-19 1939. and that I last saw her alive on 8-19 1939.

Immediate cause of death Coronary occlusion — Duration sudden

Due to Rheumatic heart disease — ?

Due to — MTV

Other Conditions Granuloma inguinale — ?

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Lewis Lundy M. D.

Address Balto City Hosp Date signed 8-19-39

VS 3

F 60736

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 Registered No. F 60736

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3705 N. Charles St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)

(d) Street No. 3705 N. Charles St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) **FULL NAME** Anna C. Uhrig

(b) If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	single

(b) Name of husband or wife

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) 8/16/49

AGE: Years	Months	Days	If less than one day
90	--	6	hr. min.

Birthplace Balto. Md. (Town, county, and state)

11. Usual Occupation None

11. Industry or business

12. Name John Uhrig

13. Birthplace Germany

14. Maiden Name Wilhelmina Hoffman

15. Birthplace Germany

(a) Informant Mr. John H. Uhrig

(b) Address 80 Church St. Beverly, N. J.

(a) Cremation (Burial, cremation, or removal) (b) Date thereof 8/24/39 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cemy.

Location Fred. Ave. Balto. Md.

(a) Funeral director John O. Mitchell Funeral Home

(b) Address 1900 Eutaw Place

(c) Filed AUG 23 1939 Huntington Williams, M.D. Registrar

(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/22/1939 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 20 1937 to Aug 22 1939. and that I last saw her alive on Aug 21 1939.

Immediate cause of death Carcinoma of breast — Duration 4 years

Due to

Due to

Other Conditions Metastases to skin + liver (Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Alan Bernstein M. D.

Address 1207 Eutaw Place Date signed

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60737 | CERTIFICATE OF DEATH | 943 | F 60737

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 S. Bethel St. 2-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 40 yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ✓

2. FULL NAME Jozef or Joseph Cierzniak

(a) Residence: No. 610 S. Bethel St., ... Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: White

4. Color or Race: Male

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Michalena Cierzniak

6b. DATE OF BIRTH (month, day, year): Dec. ... 1860

7. AGE: Years 78 | Months 8 | Days 15 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired-

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Poland

13. NAME: John Cierzniak

14. BIRTHPLACE (city or town) (State or country): Poland

15. MAIDEN NAME: Rose Cierzniak

16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT: Mrs. Michalina Cierzniak

(Address): 610 S. Bethel St.

18. BURIAL, CREMATION, OR REMOVAL: St. Stanislaus Cem. Date: Sept 16 1939

19. UNDERTAKER: Stephen J. Tialkowski INC

(Address): 1000 S. Kenwood ave.

20. Huntington Williams, M.D. Registrar

SEP 15 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1939 to Sept 12, 1939

I last saw h... alive on dead on arrival, 19... Death is said to have occurred on the date stated above, at 8:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion (Thrombosis ?)	1 day
Other contributory causes of importance: Generalized arteriosclerosis	?

Was an operation performed? no Date of ...

For what disease or injury? ✓

Name of operation ✓

What test confirmed diagnosis? none Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓

No If so, specify.

(Signed) Joseph Pokorny M. D.

(Address) 2200 E Madison St

Howard J. Macauley M.D. Medical Examiner

60738 HEALTH DEPARTMENT—CITY OF BALTIMORE 60738

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2117 Dennison St. 15-1 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Minnie Snowden Valk

If U. S. Veteran specify WAR .....

(a) Residence: No. 2117 Dennison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed or divorced: HUSBAND of (or) WIFE of Dr. Emory Valk

6b. DATE OF BIRTH (month, day, year) May 7th 1854

7. AGE: Years 85 | Months 3 | Days 15 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) None 11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Laurel Md

13. NAME of Father Dr Wilton Snowden

14. BIRTHPLACE (city or town) (State or country) Laurel Md

15. MAIDEN NAME of Mother Elizabeth Capron

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs John Bradley

(Address) St Johns Rd. Balto Md

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Md. Aug 24 1939

19. UNDERTAKER Lloyd Carson

(Address) Laurel Md.

20. FILED ..... 19.....

Registrar.

Lemuel Harrington for Baltimore City M.D.

AUG 23 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 22nd 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15th 1938 to Aug 22nd 1939

I last saw her alive on Aug 21st 1939. Death is said to have occurred on the date stated above, at 12.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Other contributory causes of importance: Fracture of Hip 1937	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or Injury in any way related to occupation of deceased? no

If so, where?

(Signed) Elbert C. Reister M. D.

(Address) 2245 Reisterstown Rd Balto Md

60739

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 60739 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3904 Norfolk Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-9

(e) Length of stay in Baltimore (yrs., mos., or days) 21 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3904 Norfolk Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 21 years

3. (a) FULL NAME Rev. Marcus (Morris) Katz
(b) If veteran, name war
(c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married
(b) Name of husband or wife Jennie
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) July 9-1870
AGE: Years 69 Months 1 Days 12 If less than one day hr. — min.

8. Birthplace Russia (Town, county, and state)

9. Usual Occupation Sexton (Retired)
10. Industry or business

11. Name David Katz
12. Birthplace Russia
13. Maiden Name Mary
14. Birthplace Russia
15. (a) Informant Jennie Katz
(b) Address 3904 Norfolk Ave

16. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-23-39 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Park Ave & Hamilton Ave

17. (a) Funeral director Jas. L. Lewis Son
(b) Address 1439 E. Baltimore

18. Date received by registrar Aug 23 1939 Registrar's signature Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 22 1939, at 9P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1939 to Aug 22 1939, and that I last saw him alive on Aug 22 1939.

Immediate cause of death: Arteriosclerosis Myocarditis — Duration

Due to

Due to

Other Conditions: Lobar pneumonia and Pulmonary edema — 2 days
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy none

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: —
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury

23. Signature D. Katz M. D.
Address Date signed

VS 3

F 60740

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1939

Registered No. F 60740

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Bon Secours

(d) Length of stay in hospital or inst. (yrs., mos., or days) Hrs 1½

(e) Length of stay in Baltimore (yrs., mos., or days) Hrs 1½

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 660 Saratoga St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) **FULL NAME**

(b) If veteran, name war

3 (c) Social Security Account No.

Sex: female

5. Color or race: Black

6 (a) Single, married, widowed, or divorced

(b) Name of husband or wife

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) 8-20-39

AGE: Years | Months | Days | If less than one day: 1 hr. 30 min.

Birthplace Balto. Md. (Town, county, and state)

9. Usual Occupation

10. Industry or business

12. Name Arthur Myers

13. Birthplace Balto. Md

14. Maiden Name Doris Henson

15. Birthplace Balto. Md.

16 (a) Informant Doris Henson

(b) Address 660 Saratoga St.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 8-22-39 (month) (day) (year)

(c) Cemetery or crematory Crematory

Location S.C. Co.

18 (a) Funeral director

(b) Address

19 AUG 23 1939 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-20-39 19 , at 9:30 M

21. I certify that death occurred on the date above stated, that I attended deceased from 8-20 1939, to 8-20 1939, and that I last saw her alive on 8-20-39 19

Immediate cause of death — **Duration**

Spontaneous abortion

Due to 25 weeks.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature D. Lewis Dann M. D.

Address Date signed

VS 3

F 60741

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

Registered No. F 60741

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3819 Clifton Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3819 Clifton Avenue (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Rachel Oppenheimer

(b) If veteran, name war

3 (c) Social Security Account No. none

Sex f | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widow

(b) Name of husband or wife Unknown

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) May 30, 1854

AGE: Years	Months	Days	If less than one day
85	2	24	hr. min.

Birthplace Germany (Town, county, and state)

11. Usual Occupation ------

Industry or business Home

12. Name Adolf Levor

13. Birthplace Germany

14. Maiden Name Sarah Rosenthal

15. Birthplace Germany

(a) Informant Mrs. Bertha Cohen

(b) Address 3819 Clifton Avenue

Interment Burial Friendship (Burial, cremation, or removal) hereof 8/25/39 (month) (day) (year)

(c) Cemetery or crematory Sinai Friendship

Location Baltimore County Md.

(a) Funeral director Chas. H. Jones

(b) Address 2432 Reisterstown Rd

Huntington Williams M.D.

AUG 23 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/23/39 19 . at 8:15 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above.

Immediate cause of death: Arteriosclerosis — Duration: ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Conrad Acton M.D. Medical Examiner

Date signed 8/23/39

VS 6

47385-fs

60742

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

107-a

Registered No. F 60742

PLACE OF DEATH:

Baltimore City, Maryland

Street address 4940 Eastern Ave.

Hospital or institution: Balto. City Hospitals

Length of stay in hospital or inst. (yrs., mos., or days) 3 days

Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 5311 Denmore Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) **FULL NAME** Theodore Huston

(b) If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	colored	single

(b) Name of husband or wife

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) 5-1-77

AGE: Years	Months	Days	If less than one day
62	3	14	hr. min.

Birthplace Kentucky (Town, county, and state)

Usual Occupation night watchman

Industry or business

12. Name Samuel

13. Birthplace Kentucky

14. Maiden Name Elizabeth

15. Birthplace Kentucky

(a) Informant B.C.H. Records

(b) Address

(a) Burial, cremation, or removal

(b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location

(a) Funeral director Per H. A. Moore

(b) Address

(Date rec'd by registrar)

UNIVERSITY MEDICAL SCHOOL AUG 23 1939

Commissioner of Health

AUG 23 1939

(b) Huntington Williams, M.D. Registrar

5011

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 15 1939, at 12 05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-12 1939, to 8-15 1939, and that I last saw him alive on 8-15 1939.

Immediate cause of death: Bronchopneumonia — Duration: 1 week

Due to

Due to

Other Conditions Hypertension — Duration: unknown

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [illegible] M. D.

Address Balto City Hosp Date signed 8-23-39

F 60743

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

F 60743 Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 626 W. Mulberry st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 626 W. Mulberry st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Eva Disney

(b) If veteran, name war | 3 (c) Social Security Account No. none

Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Divorced

(b) Name of husband or wife Geo Disney | 6 (c) If alive, give age — years

Birth date of deceased (mo., day, yr.) 3-11-1874

AGE: Years	Months	Days	If less than one day
65	5	11	hr. min

Birthplace Carroll County Md (Town, county, and state)

Usual Occupation Housedress
Industry or business

12. Name Williams Brightfull
13. Birthplace Md
14. Maiden Name Elizabeth Parker
15. Birthplace Md

(a) Informant Ralph Disney
(b) Address 626 W. Mulberry st

(a) Burial (Burial, cremation, or removal) (b) Date thereof 8-24-39 (month) (day) (year)

(c) Cemetery or crematory Mt Olive
Location Carroll County Md

(a) Funeral director William A Jackson
(b) Address 916 Paca ave

(a) (Date rec'd by registrar) (b) [illegible] Registrar

23 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-22-1939, at A. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said Autopsy find that said deceased came (Autopsy or Inquiry) to h death on the day stated above.

Immediate cause of death Myocardial Failure — Duration

Due to Generalized Arterio-Sclerosis

Due to Chronic Nephritis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas J. Madden M.D
Medical Examiner

Date signed 8-22-39

F 60744

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-BL

Registered No. F 60744

PLACE OF DEATH:

1. Baltimore City, Maryland
2. Street address
3. Hospital or institution: Union Memorial Hospital
4. Length of stay in hospital or inst. (yrs., mos., or days)
5. Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. 2881 Chesterfield Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) **FULL NAME** Mr. Henry Siegrist

(b) If veteran, name war

3. (a) Social Security Account No. 212-05-4429

Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
M	W	

(b) Name of husband or wife Elizabeth Siegrist (If not alive, give age) years

Birth date of deceased (mo., day, yr.) May 8/1876

AGE: Years	Months	Days	If less than one day: hr.	min.
63	3	13		

Birthplace Balto (Town, county, and state)

9. Usual Occupation Inspector
10. Industry or business Gas & Elec Co
12. Name Louis Siegrist
13. Birthplace Ger
14. Maiden Name Margret Wise
15. Birthplace Ger

(a) Informant Mary P. Siegrist

(b) Address 2881 Chesterfield Ave

(a) (Burial, cremation, or removal)

(b) Date thereof Aug 24/39 (month) (day) (year)

(c) Cemetery or crematory St Pauls Ref

Location Cardiff St Balto

(a) Funeral director John Ulbrich

(b) Address 2008 Orleans St

(c) Huntington Williams Md.

AUG 23 1939 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 21 1939, at 9:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 19 1939, to Aug 21 1939, and that I last saw him alive on Aug 21 1939.

	Duration
Immediate cause of death: Heart Failure	2 weeks
Due to Arteriosclerotic Heart Disease	2 years
Due to	
Other Conditions Bronchopneumonia	2 weeks

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature William F. Pearce M. D.

Address Union Memorial Hosp Date signed 8/21/39

VS 3

F 60745

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53-BLF 60745 Registered No.

PLACE OF DEATH:

1) Baltimore City, Maryland

2) Street address 2922 Harford Rd.

3) Hospital or institution:

4) Length of stay in hospital or inst. (yrs., mos., or days)

5) Length of stay in Baltimore (yrs., mos., or days) 1 year

2. USUAL RESIDENCE OF DECEASED:

(a) State Delaware (b) County Dover

(c) City or town Dover (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Sarah. Weatherly

(b) If veteran, name war NO

3 (c) Social Security Account No. NONE

4. Sex female

5. Color or race white

6 (a) Single, married, widowed, or divorced. Widow

(b) Name of husband or wife George. E Weatherly

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Feb 22 1871

AGE: Years 68 Months 6 Days 1 If less than one day hr. min.

Birthplace Dover Delaware (Town, county, and state)

9. Usual Occupation None wife

10. Industry or business

12. Name unknown

13. Birthplace Delaware

14. Maiden Name unknown

15. Birthplace Delaware

(a) Informant Mrs E K Lilly Daughter

(b) Address 2922 Harford Rd

(a) (Burial, cremation, or removal)

(b) Date thereof 8-23-39 (month) (day) (year)

(c) Cemetery or crematory Silverlake

Location Dover Delaware

(a) Funeral director Lillye Miller Sr

(b) Address 403 So Walnut St.

(a) AUG 23 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 23 1939. at 11:10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 1939. to Aug 23 1939. and that I last saw her alive on Aug 18 1939.

Immediate cause of death Carcinoma Bladder. Duration 2 mo.

Due to unknown

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Cystoscopic Exam.

Of operations

Of autopsy NO

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. D. Standing M. D.

Address 4810 Belair Rd Date signed Aug 24/39

VS 3

60746

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

Registered No. F 60746

PLACE OF DEATH:
Baltimore City, Maryland
Street address
Hospital or institution: University Hospital
Length of stay in hospital or inst. (yrs., mos., or days)
Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1101 Harlem ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. (a) FULL NAME Ida Beatrice Holden
(b) If veteran, name war
3. (c) Social Security Account No. none
4. Sex F
5. Color or race C
6. (a) Single, married, widowed, or divorced Single
(b) Name of husband or wife —
6. (c) If alive, give age years
Birth date of deceased (mo., day, yr.) Aug 28/1937
AGE: Years 1 Months 11 Days 24 If less than one day hr. min.
Birthplace Baltimore Md (Town, county, and state)
7. Usual Occupation none
Industry or business
12. Name Walter Holden
13. Birthplace
14. Maiden Name Anna Savage
15. Birthplace
(a) Informant Walter Holden
(b) Address 1101 Harlem ave
Burial (b) Date thereof 8/25/39 (month) (day) (year)
(Burial, cremation, or removal)
(c) Cemetery or crematory Mt Auburn
Location Baltimore
(a) Funeral director Charles J. Cooper
(b) Address 514 N. Calhoun St
AUG 23 1939 (Date rec'd by Reg.) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/22/39 19 at 1:40 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death: fractured skull — Duration: ½ hr.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 8/22/39
(c) Where did injury occur? 1101 Harlem Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? no (Specify type of place)
(e) Means of injury fall from 2nd story window
23. Signature Arnold Acton M.D. Medical Examiner
Date signed 8/23/39

VS 6

60747

rnw 47522

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-3 Registered No. F 60747

PLACE OF DEATH:

Baltimore City, Maryland

Street address 4940 Eastern Ave.

Hospital or institution:

Baltimore City Hospitals

Length of stay in hospital or inst. (yrs., mos., or days) 7 days

Length of stay in Baltimore (yrs., mos., or days) 7 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 233 S. Bond Street (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) **FULL NAME** Harry Higgins

(b) If veteran, name war

3 (c) Social Security Account No.

Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: single

(b) Name of husband or wife

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) 7/8/1920

AGE: Years	Months	Days	If less than one day
19	01	15	hr. min.

Birthplace Maryland (Town, county, and state)

Usual Occupation Printer

Industry or business unemployed

12. Name Harry

13. Birthplace unknown

14. Maiden Name Minnie Morgan

15. Birthplace unknown

(a) Informant Baltimore City Hospitals

(b) Address 4940 Eastern Ave.

(a) Removal (b) Date thereof 8/23/1937 (Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory

Location Cumberland, Md.

(a) Funeral director Wm. J. Tichenor Sons

(b) Address North & Ro. Ave

(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-23 1937, at 8 16 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-16 1937, to 8-23 1937.

and that I last saw h/m alive on 8-23 1937.

Immediate cause of death

Duodenal ulcer with perforation and bleeding

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations Perforated duodenal ulcer

Of autopsy Yes

Duration

?

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature E. K. Kubert Jr. M. D.

Address Balto City Hosp. Date signed 8-23-37

VS 8

F 60748

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

210-M

Registered No. F 60748

PLACE OF DEATH:
(a) Baltimore City, Maryland City hospital
(b) Street address Eastern ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 8 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2520 Hudson St (If rural give location)
(e) If foreign born, how long in U. S. A.) years

1-4

(a) FULL NAME Joseph Scardina

(b) If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	Single

(b) Name of husband or wife

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) 1931

AGE: Years	Months	Days	If less than one day
8	7	21	hr. min.

Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation
11. Industry or business

12. Name Joseph Scardina
13. Birthplace Baltimore Md
14. Maiden Name Ida Barthowiak
15. Birthplace Baltimore Md

16 (a) Informant Joseph Scardina
(b) Address 2520 Hudson St

17 (a) (Burial, cremation, or removal)
(b) Date thereof 8-25-39 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Dundalk ave

18 (a) Funeral director John J Dudo
(b) Address 2829 Hudson St

Huntington Williams, M.D. Registrar

AUG 23 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-22- 1939, at a. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Shock	
Due to multiple lacerations and fracture of both femurs	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 8-22-39
(c) Where did injury occur? City (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Street While at work? (Specify type of place)
(e) Means of injury Struck by automobile

23. Signature Howard J. Maldeis M.D. Medical Examiner
Date signed 8-22-39

60749

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3-B

Registered No. F 60749

PLACE OF DEATH:

(1) Baltimore City, Maryland

(2) Street address Calhoun + Fayette Sts.

(3) Hospital or institution: Franklin Square Hosp

(4) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs.

(5) Length of stay in Baltimore (yrs., mos., or days) 10 mo.

2. USUAL RESIDENCE OF DECEASED:

(a) State ..... (b) County .....

(c) City or town ..... (If outside city or town limits, write RURAL and give town)

(d) Street No. 1534 W Lexington St (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

(a) **FULL NAME** Irene Goines

(b) If veteran, name war

(3) (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
f	B	

(b) Name of husband or wife Mother - Mary Goines

6 (c) If alive, give age ..... years

Birth date of deceased (mo., day, yr.) 10/17/38

AGE: Years	Months	Days	If less than one day
0 mos	10	2	hr. ..... min.

Birthplace Balto Md. (Town, county, and state)

(7) Usual Occupation

(8) Industry or business

(9) 12. Name James Goines

(10) 13. Birthplace

(11) 14. Maiden Name Peterson

(12) 15. Birthplace

(13) (a) Informant Mother

(b) Address 1534 W. Lexington St.

(14) (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (month) ..... (day) ..... (year)

(c) Certified by ..... UNIVERSITY MEDICAL SCHOOL AUG 23 1939

Location Commissioner of Health

(15) (a) Funeral director Per H. A. Moore

(b) Address

(16) AUG 23 1939 Huntington Williams M.D. Registrar

(17) Registered 5012

MEDICAL CERTIFICATION

20. DATE OF DEATH August 19 1939, at 12-05 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 19 1939, to Aug 19 1939, and that I last saw h alive on Aug 18 1939.

Immediate cause of death	acidosis	Duration
Due to	dysentery (? Bacillary)	
Due to		
Other Conditions	dehydration -	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy dehydration, injected intestinal mucosa

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature James J. Kaelber M. D.

Address Franklin Square Hosp. Date signed 8/19/39

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-c F 60750 Registered No.

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1653 Mc Kean Ave

Hospital or institution:

(c) Length of stay in hospital or inst. (yrs., mos., or days)

(d) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1653 Mc Kean Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) **FULL NAME** Richard C. Myers

(b) If veteran, name war No.

3 (c) Social Security Account No. 215-01-0874

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

(b) Name of husband or wife Clara

6 (c) If alive, give age 63 years

Birth date of deceased (mo., day, yr.) Feb 19, 1877

AGE: Years	Months	Days	If less than one day
62	6	4	hr. min.

Birthplace Baltimore Md (Town, county, and state)

Usual Occupation Retired Baker

Industry or business National Biscuit Co

12. Name Unknown

13. Birthplace Unknown

14. Maiden Name Unknown

15. Birthplace Unknown

(a) Informant Richard H Myers

(b) Address 904 N. Monroe St

(a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 24 39 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet

Location Baltimore

(a) Funeral director Williams Leasak

(b) Address 1217 St Paul St

(a) (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 23 1939. at 3:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 1934 to Aug 23 1939.

and that I last saw h[illegible] alive on Aug 20 1939.

Immediate cause of death Myocardial failure

Duration 5 yrs.

Due to Coronary Thrombosis

Due to Chronic Nephritis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Thos W. Booth M. D.

Address Aug 30 39 Date signed

VS 3

60751

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59 F 60751 Registered No.

PLACE OF DEATH:

1. Baltimore City, Maryland
2. Street address Redwood & Greene Sts.
3. Hospital or institution: Univ. Hospital
4. Length of stay in hospital or inst. (yrs., mos., or days) 4 days
5. Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Baltimore
(c) City or town Elliott City (If outside city or town limits, write RURAL and give town)
(d) Street No. Westchester Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. (a) FULL NAME Fredrick Schneider
(b) If veteran, name war no
3. (c) Social Security Account No. 190-09-2862
4. Sex male
5. Color or race white
6. (a) Single, married, widowed, or divorced. married
(b) Name of husband or wife Mary E Grimes Schneider
(c) If alive, give age 46 years
7. Birth date of deceased (mo., day, yr.) Sept 24 1890
8. AGE: Years 48 Months 10 Days 24 If less than one day hr. min.
9. Birthplace Baltimore (Ellicott City) Md (Town, county, and state)
10. Usual Occupation Supt Brush Factory Pittsburgh
11. Industry or business (Glass Co)
12. Name Charles Schneider
13. Birthplace Germany
14. Maiden Name Albertina Von Munchou
15. Birthplace Germany
16. (a) Informant Mary G Schneider
(b) Address Westchester Ave Ellicott City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-25-39 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge cemetery
Location Pikesville Maryland.
18. (a) Funeral director William Cook
(b) Address 1217 St Paul St Balto Md.
19. (a) Date received by registrar Aug 25 1939 (b) [illegible] Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH August 22 19 39, at 1:15 P.M
21. I certify that death occurred on the date above stated, that I attended deceased from Aug. 17 19 39 to Aug. 22 19 39, and that I last saw him alive on Aug. 22 19 39.

Immediate cause of death: Coronary Thrombosis — Duration 3½ days
Due to Arteriosclerotic C.V.D.
Due to Diabetes Mellitus
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Henry Hazen M. D.
Address Univ. Hosp. Date signed 8/22/39

F 60752

F 60752 38843-FS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a

Registered No. F 60752

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9mo. 8da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1226 Hollins St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

X

(a) FULL NAME Valentine Bauscher
(b) If veteran, name war
3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

(b) Name of husband or wife
6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) 1-5-1865

AGE: Years	Months	Days	If less than one day
74	7	12	hr. min.

Birthplace Md. (Town, county, and state)

9. Usual Occupation polisher for B. & O. RR.
10. Industry or business

12. Name Valentine Bauscher
13. Birthplace Holland
14. Maiden Name Sara
15. Birthplace Pa.

16. (a) Informant B.C.H. Records
(b) Address

17. (a) Burial (Burial, cremation, or removal)
(b) Date thereof Aug 24 1939 (month) (day) (year)
(c) Cemetery Loudon Park
Location Balto Md
18. (a) Funeral director William Cook
(b) Address 1217 St. Paul St.

19. (a) (Date rec'd by registrar) AUG 24 1939
Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 17 1939, at 10 55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 9 1938, to August 17 1939, and that I last saw h was alive on August 17 1939.

Immediate cause of death — Duration
Cerebral hemorrhage — 24 hours
Bronchopneumonia — 72 hours
Due to
Due to
Other Conditions Hypertension arteriosclerosis — unknown unknown
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Arteriosclerosis, pneumonia, subdural

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 8-23-39

60753

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 60753 Registered No. 131

PLACE OF DEATH:

a) Baltimore City, Maryland

b) Street address 4210 Springwood Ave.

c) Hospital or institution:

d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days

e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 4210 Springwood Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) **FULL NAME** Louis W. Hanson

(b) If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

(b) Name of husband or wife Ella

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) April 16, 1860

AGE: Years	Months	Days	If less than one day
79	4	6	hr. min.

Birthplace Maryland (Town, county, and state)

0. Usual Occupation none

1. Industry or business

12. Name Not Known

13. Birthplace Not Known

14. Maiden Name Not Known

15. Birthplace Not Known

16 (a) Informant Mrs. Bradley (Daughter)

(b) Address 4210 Springwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 24. 39 (month) (day) (year)

(c) Cemetery or crematory Mt. Carmel Cemetery

Location Odonnell St.

18 (a) Funeral director George W. Zinkan

(b) Address 737 E. Eager St

AUG 24 1939 (b) Registrar

(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH August 22, 1939 at 10.30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1 1939 to Aug 22 1939, and that I last saw him alive on Aug 21 1939.

Immediate cause of death Arterial sclerosis — Duration 5 yrs.

Due to Myocardial Insufficiency — 1 wk

Due to

Other Conditions Nephritis — 2 yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Ed. Zimmerman

Address 4758 Hayden Rd Date signed 8/23/39

VS 3

68754

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48 Registered No. 47374 BD 68754

PLACE OF DEATH:

1. Baltimore City, Maryland
2. Street address 4940 Eastern Avenue
3. Hospital or institution: Baltimore City Hospitals
4. Length of stay in hospital or inst. (yrs., mos., or days) 10 days
5. Length of stay in Baltimore (yrs., mos., or days) 13 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town) Edmondson
(d) Street No. 920 McDonald Street (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

(a) **FULL NAME** Hattie Richardson

(b) If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Colored	Single

(b) Name of husband or wife

6 (c) If alive, give age ..... years

Birth date of deceased (mo., day, yr.) July 5, 1899

AGE: Years	Months	Days	If less than one day
40	1	16	hr. ..... min.

Birthplace North Carolina (Town, county, and state)

7. Usual Occupation None
8. Industry or business

12. Name Wm. Richardson
13. Birthplace North Carolina

14. Maiden Name Hattie Robinson
15. Birthplace North Carolina

(a) Informant Records
(b) Address Baltimore City Hospitals

(a) ..... (b) Date thereof 8-26-37 (month) (day) (year)
(Burial, cremation, or removal)

(c) Cemetery or crematory Mt Calvary
Location Westport

(a) Funeral director Adolphus Halsted
(b) Address 9180 Liberty Rd

(a) Filed AUG 24 1937 (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8 21 1937 at 3:33 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-11-1937 to 8-21-1937, and that I last saw her alive on 8-21-1937.

Immediate cause of death	Duration
Carcinoma cervix with metastases	?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy Yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

Signature L.K. Woodward M. D.
Address Balto City Hosp Date signed 8-21-37

VS 3

60755

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 60755

PLACE OF DEATH:
Baltimore City, Maryland
Street address Redwood & Greene
Hospital or institution:
University Hospital
Length of stay in hospital or inst. (yrs., mos., or days) 2 mos
Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore Co.
(c) City or town Maryland Line (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. FULL NAME Clarence Hendrick
(b) If veteran, name war
3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) 5-25-1931

AGE: Years	Months	Days	If less than one day
8	2	25	hr. min.

Birthplace Maryland Line Md. (Town, county, and state)
Usual Occupation
Industry or business

12. Name C. Earl Hendrick
13. Birthplace Fox Hendrick Co.
14. Maiden Name Myrtle Reid Sipe
15. Birthplace Shrewsbury Statistics Pa.
(a) Informant Mother
(b) Address Cabord

(a) Buried (Burial, cremation, or removal) (b) Date thereof Aug 26, 1939 (month) (day) (year)
(c) Cemetery or crematory Shrewsbury Cem
Location Pa.
(a) Funeral director Thos. E. Brown & Son.
(b) Address 3615-17 Chestnut Ave.

Aug 24 1939 (Date received by registrar) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 23 1939, at 11:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-29 1939 to 8-23 1939. and that I last saw him alive on 8-23 1939.

Immediate cause of death: Malignant tumor left cerebellum
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Malignancy left cerebellum
~~Autopsy~~

Duration
Unknown
Symptoms
Cancer
6-15-39

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature P. S. Kaltreider Jr. M. D.
Address University Hospital Date signed 8/23/39.

VS 3

F 30758

60758

6-18-6

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

23-34 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 6-5-6 Conway St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Estelle Catherine Simms
(b) If veteran, name war
(c) Social Security Account No. 217-07-3202

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

(b) Name of husband or wife
6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) 2-25-14

AGE: Years	Months	Days	If less than one day
25	5	27	hr. min.

Birthplace Maryland (Town, county, and state)
Usual Occupation Factory Work
Industry or business
12. Name Charles Simms
13. Birthplace Md
14. Maiden Name Katie Butler
15. Birthplace Md
(a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

(a) Burial (Burial, cremation, or removal) (b) Date thereof 8-24-1939 (month) (day) (year)
(c) Cemetery or crematory Mount Auburn
Location Wagent
(a) Funeral director Joseph A. Lively
(b) Address 409 W Mount St Baltimore Md

AUG 24 1939 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 22 1939 at 6 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jul 5- 1939 to Aug 22 1939. and that I last saw her alive on Aug 22 19 39

Immediate cause of death Acute Miliary Tuberculosis — Duration 2 mos.
Due to
Due to
Other Conditions Latent Syphilis Tbc. Osteomyelitis & Uveitis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Miliary Tuberculosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury Roy Pollard
23. Signature S.H.H. Date signed 8-23-39 M. D.
Address

VS 3

0757 67247

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B F 80757 Registered No.

PLACE OF DEATH:

1) Baltimore City, Maryland

1) Street address

1) Hospital or institution: JOHNS HOPKINS HOSPITAL

1) Length of stay in hospital or inst. (yrs., mos., or days)

1) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 901 Edmondson Ave (If rural give location)

(e) If foreign born, how long in U. S. A? years

(a) FULL NAME Alfred Harrison

(b) If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	Black	Married

(b) Name of husband or wife

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) 9-1900

AGE: Years	Months	Days	If less than one day hr.	min.
38	11			

Birthplace Virginia (Town, county, and state)

Usual Occupation None

Industry or business

12. Name Anthony Harrison

13. Birthplace Va

14. Maiden Name Lucy Manning

15. Birthplace Va.

(a) Informant Records.

(b) Address JOHNS HOPKINS HOSPITAL

(a) Burial (Burial, cremation, or removal) (b) Date thereof 8-25-39. (month) (day) (year)

(c) Cemetery or crematory Lawnes Ville Va

Location Virginia

(a) Funeral director Undertaker Co Geddis

(b) Address 2101 W. Fallsway

(a) (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 22 1939. at 6 35 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 20 1939. to Aug 22 1939. and that I last saw h- alive on Aug 22 1939.

Immediate cause of death	Duration
PULMONARY INFARCT, Rt. L	3 days
Due to FEMORAL THROMBOSIS,	Rt. 2 wks.
Due to	
Other Conditions UNExplained cardiac insufficiency with cardiac enlargement & auricular fibrillation.	

(Include pregnancy within 3 months of death.)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature John S. Hunt M. D.

Address Johns Hopkins Hospital Date signed 8-22-39

VS 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

60758 ✓159 F 60758

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Marian Skaggs.

(a) Residence: No. St. Joseph's Hospital St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 26 37

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
00	1	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) 0

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Paul Skaggs.

14. BIRTHPLACE (city or town) (State or country) Fond Hinton W. Va.

15. MAIDEN NAME Lillian Miller

16. BIRTHPLACE (city or town) (State or country) Oakhill W. Va.

17. INFORMANT Mr. Paul Skaggs Fathe
(Address) 1366 Eutaw St

18. BURIAL, CREMATION, OR REMOVAL Oak Hill W. Va. Date Aug 25 1939

19. UNDERTAKER Edward W. Conkling & Son
(Address) 924 E. Eager St.

20. FILED AUG 24 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-23-39

22. I HEREBY CERTIFY, That I attended deceased from June 26 1937 to August 23 1939

I last saw her alive on 8-23 1939. Death is said to have occurred on the date stated above, at 1-45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	6-23-39
Anemia	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 8-22-39

For what disease or injury? Severe anemia

Name of operation Phlebotomy

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) M. R. Emmert M. D.

(Address) St Josephs Hosp.

F 60759

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

169

F 60759
Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4000 Old York Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Florence Lynch
(b) If veteran, name war
3 (c) Social Security Account No.
4. Sex F
5. Color or race W
6 (a) Single, married, widowed, or divorced Widow
(b) Name of husband or wife, James. O Lynch
(c) If alive, give age years
Birth date of deceased (mo., day, yr.)
AGE: Years 48 Months Days If less than one day hr. min
Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business None

12. Name Richard Mooney
13. Birthplace Balto. Md.
14. Maiden Name Katherine O Grady
15. Birthplace England.
16. (a) Informant Mrs. A. J. Morris
(b) Address 3510 Old York Rd.
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof aug 25 1939 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem
Location Edmondson Ave
18. (a) Funeral director Henry Stocke & Son
(b) Address 1301 E. Eager St.
19. (a) Filed 8 24 1939 (Registrar) (b) Registered Huntington Williams M.D. Revised

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-22-39 19 . at 11:45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inq (Autopsy or Inquiry) thereon and from the evidence obtained by said Jury (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Gas bacillus infection — Duration: 2 days
Due to: Compound fracture L. forearm —
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 8-20-39
(c) Where did injury occur? 4000 Old York Rd — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury fall from 2nd floor Window

23. Signature Conrad Octon MD Medical Examiner
Date signed 8/22/39

VS-6

F 60760

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-3

F 60760

Registered No.

PLACE OF DEATH:

a) Baltimore City, Maryland

b) Street address 4209 Nicholas Ave

c) Hospital or institution:

d) Length of stay in hospital or inst. (yrs., mos., or days)

e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town Balto. Md. (If outside city or town limits, write RURAL and give town)

26 (b) Street No. 4209 Nicholas Ave (If rural give location)

(c) If foreign born, how long in U. S. A.? (d) Life years

(a) FULL NAME Otis P. Collier

(b) If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

(b) Name of husband or wife Mary V. Collier

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) April 21-1855

AGE: Years	Months	Days	If less than one day: hr.	min.
84	4	10		

Birthplace Baltimore Md. (Town, county, and state)

9. Usual Occupation None

10. Industry or business

12. Name Henry Collier

13. Birthplace Md.

14. Maiden Name Martha Piel

15. Birthplace Md.

16 (a) Informant Mrs. Edith Dallam

(b) Address 4209 Nicholas ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-25-34 (month) (day) (year)

(c) Cemetery or crematory Loudon Pk.

Location Balto

18 (a) Funeral director Philip Herwig Sons

(b) Address 2016 Orleans St

19 (a) Filed AUG 24 1939 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 21 1939. at 4:20 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/28 1939. to 8/21 1939.

and that I last saw him alive on 8/21 1939.

Immediate cause of death	Duration
Cardiac Decompensation	2/28/39.
Due to Arteriosclerosis	
Due to	
Other Conditions Acute Cardiac Decompensation. (Include pregnancy within 3 months of death)	

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?

(e) Means of injury —

23. Signature H. Littman M. D.

Address 1502 E. Chase Date signed 8/24/39.

F 60761

60761

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

rhw 46740 Registered No.

PLACE OF DEATH:
1. Baltimore City, Maryland
2. Street address 4940 Eastern Ave.
3. Hospital or institution: Baltimore City Hospitals
4. Length of stay in hospital or inst. (yrs., mos., or days) 1 mo
5. Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1022 Shields Place (If rural give location)
(e) If foreign born, how long in U. S. A.? years

X

(a) FULL NAME Joseph Campbell
(b) If veteran, name war
3 (c) Social Security Account No. 217-01-0883

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	black	married

(b) Name of husband or wife Virginia
6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) 8/4/1881

AGE: Years	Months	Days	If less than one day hr.	min.
58	0	19		

Birthplace Virginia (Town, county, and state)
11. Usual Occupation laborer
11. Industry or business unemployed
12. Name Solomon
13. Birthplace Va.
14. Maiden Name Rosa Ashton
15. Birthplace Va.
16. (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-26-39 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A. A. County Md.
18. (a) Funeral director William A. Jackson
(b) Address 916 Penna. Ave.
19. (a) Date received 8-24 1939 (b) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 23 1939, at 10 00 AM

21. I certify that death occurred on the date above stated, that I attended deceased from July 21 1939, to August 23 1939, and that I last saw him alive on August 23 1939.

Immediate cause of death: Arteriosclerosis hypertensive cardiovascular disease — Duration: unknown
Due to — Duration: unknown
Due to — Duration:
Other Conditions — Duration:
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy scarred kidneys, enlarged heart

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sylvan S. Goldberg M. D.
Address Baltimore City Hospitals Date signed 8-24-39

VS 3

F 60762

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

210-9

Registered No. F 60762

PLACE OF DEATH:

1. (a) Baltimore City, Maryland
   (b) Street address City Hospital
   (c) Hospital or institution: Died on arrival
   (d) Length of stay in hospital or inst. (yrs., mos., or days)
   (e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Balto
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 413 Bond St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 90 years

26-5

(a) FULL NAME Mary Flaherty

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Fe | 5. Color or race Wh | 6 (a) Single, married, widowed, or divorced Widowed

(b) Name of husband or wife Patrick Flaherty

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 25 - 1879

AGE: Years	Months	Days	If less than one day: hr.	min.
60				

8. Birthplace Ireland (Town, county, and state)

9. Usual Occupation
10. Industry or business

12. Name James Donohue
13. Birthplace Ireland
14. Maiden Name Minnie Courtney
15. Birthplace Ireland

16. (a) Informant: Margaret Flaherty
    (b) Address 413 S Bond St.

17. (a) Burial, cremation, or removal: Burial
    (b) Date thereof (month) Aug (day) 28 (year) 39
    (c) Cemetery or crematory New Cathedral
    Location Edgewood Ave Filly & Zeiler
    18. (a) Funeral director 463 S Hoffman St
    (b) Address

Huntington Williams M.D.
Registrar

AUG 24 1939

MEDICAL CERTIFICATION 10 A.M.

20. DATE OF DEATH 8/23/39 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death	Duration
Crushing injury to Chest	
Due to Rupture of Liver and Internal Hemorrhage	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 8/23/39
(c) Where did injury occur? Eastern Ave Bensal St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Street (Specify type of place) While at work? No
(e) Means of injury Struck by autocar

23. Signature Wm Vandersall M.D.
Medical Examiner

Date signed 8/24/39

F 60763

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60763

CERTIFICATE OF DEATH

51-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 419 S. Madeira St., 1-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Thomas Weidinger

If U. S. Veteran specify WAR .....

(a) Residence: No. 419 S. Madeira St., ... Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Bussenschutt Weidinger

6. DATE OF BIRTH (month, day, year) July 5, 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	1	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Soldier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year) May 1934

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Georg Weidinger

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Cora Hershinger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. M. S. Weidinger

(Address) 419 S. Madeira St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Aug 26 1939

19. UNDERTAKER Lilly & Zeiler

(Address) 1043 E. Baltimore St.

20. FILED Aug 24 1939 Hartzler Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/24, 1939

22. I HEREBY CERTIFY, That I attended deceased from 8/18, 1939 to 8/24, 1939.

I last saw him alive on 8/23, 1939. Death is said to have occurred on the date stated above, at 4:55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congestive Heart failure	8/18/39
Hypertension	?
Arteriosclerosis - cerebral and basilar	?
Carcinoma prost	4/1934

Other contributory causes of importance:

Moderate Carcinoma	
Pulm. hypostatic	4/1938

Was an operation performed? Yes Date of 4/1938

For what disease or injury? Pulm. hypostatic

Name of operation Prost. Perineal prostatectomy

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank R. Mooney, M. D.

(Address) 342 S. Conkling

Marriage

F 60764

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 60764

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dead on arrival at
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1420 Cold Spring Lane W. (If rural give location)
(e) If foreign born, how long in U. S. A.? 30 yrs years

(a) FULL NAME Luciano Navarra Navarra

(b) If veteran, name war no

3 (c) Social Security Account No. 212-11-1531

4. Sex M

5. Color or race wh

6 (a) Single, married, widowed, or divorced Married

(b) Name of ~~husband~~ or wife Lorenza

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 4th 1877

AGE: Years	Months	Days	If less than one day
61	8	19	hr min

8. Birthplace Villarosa Italy (Town, county, and state)

9. Usual Occupation Stone mason

10. Industry or business

12. Name Francesco Navarra

13. Birthplace Villarosa Italy

14. Maiden Name Maria Di Salvo

15. Birthplace Italy

16 (a) Informant Lorenza Navarra (Wife)

(b) Address 1420 Cold Spring Lane

17 (a) Holy Redeemer Ce (Burial, cremation, or removal) (b) Date thereof (month, day, year) August 26 1939

(c) Cemetery or crematory Holy Redeemer Cem

Location Baltimore Md.

18 (a) Funeral director Frank Della Rocca

(b) Address 52 N. Morley St.

AUG 24 1939 (Date received by Registrar) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/23/39 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Blanchcliff M.D. Medical Examiner

Date signed 8/23/39

F 60765

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

Registered No. F 60765

PLACE OF DEATH

(a) Baltimore City, Maryland

(b) Street address or Hospital or institution: Md. General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 84 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 2211 Rogers Avenue (If rural give location)

(e) If foreign born, how long in U. S. A.? years

27-5

(a) **FULL NAME** Ralph J. Hill

(b) If veteran, name war

3. (c) Social Security Account No. 212-10-2810

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

(b) Name of husband or wife Kate Hill

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Dec. 13, 1866

AGE: Years	Months	Days	If less than one day
72	8	10	hr. min.

Birthplace Rockdale, Md. (Town, county, and state)

9. Usual Occupation Chauffeur

10. Industry or business Undertaking

12. Name Mark J. Hill

13. Birthplace England

14. Maiden Name Elizabeth Towsen

15. Birthplace England

(a) Informant Records

(b) Address Home for Aged of the M.E.Church

(a) Burial (Burial, cremation, or removal) (b) Date thereof 8-25-39 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet cemetery

Location Baltimore Maryland.

(a) Funeral director William Cook

(b) Address 1217 St Paul St. Balto Md.

AUG 24 1939 (Date received by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION 10 45a

20. DATE OF DEATH 8/23/39 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Fracture of Skull Cerebral Hemorrhage — Duration

Due to

Due to

Other Conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Accident ?

(b) Date of occurrence 6/1/39

(c) Where did injury occur? Old Methodist Home (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Home for aged (Specify type of place) While at work? No

(e) Means of injury Fell on floor

23. Signature H. J. Vandersluis Medical Examiner M.D.

Date signed 8/24/39

VS 6

60766 LB

40662

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

Registered No. F 60766

PLACE OF DEATH:

1) Baltimore City, Maryland

2) Street address 4940 Eastern Avenue

3) Hospital or institution: Baltimore City Hospitals

4) Length of stay in hospital or inst. (yrs., mos., or days) 16 days

5) Length of stay in Baltimore (yrs., mos., or days) 7 Mths & life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 512 S. Tolna St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Rose Annie Colwell

(b) If veteran, name war

3 (c) Social Security Account No.

Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

(b) Name of husband or wife: John F Colwell

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) 6/25/1876

AGE: Years	Months	Days	If less than one day
63	1	27	hr. min.

Birthplace Md. (Town, county, and state)

Usual Occupation none

Industry or business

12. Name Amos Emory

13. Birthplace Md.

14. Maiden Name Rose Leonard

15. Birthplace Md.

(a) Informant Records

(b) Address Baltimore City Hospitals

(a) Buried (Burial, cremation, or removal) (b) Date thereof Aug 25 1939 (month) (day) (year)

(c) Cemetery or crematory Mt Carmel

Location O'Donnell St Extended

(a) Funeral director Wellman Booth

(b) Address 1217 St Paul Street

(a) AUG 24 1939 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 22 1939, at 6 45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 6 1939, to August 22 1939, and that I last saw her alive on August 22 1939.

Immediate cause of death	Duration
Hypertensive Cardiovascular disease	unknown
Due to	
Due to	
Other Conditions cerebral hemorrhage	6 months

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Lyman S. Godfrey M. D.

Address Baltimore City Hospitals Date signed 8-23-39

VS 3

60767.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164 V a

Registered No. T 60767

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 912 So Bouldin St

(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balt (If outside city or town limits, write RURAL and give town)

(d) Street No. 912 So Bouldin St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Conrad Meinecke - Konrad Meinecke

(b) If veteran, name war

3 (c) Social Security Account No.

Sex M.

5. Color or race W L

6 (a) Single, married, widowed, or divorced Married

(b) Name of ~~husband or~~ wife Mabel

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) May 3 1885

If less than one day hr. min

AGE: Years 54 Months 3 Days 20

Birthplace Balto. (Town, county and state)

Usual Occupation Laborer for City

Industry or business

12. Name August Meinecke

13. Birthplace Balto.

14. Maiden Name Elizabeth Miller

15. Birthplace Germany

(a) Informant Mabel Meinecke.

(b) Address 912 S. Bouldin St

(a) (Burial, cremation, or removal)

(b) Date thereof 8/26/39 (month) (day) (year)

(c) Cemetery or crematory Schwartz

Location Old Dongle St

(a) Funeral director Martin H. Dippel

(b) Address 31 S. Ann St

(c) (Date received by registrar) Huntington Williams, M.D. Registrar

AUG 24 1939

MEDICAL CERTIFICATION 10:50 P

20. DATE OF DEATH 8/23/39 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)

obtained by said I (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — **Duration**

Due to Carbon Monoxide poisoning (illuminating gas)

Due to Cancer of face

Other Conditions 6

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Suicide

(b) Date of occurrence 8/23/39 (c) Where did injury occur? 912 S. Bouldin (City or town) Balto (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Room (Specify type of place) While at work? No

(e) Means of injury Illuminating gas

23. Signature [illegible] M.D. Medical Examiner.

Date signed 8/23/39

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60768

CERTIFICATE OF DEATH

23 F 60768

1. PLACE OF DEATH Provident Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1514 Division St. 17 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Daniel Bailey Jr.

If U. S. Veteran specify WAR

(a) Residence: No. 822 N. Dallas St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	Col	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Nov 23-1938

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		9		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bath City

13. NAME Daniel Bailey Sr

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Audrey Cammon

16. BIRTHPLACE (city or town) (State or country) Pocahontas Md

17. INFORMANT Mrs Audrey Bailey

(Address) 822 N Dallas St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date Aug 25 1939

19. UNDERTAKER Robert E. Middour

(Address) 1515 McElderry St

20. FILED AUG 24 1939 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-23 1939

22. I HEREBY CERTIFY, That I attended deceased from 8-12 1939 to 8-23 1939

I last saw h[illegible] alive on 8-23 1939 Death is said to have occurred on the date stated above, at 8½ p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary Tuberculosis	6-25-39
Tuberculous Meningitis	7-28-39

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M. P. Musenden M. D.

(Address) Provident Hospital

F 60769

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-BV

Registered No. F 60769

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address W. Fayette St.

(c) Hospital or institution: Bon Secours Hospital

(d) Length of stay in hospital or inst. ~~(yrs., mos.,~~ or days) 8

(e) Length of stay in Baltimore (yrs., mos., or days) Left

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2144 W. Fayette St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) **FULL NAME** Mrs. Pauline Marling

(b) If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

(b) Name of husband or wife Late Harry E. Marling

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Nov. 21. 1859

AGE: Years	Months	Days	If less than one day: hr.	min.
79	9	1		

Birthplace Md (Town, county, and state)

Usual Occupation H.W. 0039

Industry or business

12. Name Michael Blum

13. Birthplace Germany

14. Maiden Name Margaret Hoffman

15. Birthplace Germany

(a) Informant George H. Marling

(b) Address 2144 W. Fayette St.

(a) Burial (Burial, cremation, or removal) (b) Date thereof 8/26/39 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Old Frederick Road

(a) Funeral director Harry H. Kuitle

(b) Address 410 E. Monument Ave

AUG 24 1939 (Date rec'd by registrar)

Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 22 1939, at 9:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 14 1939. to Aug 22 1939. and that I last saw her alive on Aug 22 1939.

Immediate cause of death Bronchopneumonia — Duration

Due to

Due to

Other Conditions Hypertensive cardio-vascular disease (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. **Signature** William J. McClafferty M. D.

Address Bon Secours Hosp Date signed 8/26/39

VS 8

60770

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

Registered No. F 60770

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 26 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1110 North Bond St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Bernard Logue Jr
(b) If veteran, name war
(c) Social Security Account No. [illegible]

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Single
(b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 30-1912

8. AGE: Years 26 | Months 8 | Days 24 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Bicycle salesman
11. Industry or business

12. Name Bernard J. Logue Sr.
13. Birthplace Baltimore, Md.
14. Maiden Name Laura V. Murphy
15. Birthplace Baltimore, Md.

16. (a) Informant Bernard J. Logue Sr.
(b) Address 1110 N. Bond St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 26-1939 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore

18. (a) Funeral director Chas. S. Black
(b) Address 742 W. North ave.,

AUG 24 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/24/39 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry), find that said deceased came to his death on the day stated above.

Immediate cause of death: Fractured skull — Duration: 48 hrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 8/22/39
(c) Where did injury occur? not determined (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? on street (Specify) While at work? no
(e) Means of injury fell to pavement lifting

23. Signature Conrad Acton Jr M.D. (Medical Examiner)
Date signed 8/24/39

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60771

CERTIFICATE OF DEATH

160-BF 60771

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. South Baltimore Gen'l Hospital St. (Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Baby Boy Brannan

If U. S. Veteran specify WAR

(a) Residence: No. 1446 Wallings St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year)

8. AGE Years	Months	Days	If LESS than 1 day, 11 hrs. or min.
11 hrs.			

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.
13. NAME John Joseph Brannan
14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.
15. MAIDEN NAME Grace B. Marsh
16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.
17. INFORMANT John J. Brannan (Father)
(Address) 1446 William St.
18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Aug 25 1939
19. UNDERTAKER Margaret E. Flynn
(Address) 1452 Light St.
Huntington Williams Registrar

AUG 24 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from August 24, 1939 to August 24, 1939
I last saw h.l.f. alive on August 24, 1939 Death is said to have occurred on the date stated above, at 11 40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	8-24-39
Other contributory causes of importance:	

Was an operative performed? no Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edwin Passano M. D.
(Address) 1904 W. Baltimore St.

60772

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 60772

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address City Hospitals
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Whitemarsh (If outside city or town limits, write RURAL and give town)
(d) Street No. Bird River Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) **FULL NAME** Walter B Needer

(b) If veteran, name war —

3 (c) Social Security Account No. —

Sex M. | 5. Color or race Wh | 6 (a) Single, married, widowed, or divorced —

(b) Name of husband or wife —

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) March 16th 1924

AGE: Years	Months	Days	If less than one day hr.	min
15	5	8		

Birthplace Balto Co. Md. (Town, county, and state)

Usual Occupation Student

Industry or business

12. Name Frank Needer

13. Birthplace Md

14. Maiden Name Annie Willig

15. Birthplace Md.

(a) Informant Mrs May Holmes

(b) Address Whitemarsh Md

(a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 27th 1939 (month) (day) (year)

(c) Cemetery or crematory Fork M. E.

Location Balto Co Md

(a) Funeral director F Lassahn & Son

(b) Address 740 Belair Rd

AUG 24 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATION 3-5a

20. DATE OF DEATH 8/24/39 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fractured skull Laceration Brain — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 8/22/39
(c) Where did injury occur? Philadelphia Rd in County (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Street While at work? No (Specify type of place)
(e) Means of injury Struck by auto car

23. Signature Wm Vandersluis M.D. (Medical Examiner)

Date signed 8/24/39 While riding in car

VS 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 60773 — 95-C F 60773

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3811 Walnut Ave. St. 27th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Margaret Ellen Schmidt

(a) Residence: No. 3811 Walmit Ave. St., 27th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Bernard Schmidt

6. DATE OF BIRTH (month, day, year) Feb. 5, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. In own home

10. Date deceased last worked at this occupation (month and year) 1924

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Levin McClaine (Alt. McLain)

14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER

15. MAIDEN NAME Mary E. Bateman

16. BIRTHPLACE (city or town) Dorchester Co.,
(State or country) Maryland

17. INFORMANT Margaret M. Schmidt
(Address) 3811 Walmit Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Aug. 28 1939

19. UNDERTAKER L. Lasalle & Son
(Address) 7401 Belair Rd.

20. FILED AUG 21 1939 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from August 16, 1939 to August 21, 1939.

I last saw her alive on August 21, 1939. Death is said to have occurred on the date stated above, at 12:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	8-16-39
Arteriosclerosis	1900 (?)
Chronic Pelvic Infection	1904
(Duration)	
Other contributory causes of importance:	
Secondary Anaemia	1904

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. L. Wilkinson M. D.

(Address) 5713 Bel Air Rd.

60774

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-a F 60774 Registered No.

1. PLACE OF DEATH: Sinai Hospital
(a) Baltimore City, Maryland
(b) Street address 3579 Park Heights ave
(c) Hospital or institution 4700 Block E. Monument St
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3579 Park Heights ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years years

(a) FULL NAME Philip Krastman
(b) If veteran, name war
3 (c) Social Security Account No. none

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

(b) Name of husband or wife Anna
6 (c) If alive, give age years
Birth date of deceased (mo., day, yr.) 1879

AGE: Years	Months	Days	If less than one day
60			hr. min.

Birthplace Russia (Town, county, and state)
0059
10. Usual Occupation Plumbing
11. Industry or business Business
12. Name of Louis Krastman
13. Birthplace Russia
14. Maiden Name Unknown
15. Birthplace Russia
(a) Informant Michael Krastman
(b) Address 3579 Park Heights ave

(a) (Burial, cremation, or removal) (b) Date thereof 8-25-39 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Philadelphia Road.
(a) Funeral director Sol Levinson & Bros
(b) Address 1124-26 W North ave
(a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-24- 1939, at 1:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 8-1-39 19 to 8-24 19 39.
and that I last saw h[illegible] alive on 8-24 1939.

Immediate cause of death Myocardial failure.
Due to Carcinoma of the Esophagus.
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of Esophagus & Cardia of Stomach
Of autopsy

Duration: appox. 1½ yrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney Friedlander M. D.
Address Sinai Hospital Date signed 8-24-39

VS 3

F 60775

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-c F 60775 Registered No.

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1757 E. Preston St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-7

(e) Length of stay in Baltimore 76 yrs. 4 mos. 6 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1757 E. Preston St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) **FULL NAME** Mary E. Appel

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

(b) Name of husband or wife John Appel (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 15, 1862

AGE: Years	Months	Days	If less than one day hr.	min.
76	4	6		

8. Birthplace Baltimore, Md (Town, county, and state)

9. Usual Occupation Housewife

10. Industry or business

12. Name Patrick Cane

13. Birthplace Ireland

14. Maiden Name Unknown

15. Birthplace Ireland

16 (a) Informant Mrs Gladys Maurer

(b) Address 1757 E. Preston St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 26, 1939 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Old Frederick Road

18 (a) Funeral director Howard H. Bight Jr.

(b) Address 4914 Belair Road.

(Signature of registrar) Huntington Williams M.D. Registrar

(Date received by registrar) AUG 25 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-23 1939 at 9:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death chronic myocarditis

Due to

Due to

Other Conditions arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature John J Gould M. D.

Address 141 N East ave Date signed 8-24-39.

Conrad Acton M.D. - Med. Examiner C. Insanity Clerk

F 60776

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 126

F 60776 Registered No.

PLACE OF DEATH: (a) U. S. Marine Hospital, (b) Baltimore City, Maryland Baltimore, Maryland. (c) Street address Hanan Park Drive & 31st St. (d) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.

(e) Length of stay in hospital or inst. (yrs., mos., or days) 2 hr. 35 min.

(f) Length of stay in Baltimore (yrs., mos., or days) 6 mo.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore City

(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)

(d) Street No. 2616 E. Biddle Street (If rural give location)

(e) If foreign born, how long in U. S. A.? 27 years years

(a) **FULL NAME** Walter Krukowski

(b) If veteran, name war: World War

3 (c) Social Security Account No. 202-03-4507

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

(b) Name of husband or wife Bertha Letcher

6 (c) If alive, give age 26 years

Birth date of deceased (mo., day, yr.) Sept. 24, 1897

AGE: Years	Months	Days	If less than one day
41	10	28	hr. min.

Birthplace Ciepello, Poland (Town, county, and state)

10. Usual Occupation Mechanic

11. Industry or business Glen Martin Airplane Co.

12. Name Stanley Krukowski

13. Birthplace Ciepello, Poland

14. Maiden Name Mary Ann ----------

15. Birthplace ---------- Poland

(a) Informant Records-U. S. Marine Hospital,

(b) Address Baltimore, Maryland.

(a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8, 25, 39 (month) (day) (year)

(c) Cemetery or crematory Baltimore National Arlington

Location Frederick Ave. City.

(a) Funeral director Robert Brooks & Son

(b) Address N.E.Cor.Calhoun & Hollins Sts.

(a) (Date received by registrar) 25 1939 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 22, 1939 at 10:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 22, 1939, to Aug. 22 1939, and that I last saw h im alive on Aug. 22 1939.

Immediate cause of death	Duration
Acute cholecystitis empyema of gall bladder	2 days
Due to Bacteria and gall stones	
Due to	
Other Conditions Cardiac dilatation acute. Septicemia (Include pregnancy within 3 months of death)	

Major findings:

Of operations Acute cholecystitis

Of autopsy Above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature T. M. N. Arduini M. D.

Address U. S. Marine Hospital Date signed 8/23/39

Baltimore, Maryland.

Examined & O.K.

F 60777.

F 60777.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4014 Biddison Lane
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 11

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4014 Biddison Lane (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Norman E. Ellsworth
(b) If veteran, name war
(c) Social Security Account No. none

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married
(b) Name of husband ~~or wife~~ Ann Ouseler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 1-1882

8. AGE: Years 56 | Months 11 | Days 23 | If less than one day hr. min.

9. Birthplace Meadville Penna (Town, county, and state)

10. Usual Occupation Analyst Chemist
11. Industry or business Lab

12. Name Norman Ellsworth
13. Birthplace Meadville Penna
14. Maiden Name Catherine Berry
15. Birthplace Meadville Penna

16. (a) Informant Ann O. Ellsworth
(b) Address 4014 Biddison Lane

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 26th 1939 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Allegheny Cemetery
Location Pittsburg Pa.

18. (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19. (a) Date received by registrar AUG 25 1939 (b) Filing number

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 24 1939. at 1.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 24 1939. to Aug 24 1939. and that I last saw him alive on Aug 24 1939.

Immediate cause of death: Cerebral Hemorrhage — Duration 12 hrs.
Due to Hypertension — 8 yrs.
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert J. Hymelfarb
Address 5444 Belair Rd. Date signed 8/24/39

O.K. Wm Underfuhr

M. D. P. 1268-9

F 60778 HEALTH DEPARTMENT—CITY OF BALTIMORE F 60778

CERTIFICATE OF DEATH

95-13

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 772 W Saratoga St. (Ward) 4-16

Length of residence in city or town where death occurred 16 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mose Blake

(a) Residence: No. 772 W. Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Eva Seabrook Blake

6. DATE OF BIRTH (month, day, year) August 20, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	—	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. construction

10. Date deceased last worked at this occupation (month and year) August '39

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Charleston So. Carolina

FATHER

13. NAME Charles Blake

14. BIRTHPLACE (city or town) (State or country) Charleston So. Carolina

MOTHER

15. MAIDEN NAME Flora Jones

16. BIRTHPLACE (city or town) (State or country) Charleston So. Carolina

17. INFORMANT Eva Seabrook Blake
(Address) 772 W. Saratoga St.

18. BURIAL, CREMATION, OR REMOVAL
Place Charleston S.C. Date Aug 26th 1939

19. UNDERTAKER Elroy O Wilson
(Address) 1000 Braddish Ave

20. FILED AUG 25 1939 Huntington [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8.23.39. 19

22. I HEREBY CERTIFY, That I attended deceased from 8.9.39. 19 to 8.23.39. 19

I last saw him alive on 8.23.39. 19 Death is said to have occurred on the date stated above, at 2:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
cardio vascular disease	8.9.39

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Phy. Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) James M. Fair M. D.

(Address) 400 N. Carrollton Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

60779

CERTIFICATE OF DEATH V 56 F 60779

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 6-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. (Life) mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Benny Kosakowski

(a) Residence: No. 434 W. Bond St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 20 1920

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	19	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Leon Kosakowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Mar. Dworzik

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT 434 W. Bond St.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem Date Aug. 26. 1939

19. UNDERTAKER Wm. S. Fialkowski.
(Address) 2007 Eastern Ave

20. FILED AUG 25 1939 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/23 1939

22. I HEREBY CERTIFY, That I attended deceased from 8/22 1939 to 8/23 1939

I last saw him alive on 8/23 1939. Death is said to have occurred on the date stated above, at 4:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bacterial Fever	1 1-
Pulmonary Embolus	24 1-2
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Howard J. Kurtzman M. D.

(Address) Mercy Hospital

F 60780

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 93 F 60780

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city, or town limits, write RURAL and give town)
(d) Street No. 149 N. Luzerne Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Henry Schroeder
(b) If veteran, name war
(c) Social Security Account No.

4. Sex male
5. Color or race white
6. (a) Single, married, widowed, or divorced single
(b) Name of husband or wife
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 7, 1885

AGE: Years	Months	Days	If less than one day: hr	min
55	8	15		

8. Birthplace Baltimore, Md (Town, county, and state)
9. Usual Occupation Laborer
10. Industry or business City of Balto.
11. Name Henry Schroeder
12. Birthplace Germany
13. Maiden Name Elizabeth Lockman
14. Birthplace Baltimore, Md
15. (a) Informant Margaret Schlegel
(b) Address 149 N. Luzerne Ave
16. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 25, 1939 (month) (day) (year)
(c) Cemetery or crematory Balto. Cem
Location Balto. Md.
17. (a) Funeral director Burnard & Carrington
(b) Address 21 W. 20 St
(c) 8/25/39 (Date rec'd by registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-22- 1939, at a. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary Artery Disease	
Due to Sclerosis	
Due to Myocardial fibrosis	
Other Conditions Essen. Congestion of all viscera (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy as above

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Madden M.D. Medical Examiner.
Date signed 8-22-39

VS 4

HEALTH DEPARTMENT—CITY OF BALTIMORE

60781

CERTIFICATE OF DEATH × 51B F 60781

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4 - 1 ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James J. Keating

(a) Residence: No. Haltwood, Pa. St., Ward. Haltwood, Pa.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sylvia A. Fitzpatrick

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrical Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pa. Power Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME James Keating

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Christine Barline

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Sylvia Keating
(Address) Haltwood, Pa.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 8/26 1939

19. UNDERTAKER Henry U. Meats my Son
(Address) 502 N. Calvert St.

20. FILED AUG 25 1939 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 23. 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 19 1939 to Aug. 23 1939 I last saw him alive on Aug. 23 1939 Death is said to have occurred on the date stated above, at 12:25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder	1932?
Metastasis to pelvis with	1939
partial intestinal obstruction	over

Other contributory causes of importance:

anemia.
Malnutrition

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Cystoscopy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) William B. Culwell M. D.

(Address) Mercy Hospital

Spec.—2-29-28—L. F. S.—500 Bks.

F 60782

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60782

CERTIFICATE OF DEATH

943

REGISTERED NO.

1—PLACE OF DEATH 2835

CITY OF BALTIMORE: (No. 2835 N. CALVERT ST., 12-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME CATHERINE BITTERS WALKER

(a) RESIDENCE NO. 2835 N. CALVERT ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. 3 mos. 14 ds. How long in U. S., if foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.M.	WHITE	WIDOWED

6 If married, widowed, or divorced — HUSBAND of (or) WIFE of WILLIAM FREDERICK WALKER SR.

7 DATE OF BIRTH (month, day, and year) MAY 7 1865

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	3	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

10 NAME OF FATHER LOUIS BITTERS

11 BIRTHPLACE OF FATHER (city or town) (State or country) BALTIMORE, MD.

12 MAIDEN NAME OF MOTHER ~~CATHERINE BITTERS~~ UNKNOWN.

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mrs. W. F. Walker Jr.

(Address) 2835 N. Calvert St.

15 AUG 25 1938 Thurlow for Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) AUG. 24 1938

17 I HEREBY CERTIFY, That I attended deceased from AUG 23 1938 to AUG 24 1938

that I last saw her alive on AUG 23 1938

and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

ARTERIO SCLEROSIS

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) CORONARY OCCLUSION

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John K. Abercrombie M. D.

19 (Address) 3524 Greenmount Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL 8/26 1938

20 UNDERTAKER Henry A. Myers Mortician — ADDRESS 2025 N. Calvert

F 60783

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

23

Registered No. F 60783

1. PLACE OF DEATH: U. S. Marine Hospital,
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 51st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2yr. 6mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yr. 6 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Penn. (b) County
(c) City or town Philadelphia (If outside city or town limits, write RURAL and give town)
(d) Street No. 211 Walnut Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

13-6

(a) FULL NAME Reese Watkins

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

(b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 8, 1898

AGE: Years 41 | Months 4 | Days 15 | If less than one day hr. min.

8. Birthplace Lansford, Pa. (Town, county, and state)

9. Usual Occupation Ordinary Seaman

11. Industry or business Seafaring

12. Name Arthur Watkins

13. Birthplace Lansford, Pa.

14. Maiden Name Mary Maylock,

15. Birthplace Lansford, Pa.

16 (a) Informant Records-U. S. Marine Hospital,

(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 25 1939 (month) (day) (year)

(c) Cemetery or crematory St. Mary's-Poland

Location York & Poland av.

18 (a) Funeral director Slade & Adams

(b) Address 4907 York Road

19 AUG 25 1939 Registrar Williamson

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 23, 1939, at 10:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 17, 1937, to Aug. 23, 1939, and that I last saw him alive on Aug. 23, 1939.

Immediate cause of death Tuberculosis, pulmonary chronic far advanced — Duration 4 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. B. N. Anderson, M. D.

Address U. S. Marine Hospital, Baltimore, Maryland. Date signed 9/24/39

VS 3

F 60784

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47289 SD

Registered No. F 60784

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

4. Street No. 2660 Wilkens Avenue (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Jesse Armiger

(b) If veteran, name war

(c) Social Security Account No.

4. Sex: M

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Widowed

(b) Name of husband wife Louise

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/2/1879

AGE: Years	Months	Days	If less than one day
60	0	21	hr. min.

8. Birthplace Baltimore (Town, county, and state)

9. Usual Occupation Brick Layer

10. Industry or business

12. Name William

13. Birthplace Md.

14. Maiden Name Ida Thompson

15. Birthplace Md.

16. (a) Informant Records

(b) Address Baltimore City Hospitals

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/26/39 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location 3801 Frederick Ave

18. (a) Funeral director Harry R. Ritchie

(b) Address 4101 E Monument Ave

AUG 25 1939 (Date received by registrar) Huntington Williams M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH August 23 1939, at 9:25 PM

21. I certify that death occurred on the date above stated, that I attended deceased from August 9 1939 to August 23 1939, and that I last saw h alive on August 23 1939.

Immediate cause of death: Cerebral Hemorrhage — Duration: 2½ weeks

Due to

Due to

Other Conditions: Hypertension — Duration: unknown.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature David P. Fulton M. D.

Address Baltimore City Hospitals Date signed 8/24/39

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 60785

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument + Rutland
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 31 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Curtis Bay
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 4904 Pennington Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME John Shade
(b) If veteran, name war
(c) Social Security Account No. 215-10-5069

4. Sex male | 5. Color or race white | 6 (a) Single, married, widowed, or divorced. married
(b) Name of husband or wife Barbara Shade
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 26, 1908

8. AGE: Years 31 | Months 8 | Days 22 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Md. Dry Dock

11. Industry or business

12. Name John A Shade Sr.
13. Birthplace Unknown
14. Maiden Name Unknown
15. Birthplace

16. (a) Informant Barbara Shade -wife
(b) Address 4904 Pennington Ave (Curtis Bay)

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/25/39 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Edmonson Ave.

18. (a) Funeral director Charles E. Schimunek.
(b) Address 2603 E. Madison St.

19. (a) Date received 8 25 1939 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8 – 22 1939, at 6 P.M.M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 21 1939. to Aug 22 1939. and that I last saw him alive on Aug 21 1939.

Immediate cause of death Bronchopneumonia — Duration
Due to Abscess of lung
Due to Bronchiectasis lung abscess
Other Conditions Pul. tbc

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Multiple lung abscesses

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Adam A Wolfe, M. D.
Address Date signed 8/22/39

V8 3

60786

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59

Registered No. F 60788

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St. & Rutland Ave.
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1801 Bank St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

3. (a) FULL NAME Bertha Gutenko

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widowed

(b) Name of husband or wife Vincent

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 7, 1878

AGE: Years 60 | Months 10 | Days 16 | If less than one day hr. min.

8. Birthplace Austro-Hungary (Town, county, and state)

9. Usual Occupation none

10. Industry or business none

11. 12. Name Paul Bovaakoviaz

13. Birthplace Austro-Hungary.

14. Maiden Name ~~Bertha Bovaakoviaz~~

15. Birthplace

16. (a) Informant Bertha Jatkoski

(b) Address 1801 Bank St.

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 8/28/39 (month) (day) (year)

(c) Cemetery or crematory Holy Rosary Cemetery

Location German Hill Road

18. (a) Funeral director M. Weber

(b) Address 401 S. Chester St.

AUG 25 1939 (Registered by) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/23/39 19 . at 7:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/22 19 39 to 8/23 19 39. and that I last saw her alive on 8/23 19 39.

Immediate cause of death Septicaemia

Duration

Due to Facial abscess

Due to

Other Conditions Diabetes. Hyper tension (Include pregnancy within 3 months of death)

Major findings: Of operations Incision & drainage of the abscess

Of autopsy not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Arnold U. Dread

Address Sinai Hospital Date signed 8/25/39

VS 3

rhw 47105

F 60787

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107-a

Registered No. F 60787

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution:
Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days

(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 416 S. Wolfe St. (If rural give location)

(e) If foreign born, how long in U. S. A.? 45 yrs. years

(a) **FULL NAME** Rose Baldyga

(b) If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

(b) Name of husband or wife Lucas

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) ? ? 1871

AGE: Years	Months	Days	If less than one day
68			hr. min.

Birthplace Poland (Town, county, and state)

Usual Occupation

Industry or business

12. Name Ferdinand Zroncik

13. Birthplace Poland

14. Maiden Name Theresa ?

15. Birthplace Poland

(a) Informant Baltimore City Hospitals

(b) Address 4940 Eastern Ave.

(a) Balto. (Burial, cremation, or removal) (b) Date thereof 8/28/39 (month) (day) (year)

(c) Cemetery or crematory St. Stanislaus Cem.

Location Baltimore Dundalk ave

(a) Funeral director John M. Weber

(b) Address 4939 S. Chester St

AUG 25 1939 (Date rec'd by registrar)

Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-23 1939, at 8A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-2 1939 to 8-23 1939 and that I last saw her alive on 8-23 1939.

Immediate cause of death	Duration
Bronchopneumonia	four days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature L.H. Woodruff M. D.

Address Balto. City Hosp. Date signed 8-23-39

VS 3

60788

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 60788

PLACE OF DEATH:

1) Baltimore City, Maryland

2) Street address Redwood & Greene Sts

3) Hospital or institution: University Hospital 22

4) Length of stay in hospital or inst. (yrs., mos., or days) 38 days

5) Length of stay in Baltimore (yrs., mos., or days) 38 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town City of Balto (If outside city limits, write RURAL, and give town)

(d) Street No. 614 Ireland St. (If rural give location)

EISLEN

(e) If foreign born, how long in U. S. A.? years

1. (a) FULL NAME Ambrose Thomas

(b) If veteran, name war: World War

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Widower

(b) Name of husband or wife: Mary Thomas.

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Sept 20, 1889.

AGE: Years 50 Months 11 Days 2 If less than one day hr. min.

9. Birthplace Anne Arundel Co Md. (Town, county, and state)

10. Usual Occupation Laborer.

11. Industry or business

12. Name Abraham Thomas.

13. Birthplace Anne Arundel Co Md.

14. Maiden Name Mary

15. Birthplace Anne Arundel Co Md.

16. (a) Informant Bertha Thomas. Sister.

(b) Address 634 Ireland St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/24/1939. (month) (day) (year)

(c) Cemetery or crematory National Cemetery.

Location

18. (a) Funeral director Mrs Katie R. Williams

(b) Address 222 N. Schroeder St.

(b) Huntington Williams, M.D. Registrar

AUG 25 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH August 22 1939. at 1 45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 14 1939, to August 22 1939, and that I last saw h alive on Aug. 22 1939.

Immediate cause of death: Chronic constrictive Pericarditis

Due to: Tuberculosis

Due to:

Other Conditions: Paresis

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy C.N. Constrictive pericarditis. Chronic tuberculous pleurisy with adhesions. Chronic tuberculous ulcer of ileum. Early tuberculous ulcer of larynx.

Duration
1 year
over
5 years.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Stanley P. Bradley M. D.

Address University Hosp. Date signed 8-23-39

VS 3

F 60789

Case No. 46230 dk

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95 B

Registered No. F 60789

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Maryland
(c) Hospital or institution: Baltimore City Hospitals 22-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 19
(e) Length of stay in Baltimore (yrs., mos., or days) 22 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 407 S. Paca St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years years

3. (a) FULL NAME Mark or Mike Sarafinas
(b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. Married
(b) Name of husband or wife Mary
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1882 ?
AGE: Years 56 Months Days If less than one day hr. min.
8. Birthplace Luthuania (Town, county, and state)
9. Usual Occupation Unknown
10. Industry or business

12. Name John
13. Birthplace Luthuania
14. Maiden Name Frances
15. Birthplace Luthania

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 28-1939 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road
18 (a) Funeral director John J. Grabliauskas Jr.
(b) Address 420 S. Paca St.
19 (a) Date received AUG 25 1939 (Registrar) Huntington Hill

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-24 1939, at 3 15 A.M

21. I certify that death occurred on the date above stated, that I attended deceased from 8-8 1937 to 8-24 1937. and that I last saw h[illegible] alive on 8-23 1939.

Immediate cause of death Emphysema left chest due to streptococcus — Duration ?

Due to

Due to

Other Conditions Arteria sclerotic heart disease with decompensation — ?
(Include pregnancy within 3 months of death)

Major findings: Of operations Emphysema left chest

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury.

23. Signature L.H. Warfield Jr. M. D.
Address Balto City Hosp. Date signed 8-24-39

F 60790

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 131

Registered No. F 60790

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1636 Abbottston St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1638 Abbottston St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Margaret Chle
(b) If veteran, name war
(c) Social Security Account No.
4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced Widow
(b) Name of husband or wife John H. Chle
(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct. 8, 1880
8. AGE: Years 58 Months 10 Days 15 If less than one day hr. min.
9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

12. Name Edward J Doud
13. Birthplace Ireland
14. Maiden Name Ellen Ryan
15. Birthplace Ireland

16. (a) Informant Mrs. Nellie Doud
(b) Address 904 E. Biddle St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 26, '39 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18. (a) Funeral director Rita Wiedefeld
(b) Address 814 Greenmount Ave

19. (a) AUG 23 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 23 1939, at 1.20 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1939, to Aug 23 1939, and that I last saw h alive on Aug 22 1939.

Immediate cause of death Coronary Thrombosis — Duration 1 day
Due to Generalized Arterio Sclerosis with Hypertension — ?
Due to Chr. Nephritis — ?
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nellie R. Geraghty M. D.
Address 10 E. Biddle Date signed 8/25/39

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60791

CERTIFICATE OF DEATH

82-aF 60791

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph W. Easterday

If U. S. Veteran specify WAR

(a) Residence: No. 1803 Rutland Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian Von Munchow

6. DATE OF BIRTH (month, day, year) Oct 23 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charlestown W. Va

MOTHER FATHER

13. NAME Joseph Easterday

14. BIRTHPLACE (city or town) (State or country) W. Va.

15. MAIDEN NAME Virginia Wittle

16. BIRTHPLACE (city or town) (State or country) Pittsburg Pa

17. INFORMANT Mrs Lillian Easterday
(Address) 1803 Rutland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Aug 26 1939

19. UNDERTAKER Rita Wiedefeld
(Address) 2414 Greenmount Ave

AUG 25 1939

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 24, 1939 to Aug. 24, 1939

I last saw him alive on Aug. 24, 1939. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intermural (ventricular) hemorrhage	8/24/39
Other contributory causes of importance: Hypertension	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. P. Tennent M. D.

(Address) St Josephs Hosp.

Howard J. Haldeman, M.D. - Med. Examiner
per S. Tossman - secretary

CARROLL

60792

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

Registered No. 60792

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St
(c) Hospital or institution: Home for Aged
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1201 Little Sisters of the Poor (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Emma Carrall
(b) If veteran, name war
3 (c) Social Security Account No.

Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced. Widow
(b) Name of husband or wife James Carrall
(c) If alive, give age years

Birth date of deceased (mo., day, yr.) 23 April 1860

AGE: Years 79 | Months 4 | Days 21 | If less than one day hr. min.

Birthplace New York City NY (Town, county, and state)

10. Usual Occupation
11. Industry or business

12. Name Eli Lewis
13. Birthplace New York
14. Maiden Name Henrietta Kredger
15. Birthplace Germany

(a) Informant Sr Gertrude
(b) Address 1200 Valley St - Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 26 1939 (month) (day) (year)
(c) Cemetery or crematory St Johns
Location Long Green Md.

18 (a) Funeral director Pete Wiedefeld
(b) Address 914 Greenmount Ave

AUG 25 1939 (Date rec'd by registrar) Huntington Williams Asst. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 24 1939, at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 20 1939, to Aug 24 1939, and that I last saw her alive on Aug 23 1939.

Immediate cause of death Myocarditis 1 day
Fatty dilatation
Due to Chronic Nephritis
Due to Hypostatic Congestion

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations NO
Of autopsy NO

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide NO
(b) Date of occurrence XXX
(c) Where did injury occur? (City or town) (County) (State) XXX
(d) Did injury occur about home, on farm, industrial place, in public place? XXX While at work?
(Specify type of place)
(e) Means of injury

23. Signature O. H. Dyker M. D.
Address 928 E. North Ave Signed 8/25/39

PHYSICIAN
Underline the cause to which death should be charged statistically

VS 3

Grave #7

60793

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 60793

1. PLACE OF DEATH: Fountain Harbor
(a) Baltimore City, Maryland
(b) Street address Foot of Ceros St
(c) Hospital or institution:
Somewhere on land
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Unknown
(b) If veteran, name war
(c) Social Security Account No.

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced

(b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

AGE: Years about 45 | Months | Days | If less than one day hr. min.

8. Birthplace (Town, county, and state)

9. Usual Occupation
10. Industry or business

11. Name
12. Birthplace
13. Maiden Name
14. Birthplace

15. (a) Informant
(b) Address

16. (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

17. (a) Funeral director
(b) Address

AUG 25 1939 (Date filed by registrar) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH about Aug 13, 14 1939, at ? M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy (Autopsy or Inquest) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration
not determined

Due to
This man died on land and after decomposing, was known in the harbor, from which body was recovered 8/17/39

Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy no cause of death found

PHYSICIAN: Underline the cause to which death should be charged respectively.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ?
(b) Date of occurrence about ?
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ? While at work? ?
(Specify type of place)
(e) Means of injury

23. Signature Conrad Acton Jr. M.D.
Medical Examiner.
Date signed 8/24/39

60794

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C Registered No. F 60794

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 600 Woodington Rd
(c) Hospital or institution: 6

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 600 Woodington Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Timothy Edwin Kenney
(b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
(b) Name of husband or wife Mildred Doyle
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 5 1873

AGE: Years 65 | Months 10 | Days 19 | If less than one day: hr. min.

8. Birthplace Baltimore Co. Md. (Town, county, and state)
9. Usual Occupation Dealer
10. Industry or business Monument Business

12. Name Patrick Kenney
13. Birthplace Ireland
14. Maiden Name Wynfield
15. Birthplace Ireland

16 (a) Informant Mrs. Mildred Kenney
(b) Address 600 Woodington Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/26/39 (month) (day) (year)
(c) Cemetery or crematory Catholic Cem.
Location Old Frederick Rd

18 (a) Funeral director John J. Fahey & Sons
(b) Address 2318 Eight St

19 AUG 25 1939 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 24 1939 at 6 39 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 30 1939 to August 24 1939. and that I last saw h alive on Aug 23 1939.

Immediate cause of death: Arteriosclerotic cardiovascular disease with

Due to: chronic myocarditis chronic passive congestion

Due to:

Other Conditions: (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration: ? / 1 wk

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thurston F. Stacy M. D.
Address 3803 Edmondson Ave Date signed 5/24/39

VS 8

F 60795

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

62-W

Registered No. F 60795

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3907 Greenmount Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 3907 Greenmount Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) **FULL NAME** Catherine M. Byrnes

(b) If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, ~~or divorced~~
Female	White	Widowed

(b) Name of husband ~~or wife~~ Charles V. Byrnes

6 (c) If alive, give age years

Birth date of deceased mo., day, yr. May 11th 1875

AGE: Years	Months	Days	If less than one day hr.	min.
64	3	14		

Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business Self

12. Name Joseph E. Maguire

13. Birthplace Balto. Md.

14. Maiden Name Mary Farley

15. Birthplace Balto Md

16. (a) Informant Mrs Edgar Eck

(b) Address 601 Radnor Ave

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Aug 28th 1939 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Cathedral

Location Balto Md

18. (a) Funeral director William Cook

(b) Address 1217 St. Paul st

(c) AUG 26 1939 (Date rec'd by registrar) ~~Thomas J. Kilkenny~~ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 25th 1939, at 12:45 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1939 to Aug 25 1939

and that I last saw her alive on Aug 24 1939

Immediate cause of death Cerebral hemorrhage — Duration 6 hours

Due to Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death.)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature W. H. Peaval M. D.

Address 2405 Eutaw Date signed Aug 25

VS 3

60796

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131

Registered No. 60796

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2316 Lyndhurst Ave..
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2316 Lyndhurst Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Jew R. Stevens (Stephens) Ernest Spelling.
(b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	widowed

(b) Name of ~~husband~~ or wife M Bates
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 8 1865

AGE: Years	Months	Days	If less than one day
73	8	16	hr. min.

8. Birthplace California (Town, county, and state)
9. Usual Occupation At home
10. Industry or business

12. Name Purnell Johnson
13. Birthplace Delaware
14. Maiden Name Sarah A McKnett
15. Birthplace Michigan
16. (a) Informant Elizabeth Woodford
(b) Address 2316 Lyndhurst Ave..

17. (a) Burial (Burial, ~~cremation, removal~~)
(b) Date thereof Aug 26th 1939 (month) (day) (year)
(c) Cemetery ~~Cremation~~ Denton
Location Denton Md.
18. (a) Funeral director Williams Cook
(b) Address 1212 St. Paul St

AUG 26 1939 (Date rec'd by registrar)

Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-24- 1939, at 6.30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to ~~his~~ her death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Athero-sclerosis, hemidefect	
Due to Senescence athero-	
Due to sclerosis	
Other Conditions Acute dropsy	
Chronic nephritis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Madden M.D.
Medical Examiner
Date signed 8-25-39

V8 6

60797

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

170 F 60797

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 613 N. Bond St., 25 Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Eugenia Zanger

(a) Residence: No. 613 N. Bond St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) 4 Sept.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	May		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lancaster Va

FATHER

13. NAME Emma Zanger

14. BIRTHPLACE (city or town) (State or country) Lancaster Va

MOTHER

15. MAIDEN NAME Mary Ann Johnson

16. BIRTHPLACE (city or town) (State or country) Lancaster, Va.

17. INFORMANT Sister. (Address) 613 N. Bond St.

18. BURIAL, CREMATION, OR REMOVAL Place Lancaster Co. Va. Date 8/28 1939

19. UNDERTAKER Edward Bryant (Address) 1324 Orleans St

20. FILED AUG 26 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-24- 1939

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1939 to Aug. 24 1939.

I last saw her alive on 8-24- 1939. Death is said to have occurred on the date stated above, at 10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis Colitis	June 1939
Other contributory causes of importance: Uremia	Aug. 1939
Anemia (severe)	

Was an operation performed? no Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..... 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Louis E. Yeamans M. D.

(Address) 2340 Madison Ave

60798

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a Registered No. 60798

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden
(c) Hospital or institution: Md. Gen. Hospt
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3½ yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Towson Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 432 Kenilworth Sq. (If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

(a) FULL NAME Miss Jennie Reid

(b) If veteran, name war —

3 (c) Social Security Account No. none

Sex Female

5. Color or race White

6 (a) Single, married, widowed or divorced Single

(b) Name of husband or wife Single.

6 (c) If alive, give age — years

Birth date of deceased (mo., day, yr.) July 27 1860

AGE: Years 79 Months 0 Days 29 If less than one day — hr. — min.

Birthplace Princeton Ill (Town, county, and state)

Usual Occupation none

Industry or business none

12. Name David Reid

13. Birthplace Frankfurt Pa.

14. Maiden Name Emma Wilson

15. Birthplace Frankfurt Pa.

(a) Informant Mrs E. P. Vandergrift

(b) Address 432 Kenilworth Sq Balto.

(a) Burial (Burial, cremation, or removal) (b) Date thereof 8-26-39 (month) (day) (year)

(c) Cemetery or crematory Cemetery

Location Burlington - Iowa

(a) Funeral director STEWART & MOWEN COMPANY (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

(b) Address

(b) Huntington Williams M.D.

AUG 26 1939

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-25-39 19 , at 11A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-14 19 39 to 8-25 19 39 and that I last saw he alive on 8-25 19 39

Immediate cause of death

Arteriosclerosis

Cerebral Hemorrhage

Due to

Other Conditions Fractured left femur (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
4-14-39
4-(?)-39

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 4-14-39
(c) Where did injury occur? Balto. Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? (Specify type of place)
(e) Means of injury Fall

23. Signature Dr. W. Hammond Peel M. D.
Address Md. Gen. Hosp Date signed 8-25-39

Conrad Acton, M.D. Med. Examr

F 60799

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

208-M

Registered F 60799

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town (If outside city operation limits, write RURAL and give town)
(d) Street No. 1810 Guilford ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Laura Straw Bressler
(b) If veteran, name war
(c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married
(b) Name of husband or wife Paul Bressler
6 (c) If alive, give age 66 years
7. Birth date of deceased (mo., day, yr.) Nov. 5. 1892

AGE: Years 46 | Months 9 | Days 20 | If less than one day: hr. min. Census.

8. Birthplace (Town, county, and state) Hanover Pa
9. Usual Occupation
10. Industry or business
11. Name John Straw
12. Birthplace Pa
13. Maiden Name Margaret Myers
14. Birthplace Pa
15. (a) Informant Emory R Pattiwaski
(b) Address Glen Rock Pa
16. (a) (Burial, cremation, or removal) Cremation (b) Date thereof Aug. 26. 1939 (month) (day) (year)
(c) Cemetery or crematory Newfreedom. Pa
Location Newfreedom, Pa.
17. (a) Funeral director Geo. Leib & Son.
(b) Address Glen Rock, Pa

AUG 26 1939
(Date rec'd by registrar) Huntingtor Williamsport Pa.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/25/39 19 . at 6:40 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Coroner's Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Fractured ribs — Duration 48 hrs
Due to: Punctured lung
Due to: Ruptured spleen
Due to: Concussion —
Other Conditions
(Include pregnancy within 3 months of death)
Major findings of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 8/23/39
(c) Where did injury occur? Harford Rd at Southern Ave (City or town) (County)
(d) Did injury occur about home, on farm, industrial place, in public place? Street (Specify type of place) While at work? no
(e) Means of injury Passenger in car struck by trolley

23. Signature Conrad Acton M.D.
Date signed 8/26/39

47493-/FS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-D Registered No. F 60800

F 60800

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 37 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1305 Riggs. Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Nathan Lewis
(b) If veteran, name war
(c) Social Security Account No. 218-07-3736

4. Sex male
5. Color or race colored
6 (a) Single, married, widowed, or divorced. married-sep.
(b) Name of husband or wife Marie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-5-91

AGE: Years	Months	Days	If less than one day hr.	min.
48	5	17		

8. Birthplace Va. (Town, county, and state)
10. Usual Occupation laborer
11. Industry or business

12. Name of father John
13. Birthplace Va.

14. Maiden Name of mother Mary
15. Birthplace Va.

16. (a) Informant B.C.H. Records
(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-26-39 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn cem
Location

18. (a) Funeral director George S. Nelson
(b) Address 1303 Presstman St

19. (a) Filed (Date received by registrar) Registrar
8-26-1939

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH August 22 1939, at 9:25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from August 15 1939 to August 22 1939, and that I last saw h alive on August 22 1939.

Immediate cause of death: Chron - epithelioma of the testicle — Duration: 3 months
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Primary tumor of testicle c metastases

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sylvan A Goldberg M. D.
Address Baltimore City Hospitals Date signed 8-28-39

F 60801

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C Registered No. F 60801

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 702 W Lombard St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 702 W Lombard St (If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

(a) FULL NAME Magdelen Kwedar — Smith

(b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex female | 5. Color or race White | 6 (a) ~~Single~~, married, widowed, or ~~divorced~~ Married

(b) Name of husband or wife Stanley Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15 1890

8. AGE: Years 49 | Months 3 | Days 9 | If less than one day hr. min.

9. Birthplace Lithuania (Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business

12. Name Kasmakas
13. Birthplace Lithuania
14. Maiden Name Unknown
15. Birthplace Lithuania

16 (a) Informant Stanley Smith
(b) Address 702 W Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 29 39 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Blair Rd.

18 (a) Funeral director Joseph J Cosmatos Inc.
(b) Address 60 E Oaks. Paterson

19 (a) [illegible] (b) Huntington Williams, M.D. Registrar

AUG 26 19[illegible]

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH August 24 1939, at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 21 1939. to Aug 24 1939. and that I last saw her alive on August 24 19 39.

Immediate cause of death: Bronchopneumonia — Duration: 2 days

Due to Hypostatic pulmonary congestion as result of: — 1 week

Due to Chronic Myocarditis — ?

Other Conditions none —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address 1111 3403 Garrison Blvd Date signed 8/25/39

PHYSICIAN

Underline the cause to which death should be charged statistically.

F 60802

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B F 60802 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2208 Ken Oak Road

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 60 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2208 Ken Oak Rd (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph H. Shamberger

(b) If veteran, name war ---

3 (c) Social Security Account No. ---

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

(b) Name of husband or wife Clara D. Shamberger

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Dec 11th 1848

AGE: Years	Months	Days	If less than one day
90	8	13	hr. min.

8. Birthplace Shamberg, Baltimore Co., Md. (Town, county, and state)

9. Usual Occupation Retired

10. Industry or business

11. Name Jacob Shamberger

12. Birthplace Shamberg, Baltimore Co., Md.

13. Maiden Name Julia Beckley

14. Birthplace Beckleysville, Md.

15. (a) Informant Mrs. Walter E. Gregg

(b) Address 2208 Ken Oak Road

16. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 26th 1939 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Woodlawn

Location Baltimore County, Md.

17. (a) Funeral director Wm. J. Tickner & Sons.

(b) Address North & Penna Aves.,

(b) Hunter for Williams M.D. Registrar

AUG 26 1939 (Date received by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 24th 1939 . 11.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 6 1939 to Aug 24 1939.

and that I last saw him alive on Aug 20 1939.

Immediate cause of death Coronary vessel disease — Duration 4?

Due to Arteriosclerosis

Due to Senility.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Howard H. Culver M. D.

Address 5 Gill Building Date signed 8-25-39

HARRELL

F 60803

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1783

Registered No. F 60803

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balto City Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 431 N. Castle St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Jay H. Harrell Jr. (Harrell)
(b) If veteran, name war
(c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Single

(b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 17, 1933

AGE: Years 6 | Months 3 | Days 8 | If less than one day: hr. min.

8. Birthplace Florida (Town, county, and state)

10. Usual Occupation
11. Industry or business

12. Name of father Jay H. Harrell, Sr.
13. Birthplace of father Georgia
14. Maiden Name of mother Clara J. Phillips
15. Birthplace of mother Florida

16. (a) Informant Jay H. Harrell Sr
(b) Address 431 N. Castle St.

17. (a) Burial (b) Date thereof 8/29/39 (month) (day) (year)
(Burial, cremation, or removal)
(c) Cemetery or crematory Balto. Md.
Location North ave & Gay St.

18. (a) Funeral director Howard N. Bligh Jr.
(b) Address 4914 Belair Rd

19. AUG 26 1939 Huntington Williamsville, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-25-39 19 , at 7:40 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Ether Anesthesia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations Double Adenoidectomy

Of autopsy as above

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 8-25-39
(c) Where did injury occur? City Hospital (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Hosp. (Specify type of place) While at work? no
(e) Means of injury Ether anesthesia

23. Signature Conrad Clayton Jr M.D. Medical Examiner
Date signed 8/26/39

VS 6

F 6080

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

23 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 215 N. Maderia St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 215 N. Maderia St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Frank Wayson

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
(b) Name of husband or wife: Margaret
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 10/1893

AGE: Years 46 | Months 5 | Days 15 | If less than one day hr. min.

8. Birthplace B alto Md. (Town, county, and state)
9. Usual Occupation Helper on bottle wagon
10. Industry or business Phillip B ros.

12. Name John Wason
13. Birthplace B alto. Md.
14. Maiden Name Sally Smith
15. Birthplace B alto. Md

16. (a) Informant Margaret Wayson
(b) Address 215 N. Maderia st

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 21/39 (month) (day) (year)
(c) Cemetery or crematory St. Mathias
Location O'Donnell St.

18. (a) Funeral director Tilly & Zeller Inc.
(b) Address 405 S. Bolton St.

19. (a) Filed AUG 28 1939 (b) Registrar Huntington Williams M.D.

VR 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 25 19 39 at 7 am M

21. I certify that death occurred on the date above stated; that I attended deceased from July 30 19 39 to Aug. 25 1939. and that I last saw him alive on Aug. 24 1939.

Immediate cause of death: Pulmonary TB.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration: ?

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr. E. Bartlett
Address 200 N. Eutaw Date signed 8/25/39

F 60805

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B

Registered No. F 60805

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 439 N. Milton Ave.
(c) Hospital or institution: - - -
(d) Length of stay in hospital or inst. (yrs., mos., or days) -
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County - - -
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 439 N. Milton Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? - - years

3 (a) FULL NAME CATHERINE ILGENFRITZ

(b) If veteran, name war - -

(c) Social Security Account No. none

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

(b) Name of husband or wife Daniel Ilgenfritz

6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) Apr. 5. 1874

8. AGE: Years 35 | Months 4 | Days 18 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business - --

12. Name Adam Diehl

13. Birthplace Germany

14. Maiden Name Not Known

15. Birthplace Germany

16 (a) Informant Mr. Edward Ilgenfritz (Son)

(b) Address 3412 Elmora Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 26. 1939 (month) (day) (year)

(c) Cemetery or crematory Parkwood Cem.

Location Baltimore

18 (a) Funeral director HENRY SANDER & SONS, INC.

(b) Address Baltimore & Broadway.

19 (a) [illegible] (b) [illegible] Registrar.

(Date received by registrar) Aug 26, 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH August 24. 1939 at 7.15 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 23rd 1939. to Aug 24 19 , and that I last saw her alive on Aug 23rd 1939.

Immediate cause of death Coronary Thrombosis — Duration 2.

Due to -

Due to -

Other Conditions -

(Include pregnancy within 3 months of death)

Major findings:
Of operations -

Of autopsy -

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.

Address 119 N. Milton Ave. Date signed

F 60806

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

120

Registered No.

F 60806

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 224 N. Monroe St.
(c) Hospital or institution:
20-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 224 N. Monroe St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Mary E. Uhlenberg
(b) If veteran, name war
(c) Social Security Account No.

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Married
(b) Name of husband or wife Charles F. Uhlenberg
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mch. 27. 1862

8. AGE: Years 77 Months 4 Days 27 If less than one day hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation H.W. 00 3
11. Industry or business

12. Name John H. Gohlinghorst
13. Birthplace Germany
14. Maiden Name Mary E. Thayer
15. Birthplace Balto, Md.

16 (a) Informant Chas F. Uhlenberg
(b) Address Balto. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/26/39 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location North Ave + Pratt St.

18 (a) Funeral director Harry H. Mitzke
(b) Address 1461 Edmondson Ave

19 AUG 26 1939 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 24 1939. at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 15 1939. to Aug 24 1939. and that I last saw h alive on Aug 23 1939

Immediate cause of death Acute gastro enteritis — Duration

Due to

Due to

Other Conditions Senility Chronic arthritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide X
(b) Date of occurrence X
(c) Where did injury occur? X (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? X While at work?
(Specify type of place)
(e) Means of injury X

23. Signature E A Peterson (Dec)
Address 2931 N Charles Date signed Aug 26 1939
Baltimore

VS 3

F 60807

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

,467 Registered No. F 60807

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1523 Myrtle Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1523 Myrtle Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3. (a) FULL NAME Mary H. Henderson
(b) If veteran, name war —
(c) Social Security Account No.

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Married
(b) Name of husband or wife Roscom H. Henderson
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 27, 1865
If less than one day hr. min.
8. AGE: Years 73 | Months | Days
9. Birthplace Charleston N. C. (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business
12. Name Jacob Wallace
13. Birthplace Charleston N.C
14. Maiden Name Unknown
15. Birthplace Unknown
16 (a) Informant Roscom H. Henderson
(b) Address 523 Myrtle Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/27/1939 (month) (day) (year)
(c) Cemetery or crematory Baltimore Memorial
Location Catonsville Md
18 (a) Funeral director Mrs. Kate F. Williams
(b) Address 922 N. Schroeder St.
19 (d) AUG 26 1939 (Date rec'd by registrar) Huntington Hill Station, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 24 1939 at 1.30 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 8-18-1939 to 8-24-1939 and that I last saw h[illegible] alive on 8/24/ 1939.

Immediate cause of death — Duration

Due to Carcinoma.
Due to Cancerous Ulceration

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. H. Howell M. D.
Address 681 N. Carrollton Ave Date signed 8/26/39

VS 3

F 60808

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a

Registered No. F 60803

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3507 Springdale Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3507 Springdale Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ? years

3. (a) FULL NAME Florence E. Cohen. Florence E. Cohen.
(b) If veteran, name war
(c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
(b) Name of husband or wife Wolfe Cohen
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug. 25, 1876
8. AGE: Years 62 | Months 10 | Days 3 | If less than one day: hr. min.
9. Birthplace Poland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

12. Name Mordecai Berman
13. Birthplace Poland
14. Maiden Name Rachel Tobin
15. Birthplace Poland

16. (a) Informant Mrs. M. Meyer
(b) Address 3507 Springdale Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/27/39. (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Balto. Md.

18. (a) Funeral director Harid Sondheimer Son
(b) Address 1942 Eutaw Place

19. AUG 26 1939 (Date rec'd by Local Registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 25 1939, at 9 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1929, to Aug 25 1939, and that I last saw h(e) alive on Aug 24 1939.

Immediate cause of death	Duration
Due to cerebral hemorrhage	Sept 1938
Due to Hypertension	Jan 1929
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Hollander M. D.
Address 1810 Eutaw Pl Date signed Aug 25/39

VS 3

Social security No. 216-09-2601

60809 STATE OF MARYLAND—CERTIFICATE OF DEATH F 60809

PLACE OF DEATH University Hosp. 82-a

County ..... Registration Dist. No. .....

Village or City ..... No. ..... St., ... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? Life yrs. ..... mos. ..... ds.

FULL NAME Richard P. Herrmann

(a) Residence: No. Ferndale, Md. St., Ward. If U. S. Veteran, specify WAR .....

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

married, widowed, or divorced HUSBAND of [illegible] of the late Cecelia Herrmann

6. DATE OF BIRTH (month, day, and year) [illegible] June 21 1876

7. AGE: Years	Months	Days	If LESS than 1 day, hrs or min.
63 yrs.	[illegible]	4 days	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Chauffeur Operator

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. for Rosenbloom

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME OF FATHER John P. Herrmann

14. BIRTHPLACE (city or town) (State or country) Balto. Md

15. MAIDEN NAME OF MOTHER Mary Kuhn

16. BIRTHPLACE (city or town) (State or country) Md Kuhn

17. INFORMANT (Address) Anthony R. Herrmann Ferndale Ave Ferndale Md

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Cem Date Aug 28-1939

19. UNDERTAKER (Address) Henry Stroh & Sons Inc 1304 E. Eager St.

19 Aug 26 1939 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August 25, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934 to August 15, 1939

I last saw him alive on Aug 15, 1939 death is said to have occurred at the time stated above, at 4 P. m

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Aug 25, 1939
Other Contributory Causes of importance:	
Arteriosclerosis with hypertension	1939

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide or homicide? No Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

None

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

Who, specify Harry Jno. Moore M.D; Glen Burnie Md

(Signed) ..... M. D.

(Address) .....

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. B.

Consul Acton, Md. Med. Examiner

F 60810

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 60810

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Arlington Sts NE.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1235 St Matthews (If rural give location)
(e) If foreign born, how long in U. S. A.? 42 years

3. (a) FULL NAME Joseph Schnabel
(b) If veteran, name war
(c) Social Security Account No. no

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced

(b) Name of husband or wife Anna Schnabel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 31st 75

AGE: Years 64 | Months | Days | If less than one day hr. min.

8. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Laborer
11. Industry or business
12. Name Frank Schnabel
13. Birthplace Germany
14. Maiden Name Magdelena Finsel
15. Birthplace Germany

16. (a) Informant Anna Schnabel
(b) Address 1235 St Matthews st

17. (a) (Burial, cremation, or removal)
(b) Date thereof 8/28/39 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18. (a) Funeral director George A Weber
(b) Address 705 S Eden st

19. AUG 26 1939 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-25-39 19 at 9 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary sclerosis
Due to Arteriosclerosis
Due to Lymphosarcoma Cortical adenoma of adrenal
Other Conditions
(Include pregnancy within 3 months of death)
Major findings of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Conrad Acton M.D. Medical Examiner
Date signed 8/24/39

60811

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1939 Registered No. rhw 15919 F 60811

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town unknown (If outside city or town limits, write RURAL and give town)
(d) Street No. 13 S. Broadway nr. Lancaster (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME John Linder
(b) If veteran, name war
(c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

(b) Name of husband or wife
6 (c) If alive, give age years
Birth date of deceased (mo., day, yr.) 7/4/?

AGE: Years	Months	Days	If less than one day hr.	min.
79?	1	19		

Birthplace Germany (Town, county, and state)
10. Usual Occupation Fireman
11. Industry or business

12. Name George
13. Birthplace Germany
14. Maiden Name Barbara
15. Birthplace Germany

16. (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/26/39 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart Cem
Location German Hill Rd Md
18. (a) Funeral director John J. Fahey & Sons
(b) Address 31 S. Knight St
19. (a) (b) for Williams Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH August 23 1939, at 7:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from August 11 1932, to August 23 1939, and that I last saw h alive on August 23 1939.

Immediate cause of death	Duration
Strangulation	30 minutes
Due to Food lodged in Trachea	
Due to	
Other Conditions Generalized arteriosclerosis	unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence August 23, 1939
(c) Where did injury occur? Baltimore (City or town), Maryland (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Balto City Hospitals While at work? no (Specify type of place)
(e) Means of injury Strangulation by food particles.
23. Signature Hyman L. Goodsey M. D.
Address Baltimore Ag Hospitals Date signed 8-24-39
Howard J. Sheeding M.D. Medical Examiner

F 60812

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47061 SD F 60812

Registered No. 34-9-42a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1715 Guilford Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME John Shilling

(b) If veteran, name war | (c) Social Security Account No.

4. Sex M | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

(b) Name of husband or wife Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 17, 1899

AGE: Years	Months	Days	If less than one day
40	5	9	hr. min.

8. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Sheet Mill Worker
11. Industry or business

12. Name Walter
13. Birthplace Maryland
14. Maiden Name Cora Unger
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof Aug 29 1939 (month) (day) (year)
(c) Cemetery or crematory Rose Hill
Location Hagerstown Md
18 (a) Funeral director H. K. Coffman
(b) Address Hagerstown Md.

19 (a) Date rec'd by registrar Aug 29 1939 Registrar

G 936

MEDICAL CERTIFICATION

20. DATE OF DEATH August 26 1939, at 1 21 P M

21. I certify that death occurred on the date above stated, that I attended deceased from August 1 1939, to August 26 1939, and that I last saw him alive on August 26 1939.

Immediate cause of death: Syphilitic heart disease — Duration: unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Emergency Ligation
Of autopsy Aortic Insufficiency, Cardiac failure

PHYSICIAN

(Underline the cause to which death should be charged statistically.)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sylvan L. Goldberg M. D.
Address Baltimore City Hospitals Date signed 8-26-39

F 60813

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60813

CERTIFICATE OF DEATH

82-B

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 15-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. 24 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME William G. Keller (George W. Keller) If U. S. Veteran specify WAR

(a) Residence: No. 2719 Baker St St., ...Ward. Portsmouth Ohio.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 3, 1864

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
72	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired R.R. Man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Piedmont W. Va.

FATHER

13. NAME Remer Keller

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. Keister 2719 Baker St Balto. Md.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Portsmouth, Ohio Date Aug 27 1937

19. UNDERTAKER Harry H. Wolfe
(Address) 701 Edgewood Ave

20. FILED ...19... Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/26 1937

22. I HEREBY CERTIFY, That I attended deceased from 8/10 1937 to 8/26 1937

I last saw him alive on 8/26 1937. Death is said to have occurred on the date stated above, at 7:35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolus	36 hrs
Auricular Fibrilation	?
Arterio Sclerosis	.
Hypertension	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. B. Hemmeter Jr. M. D.

(Address) Mercy Hospital

60814 7713-fs

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-3

F 60814 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 819 Burgundy St. (If rural give location)
(e) If foreign born, how long in U. S. A? years

3. (a) FULL NAME Alvina Yeager
(b) If veteran, name war
(c) Social Security Account No.

4. Sex female | 5. Color or race white | 6 (a) Single, married, widowed, or divorced. widowed
(b) Name of husband or wife George
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-17-1870

AGE: Years 69 | Months 7 | Days 9 | If less than one day hr. min.

8. Birthplace Md. (Town, county, and state)
9. Usual Occupation H.W.
10. Industry or business

11. Name Anton Perina
12. Birthplace Austria
13. Maiden Name Frances Shemfluck
14. Birthplace Austria
15. (a) Informant B.C.H. Records
(b) Address

16. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 29th 1939 (month) (day) (year)
(c) Cemetery Loudon Park
Location Balto Md
17. (a) Funeral director William Cook
(b) Address 1217 E Fayette St
(c) Date received by local registrar AUG 27 1939 Hunting for William Cook

MEDICAL CERTIFICATION

20. DATE OF DEATH August 26 1939, at 12:25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from August 23 1939 to August 26 1939, and that I last saw her alive on August 26 1939.

Immediate cause of death: Hypertensive Cardiovascular disease — Duration: 9 years

Due to

Due to

Other Conditions Obesity — Duration: unknown.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy enlarged heart, heart failure

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sylvan A. Goldberg M. D.
Address Baltimore City Hospitals Date signed 8-26-39

VS 3

60815 F 60815

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+154

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp. St. 4-E Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Gertrude Gephardt

If U. S. Veteran specify WAR .....

(a) Residence: No. Route #10 Box 88 Sparrows Point Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of .....
(or) WIFE of .....

6. DATE OF BIRTH (month, day, year) June 15th 1927

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
12	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Sparrows Point
(State or country) Md.

FATHER

13. NAME Joseph R. Gephardt Sr

14. BIRTHPLACE (city or town) Balto
(State or country) Md.

MOTHER

15. MAIDEN NAME Anna Marie Maehmer

16. BIRTHPLACE (city or town) Balto. Co.
(State or country) Md.

17. INFORMANT Anna M. Gephardt
(Address) Route 10 Box 88 Sparrows Pt. Md

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Aug 29th 1939

19. UNDERTAKER Wm Cook
(Address) 317 E. Pratt St

20. FILED ..... 19.....
Registrar.

27 1939 Plumbing for Pattersons M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 25 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 1939 to Aug 25 1939
I last saw her alive on Aug 25 1939 Death is said to have occurred on the date stated above, at 10:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute osteomyelitis	8/8/39
Staphylococcus Aureus	
septicemia	
Metastatic abscesses	

Other contributory causes of importance:

Was an operation performed? yes Date of 8/17/39
For what disease or injury? Acute osteomyelitis
Name of operation Incision & drainage Abscess
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) M. P. Tennyst M. D.
(Address) St Josephs Hosp

60816 HEALTH DEPARTMENT—CITY OF BALTIMORE F 60816

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2700 N. Charles St. 12-6 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. 5 mos. 7 da. How long in U. S. If of foreign birth? — yrs. — mos. — da.

2. FULL NAME Howard Clifton Neild
If U. S. Veteran specify WAR
Social Sec. No. 217-05-3402

(a) Residence: No. 2700 N. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) March 18, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	5	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Booking Agent
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carlins Park
10. Date deceased last worked at this occupation (month and year) — —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER
13. NAME J. Howard Neild
14. BIRTHPLACE (city or town) (State or country) Philadelphia Pennsylvania

MOTHER
15. MAIDEN NAME Margaret Nichols
16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Miss Ethel Neild
(Address) 2700 N. Charles St.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date 8/28 39

19. UNDERTAKER Henry H. Meakins & Son
(Address) 800 N. Gaither St.

8/27 1939 Registrar.

Certified by Attending M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 25 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 25 1939 to Aug 25 1939
I last saw him alive on Aug. 25 1939. Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Renal-Vascular Disease	Unknown
Marked edema	Unknown
Other contributory causes of importance:	

Was an operation performed? No. Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Henry B. Atkey M. D.
(Address) 2564 Lafayette

J Howard J. Maldeis M. D.
Medical Examiner.

F 60817

GERSTBRICK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-C

Registered No. F 60817

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: St Agnes Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 41 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. Haselthorpe (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Joseph F. Gerstbrick.

(b) If veteran, name war none

3 (c) Social Security Account No. 215-03-7924

4. Sex M. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Lena

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 28-1898

8. AGE: Years 41 | Months 5 | Days 5 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation upholsterer

11. Industry or business

12. Name Frank E. Gerstbrick

13. Birthplace Austria

14. Maiden Name Anna —

15. Birthplace Austria

16 (a) Informant Frank Gerstbrick.

(b) Address 6 Selma Ave Halethorpe

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 26 39 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Baltimore

18 (a) Funeral director John Ulrich

(b) Address 2068 Arlington St

19 (a) (Date filed by Registrar) (b) [illegible] Registrar.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/26 1939 at 5:27 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/17 1939. to 8/26 1939.

and that I last saw him alive on 8/26 1939.

Immediate cause of death Carcinoma with multiple metastases.

Duration over

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury CE A N O S

23. Signature James N. Cranos M. D.

Address St Agnes Hospital Date signed 8/24/39

F 60818

60818 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3205 Tyndale Ave 27-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Simon Bernard Seabreeze If U.S. Veteran specify WAR None Social Sec. No. 151-09-5693

(a) Residence: No. 3205 Tyndale Ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca Seabreeze

6. DATE OF BIRTH (month, day, year) April 26, 1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tea Co

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Charles Seabreeze

14. BIRTHPLACE (city or town) (State or country) Don't know

MOTHER

15. MAIDEN NAME Annie K Mueller

16. BIRTHPLACE (city or town) (State or country) Don't know

17. INFORMANT Mrs. Rebecca Seabreeze (Address) 3205 Tyndale

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Cem Date Aug 29 39

19. UNDERTAKER John Allen Sr (Address) 2008 Allen

AUG 27 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 26 1939

22. I HEREBY CERTIFY, That I attended deceased from August 26 1939 to August 26 1939. I last saw him alive on Aug 26 1939. Death is said to have occurred on the date stated above, at 5:45 P.M.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion — Date of onset 8/24/39

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis E.K.G. Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W Kay Jones M. D.

(Address) 4335 Harford Rd.

F 60819

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 60819 93-C Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4101 Groveland ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 4101 Groveland Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Albert E. ~~Ireland~~ Sr (Albert E Groman Sr)
3 (b) If veteran, name war
3 (c) Social Security Account No. had none

4. Sex male
5. Color or race white
6 (a) Single, married, widowed, or divorced. married
6 (b) Name of husband or wife ~~Regina Ireland~~ (Groman)
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) August 18 th 1860
8. AGE: Years 79 Months Days 7 If less than one day hr. min.
9. Birthplace St Louis Mo (Town, county, and state) Mo
10. Usual Occupation Wholesale
11. Industry or business Liquor Business Retired

MOTHER FATHER
12. Name ~~Albert Ireland~~ Groman
13. Birthplace Germany
14. Maiden Name Dont Know
15. Birthplace Germany

16 (a) Informant Mrs Regina ~~Ireland~~ Groman
(b) Address 4101 Groveland ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 28-39 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore
18 (a) Funeral director John Ellis & Co
(b) Address 2008 Orleans
19 (a) 1939 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 25-th 1939, at 03 P M
21. I certify that death occurred on the date above stated; that I attended deceased from November 1938, to Aug 25 1939, and that I last saw h~~im~~ alive on Aug 23 1939.

Immediate cause of death: Chronic Myocarditis — Duration ?
Due to Arteriosclerosis — ?
Due to
Other Conditions Senile degeneration
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. E. Nichols M. D.
Address Rockville Md Date signed 8/26/39

VS 3

60820 F 60820

60820 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1812 Madison Ave St. 14-3 Ward)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Sarah Saunders

(a) Residence: No. 1812 Madison Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jarvis

6. DATE OF BIRTH (month, day, year) March 18 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Northumberland Co. Va.

FATHER

13. NAME Robert Ellegon

14. BIRTHPLACE (city or town) (State or country) Northumberland Co. Va.

MOTHER

15. MAIDEN NAME Celia Nutt

16. BIRTHPLACE (city or town) (State or country) Northumberland Co. Va.

17. INFORMANT Mary Williams
(Address) 1312 Caldwell

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Aug. 27 1939

19. UNDERTAKER Mrs. George H. Holland
Address 1631 Druid Hill Ave

20. FILED AUG 26 1939 [illegible], M.J. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 24 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 18 1939 to Aug 24 1939

I last saw her alive on Aug 24 1939 Death is said to have occurred on the date stated above, at 3 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular Disease	?
Auricular Fibrillation	8/19/39

Other contributory causes of importance

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) George Mc Donald M. D.

(Address) 844 N Carey St

60821 ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE 60821

60821

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1225 Bayard St. 21-C Ward)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thelma Brown

If U.S. Veteran specify WAR ...

(a) Residence: No. 1225 Bayard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Student

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): May 26, 1925

7. AGE: Years 14; Months 3; Days 26; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Student Hod

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balt. Md

MOTHER

13. NAME: Bernard Brown

14. BIRTHPLACE (city or town) (State or country): Annapolis Md

FATHER

15. MAIDEN NAME: Geneva Clark

16. BIRTHPLACE (city or town) (State or country): Balti Md

17. INFORMANT: Geneva Lois Brown
(Address) 1225 Bayard

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Aug. 28 1937

19. UNDERTAKER: Mrs. George E. Kolb
(Address) 1631 Druid Hill Ave

20. FILED 19

AUG 27 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1937 to Aug 24, 1937

I last saw her alive on Aug 24 1937 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	8/14/37
Other contributory causes of importance:	

Was an operation performed? no Date of —

For what disease or injury? —

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) George McDonald M. D.

(Address) 844 N Carey st

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 60822

60822

CERTIFICATE OF DEATH

X 153

Registered No.

1. PLACE OF DEATH St. Joseph's Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 4-9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 23 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Miss Mildred Dick If U. S. Veteran specify WAR

(a) Residence: No. 3011 Texas Ave. Parkville Md St., ... Ward. Baltimore Co.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ~

6. DATE OF BIRTH (month, day, year) Dec. 8, 1917

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	21	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. N.A.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Edenville Pa

MOTHER FATHER

13. NAME Wilford Albert Dick

14. BIRTHPLACE (city or town) (State or country) Mapleville Md

15. MAIDEN NAME Maude E. Miller

16. BIRTHPLACE (city or town) (State or country) Edenville Md

17. INFORMANT Wilford A. Dick
(Address) 3011 Texas Ave Parkville Md

18. BURIAL, CREMATION, OR REMOVAL Wagnerstown
Place Green Hill Cemetery Date 8/30, 1939

19. UNDERTAKER Walter H. Grove
(Address) Hayre de Grace Pa

20. FILED ... Registrar

AUG 27 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1939, to Aug 27, 1939

I last saw her alive on 8-27-39, 19... Death is said to have occurred on the date stated above, at 3 30 A.m.

The principal cause of death and related causes of importance were as follows:

Dermatitis Medicamentosa (Suspected Spotted Fever) (Repeated agg neg.) — Date of onset

Other contributory causes of importance:

Deaf and Dumb

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. P. Emmert, M. D.

(Address) St Josephs Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

V F 60823

60823

CERTIFICATE OF DEATH

x 121

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp St. 11-S Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 8 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S Veteran specify WAR

2. FULL NAME Alvin L. Norris

(a) Residence: No. Millersville, Md St., ... Ward. A. G. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Madge Norris

6. DATE OF BIRTH (month, day, year) July 1, 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Millersville, Md

FATHER

13. NAME Richard Norris

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Theresa Abell

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records (Address)

18. INTERMENT, CREMATION OR REMOVAL Date 8/29/39

19. UNDERTAKER Fred B. L. Robinson (Address) Jamesons Md.

20. FILED ... Registrar. Huntington Williams, M.D.

AUG 27 1939

AUG 27 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/27, 1939

22. I HEREBY CERTIFY, That I attended deceased from 8/19/39, 19... to 8/27, 1939

I last saw him alive on 8/27, 1939 Death is said to have occurred on the date stated above, at 6:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis	8/19/39
Other contributory causes of importance: Pulmonary Embolism (Massive)	8/27/39

Was an operation performed? Yes Date of 8/19/39

For what disease or injury? Acute Appendicitis

Name of operation Appendectomy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. F. Johnston Jr. M. D.

(Address) Md. General Hospital

60824

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-a

F 60824

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 124 Burnett St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 124 Burnett (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Henry A. Leybold
(b) If veteran, name war
(c) Social Security Account No. 214-03-2512

4. Sex Male | 5. Color or race White | 6. (a) Single, married, widowed, or divorced Married
(b) Name of husband or wife Mary R. Leybold
6. (c) If wife, give age years

7. Birth date of deceased (mo., day, yr.) March 12 1858

8. AGE: Years 59 | Months 5 | Days 13 | If less than one day hr. min.

9. Birthplace Balto. Md
(Town, county, and state)

10. Usual Occupation Janitor
11. Industry or business Grain & Sheet Metal Factory

MOTHER'S MAIDEN
12. Name Andrew Leybold
13. Birthplace Balto. Md
14. Maiden Name Mary E. Scott
15. Birthplace Washington D.C.

16. (a) Informant Mary R. Leybold
(b) Address 124 Burnett St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 29 (month) (day) 1939 (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd

18. (a) Funeral director A. Howard Evans
(b) Address 1400-02 Arlington St

1939 AUG 27 (Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 25 1939, at 11:53 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from May 20 1939, to Aug. 25 1939, and that I last saw h[illegible] alive on Aug. 25 1939.

Immediate cause of death	Duration
Acute dilatation of heart	2 days
Due to Mitral Regurgitation	Indef.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. R. Campbell M. D.
Address 1644 Hanover St Date signed 8-26-39

VS 3

F 60825

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-a F 60825 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1901 Lauretta Ave
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1901 Lauretta Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ignatius Bourne

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/11/39

8. AGE: Years — | Months 2 | Days 15 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Infant.
11. Industry or business

FATHER
12. Name Theodore Bourne
13. Birthplace Philadelphia Pa.

MOTHER
14. Maiden Name Inez Mason
15. Birthplace Baltimore Md.

16 (a) Informant Theodore Bourne
(b) Address 1901 Lauretta Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 27, 1939 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Baltimore Md.

18 (a) Funeral director Charles Harper
(b) Address 514 N. Calhoun St.

8 27 1939 (Date received by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/26/39 19 . at 6: A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Myocarditis acute bacterial — Duration: ?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Conrad Acton M.D. Medical Examiner
Date signed 8-26-39

V8 6

60826

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B

F 60826

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1601 Bell Pl
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1601 Bell Pl (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Lee Wilson
3 (b) If veteran, name war None
3 (c) Social Security Account No.
4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Emma A. Wilson
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct 21, 1864
8. AGE: Years 74 Months 10 Days 5 4 If less than one day hr. min.
9. Birthplace Hartford Co Md (Town, county, and state)
10. Usual Occupation B&O R.R. Conductor
11. Industry or business
MOTHER FATHER
12. Name Robert B Wilson
13. Birthplace Hartford Co Md
14. Maiden Name Sarah Taylor
15. Birthplace Hartford Co Md
16 (a) Informant Emma A. Wilson
(b) Address 1601 Bell Pl
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 25, 1939 (month) (day) (year)
(c) Cemetery or crematory Abingdon Harford Co
Location Harford Co
18 (a) Funeral director A. H. Gruel & Sons
(b) Address 1400 E. Lombard St
19 (a) Date rec'd by registrar (b) Hunting for Williams, M.D.
AUG 1939
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 25, 1939, at 1:55 A.M.
21. I certify that death occurred on the date above stated, that I attended deceased from Aug. 25, 1939, to Aug. 25, 1939, and that I last saw him alive on Aug 25, 1939.

Immediate cause of death: Coronary Thrombosis — Duration: 1 day
Due to: Arteriosclerosis generalized — ?
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. E. Collard M. D.
Address 107 E. Fort Ave. Date signed 8-25-39

Howard D. Waldron, M. D. Med. Exam.
Bozman - Woolard.

F 60827

60827

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-3 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts
(c) Hospital or Institution: Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Upperco
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bernard Oursler

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Jessie Oursler
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) Aug 7 1888

8. AGE: Years 51 | Months 2 | Days 20 | If less than one day: hr. min.

9. Birthplace Carroll County Md
(Town, county, and state)

10. Usual Occupation Foreman
11. Industry or business Milk business

12. Name A. F. Oursler
13. Birthplace Carroll Co
14. Maiden Name Jennie Oursler
15. Birthplace Carroll Co

16 (a) Informant Jesse Oursler
(b) Address Upperco, Baltimore Co

17 (a) Wesley (Burial, cremation, or removal) (b) Date thereof 8-30-39 (month) (day) (year)
(c) Cemetery or crematory Wesley
Location Carroll Co

18 (a) Funeral director Wm. Berryman & Sons
(b) Address Reisterstown, Md

19 Date received by registrar Aug 30 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 27 1939, at 7:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 27 1939, to Aug 27 1939 and that I last saw him alive on Aug 27 1939.

Immediate cause of death: Coronary Thrombosis — Duration

Due to Arteriosclerotic Heart Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nathan Wolf
Address Franklin Sq Hosp. Date signed 8-27-39. M. D.

F 60823

F 60823

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1314 W. Lexington St., 14-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Singleton Aldridge

(a) Residence: No. 1314 W Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Emma aldridge

6. DATE OF BIRTH (month, day, year) Nov. 16, 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Thurmont (State or country) Frederick Co. Md.

FATHER

13. NAME Oliver Aldridge

14. BIRTHPLACE (city or town) (State or country) Frederick Co Md.

MOTHER

15. MAIDEN NAME Kathryn Chaney

16. BIRTHPLACE (city or town) (State or country) Frederick Co. Md

17. INFORMANT Mrs Jessie Aldridge (Address) 1314 West Lexington St.

18. BURIAL, CREMATION, OR REMOVAL Place Central Cem. Date Aug 29 1939

19. UNDERTAKER H. M. Sanders (Address) Mt. Airy Md

20. FILED Aug 27 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 16, 1933 to Aug. 26, 1939

I last saw him alive on Aug. 26, 1939 Death is said to have occurred on the date stated above, at 7:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	
Other contributory causes of importance Myocardial Degeneration	1938

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

Signed Williams & Snipes M. D.

(Address) 1326 W. Lanvale St.

60829 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 60829

CERTIFICATE OF DEATH

82-B

1. PLACE OF DEATH Mt. Alto Baltimore Co. House 82-B

CITY OF BALTIMORE: (No. ~~270 Cold Spring Lane~~ St., Ward) 1503

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Angiella Simon

If U. S. Veteran specify WAR

(a) Residence: No. 270 Cold Spring Lane St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of Isac Simon

6. DATE OF BIRTH (month, day, year) March 17, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Russia
(State or country)

FATHER

13. NAME Mr ? Lenby

14. BIRTHPLACE (city or town) Europe ?
(State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) Europe ?
(State or country)

17. INFORMANT Mrs Harriet Cunningham
(Address) 3839 Buchanan ave Balto Md

18. BURIAL, CREMATION, OR REMOVAL
Place Brook Israel Date 8/28, 1939

19. UNDERTAKER Sol Levinson & Bros
(Address) 1124-26 W. North ave

20. FILED AUG 28 1939 Hunter [illegible] Registrar.

8/2

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1939 to Aug 25, 1939

I last saw her alive on Aug. 25, 1939. Death is said to have occurred on the date stated above, at 1.00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	8 22 39
Left internal capsule.	

Other contributory causes of importance:

Hypertension
Cardiac ~~arteriosclerosis~~

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) M. L. Shear, M. D.

(Address) 1 W Mt Vernon Pl

F 60830

60830 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60830

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1037 N. Stricker St. Ward) 16-2

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Campbell

If U. S. Veteran specify WAR .....

(a) Residence: No. 1037 N. Stricker St. Ward .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: F

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced WIFE (or) HUSBAND of: Daniel Campbell

6. DATE OF BIRTH (month, day, year): 1889

7. AGE: Years 50 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT: Williams Anna Ireland

(Address) 619 N. Lamb St

18. BURIAL, CREMATION, OR REMOVAL: Mt. Auburn

Place ... Date Aug 28 1939

19. UNDERTAKER: Jam. H. Chasdon

(Address) 638 N. Gilmor St

20. FILED AUG 28 1939 Registrar. J. Fr. Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1939 to Aug 25, 1939

I last saw her alive on Aug 25 1939. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Myocarditis Degeneration

Other contributory causes of importance:

Date of onset: Aug 20/39

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) F. J. Heelan M. D.

(Address) 1 W. Pleasant St

MacInnis

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 60831 ✓ 120 Registered No. F 60831

F 60831

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 day

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County A. A. Co.
(c) City or town Annapolis (If outside city or town limits, write RURAL and give town)
Street No. 70 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME mrs. Cora mae Innis

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Heaton J. MacInnis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 4 1903.

8. AGE: Years 36 | Months 4 3 | Days 24 | If less than one day hr. min.

9. Birthplace Penna (town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

12. Name of Father Louis Vano.

13. Birthplace Penna.

14. Maiden Name of Mother Ada Wilson

15. Birthplace Penna

16 (a) Informant Dr. Hector J. MacInnis

(b) Address Annapolis Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 29 1939 (month) (day) (year)

(c) Cemetery or crematory Naval Cemetery

Location Annapolis Md.

18 (a) Funeral director E. W. Lambreau

(b) Address 1003 W Baltimore St

19 (a) 8-29-1939 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-27- 1939, at 10 20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 8-20-1939. to 8-27 1939. and that I last saw her alive on 8-27 1939.

Immediate cause of death

Acute Enteritis

Due to B. typhosus ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations Chr. appendicitis

Of autopsy Acute enteritis (probably typhoid)

Duration: 3 days? over

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J M Collins M. D.

Address Bon Secours Hospital Date signed 8-27-39

VS 3

60832 LB 47618

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 60832 Registered No. 1495-B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 419 Druid Hill Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Elizabeth Chapman (Chatman)
(b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Married
(b) Name of husband or wife William
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 17, 1884

8. AGE: Years 55 | Months 5 | Days 7 | If less than one day: hr. min.

9. Birthplace Maryland (Town, county, and state) None

10. Usual Occupation
11. Industry or business

12. Name ? Yates (d)
13. Birthplace Md.

14. Maiden Name ?
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal)
(b) Date thereof 8-28-39 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem.
Location Brooklyn
18 (a) Funeral director Adolphus Halsted
(b) Address 918 Druid Hill Ave.

19 (a) 8-28-1939 (b) [illegible] Registrar
(Space not to be filled in by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH August 24 1939, at 8:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from August 19 1939, to August 24 1939, and that I last saw her alive on August 24 1939.

Immediate cause of death
Bronchopneumonia
Cerebral hemorrhage
Duration 2 days. 18 months

Due to

Due to

Other Conditions Hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy pneumonia, enlarged heart

over

unknown.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sylvan H. Goldberg M. D.
Address Baltimore City Hospitals Date signed 8-25-39

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

60833 60833

CERTIFICATE OF DEATH

✓ 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 14th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Chambers

If U. S. Veteran specify WAR

(a) Residence: No. 1112 Brunt St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colo -	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) Aug. 6, 1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Kitchen Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tuxon Room

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Asheboro N.C.

FATHER

13. NAME George A. Chambers

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Green

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Morris Chambers 1413 N. Mont St

18. BURIAL, CREMATION, OR REMOVAL Date 8-28-39

Mt Calvary

19. UNDERTAKER (Address) Goodhues Halstead 918 N Mid Ave

20. FILED AUG 28 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-24, 1939

22. I HEREBY CERTIFY, That I attended deceased from 8-15, 1939, to 8-24, 1939

I last saw him alive on 8-24 1939. Death is said to have occurred on the date stated above, at 8:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio - Renal Disease	
Chronic Interstitial Nephritis	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Dr. D. Carr, M. D.

(Address) 815 Mosher St.

F 60834

47787

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-3

F 60834 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 hrs. 35 Minutes
(e) Length of stay in Baltimore (yrs., mos., or days) 49 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 8 N. Wolfe St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Roberts
(b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Christinia (d)
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) April 9, 1863
8. AGE: Years 76 Months 4 Days 16 If less than one day hr. min.
9. Birthplace Delaware (Town, county, and state)
10. Usual Occupation common labor
11. Industry or business

MOTHER'S MAIDEN NAME
12. Name Thomas Roberts
13. Birthplace Scotland
14. Maiden Name Edith Sharp
15. Birthplace Scotland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal)
(b) Date thereof 8-28-39 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Old Danville Rd.

18 (a) Funeral director Martin H. E. Zippel
(b) Address 37 S. Ann St.

AUG 28 1939 (Date rec'd by Registrar)
Burton for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-25 1939, at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-25 1939, to 8-25 1939, and that I last saw h/ alive on 8-25 1939.

Immediate cause of death: Myocardial failure — Duration: Sudden
Due to Arteriosclerotic heart disease — Duration: ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy No Post

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L K Woodward Jr. M. D.
Address Bal No city Hosp Date signed 8-26-39

VS 3

F 60835 71-fs

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 23

F 60835 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 440 W. Conway St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Beatrice Green CAGER.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-17-17 ?

8. AGE: Years 22 | Months 4 | Days 9 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

MOTHER OF FATHER

12. Name Tommy Cager

13. Birthplace Md.

14. Maiden Name Bessie Fleeks

15. Birthplace Md.

16 (a) Informant B.C.H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 29 1939 (month) (day) (year)

(c) Cemetery or crematory Mt Calvery Cemet

Location Brooklawn

18 (a) Funeral director Elmer O Wilson

(b) Address 1000 Beauty

19 AUG 28 1939 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH aug 26 1939. 2109 M

21. I certify that death occurred on the date above stated; that I attended deceased from aug 25 1939 to aug 26 1939. and that I last saw h alive on aug 26 1939.

Immediate cause of death Tuberculosis of lungs — Duration 1 month

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Address Date signed 8/26/39

VS 8

60836

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 60836
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Pier 6 Pratt St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 831 N. Gilmore St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Thomas

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 3, 1913

8. AGE: Years 26 | Months 4 | Days 20 | If less than one day: hr. min.

9. Birthplace: Balto md (Town, county, and state)

10. Usual Occupation: none

11. Industry or business

FATHER
12. Name George W. Thomas
13. Birthplace md

MOTHER
14. Maiden Name Jennie Fleet
15. Birthplace md

16 (a) Informant Jennie Thomas
(b) Address 1310 N. Stricker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 28, 1939 (month) (day) (year)
(c) Cemetery or crematory Arbutus cem
Location

18 (a) Funeral director George G. Nelson
(b) Address 1303 Druidman St

1939 AUG 28 1939 [illegible] Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 23 1939, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death: Drowning — Duration

Due to: Circumstances Unknown

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy above 8/25/39

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas J. Mullen M.D.
Medical Examiner

Date signed 8-25-39

F 60837 HEALTH DEPARTMENT—CITY OF BALTIMORE F 60837

CERTIFICATE OF DEATH V 94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2029 W. Balto. St. 20-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Samuel G. Barnes. If U. S. Veteran specify WAR

(a) Residence: No. 2029 W. Balto. St. St., Social Sec. No. 212-18-8648 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louise Vinyard Barnes

6. DATE OF BIRTH (month, day, year) Sept 5 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman Clothing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Thomas Barnes.

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME ? Johnston

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. Louise V. Barnes (Address) 2029 W Balto St

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Cem. Date Aug 28 '39

19. UNDERTAKER Geo. E. Bayer Jr. (Address) 1512 Eutaw St

20. FILED Aug 28 1939 Hunter Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/29/39

22. I HEREBY CERTIFY, That I attended deceased from 8/21/39 to 8/29/39

I last saw him alive on 8/24/39 Death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	8/29/39
Other contributory causes of importance: Auricular Fibrillation	

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elmer L. Thrasher M. D.

(Address) 1745 W Balto St.

AUG 28 1939

60838

HEALTH DEPARTMENT—CITY OF BALTIMORE

60838

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 S. Wolfe St. St., 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Rose Ryan

(a) Residence: No. 808 N. Madeira St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Robert Ryan

6. DATE OF BIRTH (month, day, year) Jan. ? 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mr. Michaels Brother

10. Date deceased last worked at this occupation (month and year) House

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) B alto. Md.

FATHER

13. NAME John Wick

14. BIRTHPLACE (city or town) (State or country) B alto. Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Loretta Zech
(Address) 411 N. Glover St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Aug. 29/39

19. UNDERTAKER Lilly & Zeiler
(Address) 407 S. Wolfe St.

20. FILED ... 19... Hunting for Williams M.D. Registrar.

AUG 28 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 25. 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 25 1939 to ... 19...

I last saw her alive on Aug 25 1939 Death is said to have occurred on the date stated above, at 1pm m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	
Other contributory causes of importance: Essential hypertension	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Charles A. Cox M. D.

(Address) 3215 Eastern Ave

F 60839

F 60839

F 60839

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1948 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1812 N Durham St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 D

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town 1812 N Durham St (If outside city or town limits, write RURAL and give town)

(d) Street No. Balto. Md. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John F. Silbersack

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, ~~widowed~~, or divorced. Widowed

6 (b) Name of ~~husband~~ or wife Anna Silbersack

6 (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) Oct 3rd 1856

8. AGE: Years 82 | Months 10 | Days 24 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business Tailoring

FATHER 12. Name Andrew Silbersack

13. Birthplace Germany.

MOTHER 14. Maiden Name

15. Birthplace Germany.

16 (a) Informant Mrs Marie Reed

(b) Address 1638 N Durham St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 29 1939 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer Cem Location Belair Road

18 (a) Funeral director Leo G. Brook

(b) Address 1701 N Patt Park Ave

19 (a) Aug 28 1939 (b) [illegible] Registrar

VS 3 1904 E Lee St

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/27 1939 at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/24 1939 to 8/27 1939 and that I last saw h in alive on 8/26 1939.

Immediate cause of death Coronary Thrombosis — Duration 8/24/39.

Due to Arterio Sclerosis

Due to

Other Conditions Senile Cardiac Dilatation — 8/26/39

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy no.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? no. (Specify type of place) While at work?

(e) Means of injury [illegible] Littman

23. Signature [illegible] M. D.

Address Street. Date signed 8/28/39

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60840

CERTIFICATE OF DEATH

93-4 F 60840

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3407 Elmora Ave. St., 8-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Frank Pavlis

(a) Residence: No. 3407 Elmora Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Barbara Pavlis

6. DATE OF BIRTH (month, day, year) Jan. 29, 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	7 6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Park Board
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gardener
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Czeckoslovakia
(State or country)

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) .....
(State or country)

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMANT Lillian Hobine (daughter)
(Address) 3407 Elmora Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 8/28/39. 19

19. UNDERTAKER Charles E. Schimunek.
(Address) 2603 E. Madison St.

AUG 28 1939 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-24-39

22. I HEREBY CERTIFY, That I attended deceased from 8-25-39 19 to 8-24-39 19

I last saw h[illegible] alive on 8-24-39 19 Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis arteriosclerosis	Aug 1939
Other contributory causes of importance: Bronchopneumonia	Aug 1939

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Autopsy? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? N.A. Date of injury 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

N.D. Signed Richard Mayer M. D.
(Signed) .....

(Address) 100 Mulberry St.

53

60841

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 60841

Registered No. 1118

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1428 Belvedere St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1428 Belvedere St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Merlvin Shelton —

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: none

4. Sex: M | 5. Color or race: C | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: none

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 19 1914

8. AGE: Over 24 | Months: 0 | Days: 6 | If less than one day: hr min

9. Birthplace (City, county, and state) Richmond Va

10. Usual Occupation: Laborer

11. Industry or business:

MOTHER FATHER

12. Name: Ruby Shelton

13. Birthplace: Va

14. Maiden Name: Bessie Jenkins

15. Birthplace: Va

16 (a) Informant: Mollie Robinson

(b) Address: 318 E. 22½ St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/28/39 (month) (day) (year)

(c) Cemetery or crematory: Mt Calvary

Location: A. R. Co

18 (a) Funeral director: Rayner Sanders

(b) Address: 1412 E. Preston St

19 (a) Date received by Local Registrar: AUG 29 1939 (b) Registrar: Huntington Williams M.D.

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-25-39 19 , at 10:35 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Acute Gastritis — Duration: ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ?
(b) Date of occurrence ?
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? no
(e) Means of injury

23. Signature Conrad Acton M.D. Medical Examiner.

Date signed 8-26-39

F 60842

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

45295 SD

F 60842

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2½ mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1028 W. Fayette Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Shaw
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex F
5. Color or race B
6 (a) Single, married, widowed, or divorced. Separated
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) March 24, 1891
8. AGE: Years 48 Months 5 Days 3 If less than one day hr. min.
9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

MOTHER / FATHER
12. Name Sylvester Clayton
13. Birthplace North Carolina
14. Maiden Name Bessie Krahel
15. Birthplace North Carolina

16 (a) Informant Records
(b) Address Baltimore City Hospitals
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-29-39 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto
18 (a) Funeral director Payne Sanders
(b) Address 412 E. Preston St
19 (a) AUG 28 1939 (Date rec'd by registrar) (b) Registrar Huntington Williams M. D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-27 1939. at 9:45 A M

21. I certify that death occurred on the date above stated, that I attended deceased from 6-2 1939. to 8-27 1939. and that I last saw her alive on 8-27 1939.

Immediate cause of death: Carcinoma Cervix with metastasis — Duration: ?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy No Aut

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. A. Woodward Jr. M. D.
Address Balto. City Hosp. Date signed 8-27-39

VS 3

60843 47765-fs BALTIMORE CITY HEALTH DEPARTMENT F 60843

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4240 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 218 Dolphin St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lenora Pridgen
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: female
5. Color or race: colored
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Henry
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-11-1891

8. AGE: Years 48 | Months 1 | Days 14 | If less than one day: hr. min.

9. Birthplace N.C. (Town, county, and state)
10. Usual Occupation H.W.
11. Industry or business

MOTHER FATHER
12. Name Altimore Taylor
13. Birthplace N.C.
14. Maiden Name Georgianna Harrison
15. Birthplace N.C.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Buried Shipped (Burial, cremation, or removal) (b) Date thereof 8/28/39 (month) (day) (year)
(c) Cemetery or crematory Rocky Mount N. C.
Location N. Rayney Sanders
18 (a) Funeral director E Preston Pk
(b) Address 1412 Huntington Williams M.D.
19 (a) AUG 28 1939 (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH August 25 1939, at 5.35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from August 25 1939, to August 25 1939, and that I last saw her alive on August 25 1939.

Immediate cause of death: Spontaneous Subarachnoid Hemorrhage — Duration: 24 hours

Due to

Due to

Other Conditions: Hypertension

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David R. Fetter M. D.
Address Baltimore City Hosp. Date signed 8/26/39

VS 3

To be C.R.'d by Dr. Maddux

F 60844

F 60844

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1726 E. 29th st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1726 E. 29th st. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Margaret Schrod
(b) If veteran, name war
(c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, ~~married, widowed, or divorced~~ Single
(b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 2nd 61

8. AGE: Years 78 | Months 6 | Days 24 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation House Keeper
11. Industry or business at Home

12. Name William Schrod
13. Birthplace Germany
14. Maiden Name Sophia Koch
15. Birthplace Germany

16. (a) Informant Regina Deicke
(b) Address 1726 E. 29th st

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 29th 1939 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Holy Redeemer
Location Balto Md

18. (a) Funeral director William Cook
(b) Address 1217 S. Paul st

19. (a) Date received Aug 29 1939 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 26th 1939, at 3.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1929 to Dec 1937
and that I last saw h[illegible] alive on Dec 1937

Immediate cause of death: Coronary Thrombosis
Due to Cardio. Vascular dis
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. J. Love M. D.
Address 211 Eutaw Pl Date signed 8/27/39

O.K. W.H.D. Underhill Registrar

over O.K. W.H.D. Underhill

VS 3

F 60845

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 173

Registered No. F 60845

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1530 W Lexington St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto City. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1530 W Lexington St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward A. Ferrell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married.

6 (b) Name of husband or wife Bessie Ferrell.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/9/1883.

8. AGE: Years	Months	Days	If less than one day: hr.	min.
56	9	15		

9. Birthplace Georgia. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Steve Ferrell.

13. Birthplace Georgia.

MOTHER 14. Maiden Name Mariah

15. Birthplace Georgia.

16 (a) Informant Bessie Ferrell.

(b) Address 1530 W Lexington St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/28/1939. (month) (day) (year)

(c) Cemetery or crematory Mt Auburn Cemetery

Location Mt Winans Md.

18 (a) Funeral director Mrs Katie R. Williams

(b) Address 322 N. Schroeder St.

Funeral for Williams M.T.

19 (a) [illegible]

AUG 28 1939

Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-24- 1939. at 6 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Homicide	
Gun shot wound.	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 8-24-39
(c) Where did injury occur? City (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Street (Specify type of place) While at work? No
(e) Means of injury Gun shot wound

23. Signature Howard J. Madison M.D.
Medical Examiner

Date signed 8-25-39

60846 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 60846

[redacted]

CERTIFICATE OF DEATH

54-P

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital 6-4 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Eleanor R. Amrhein (Nellie R.)

(a) Residence: No. 907 N. Payson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ---

6. DATE OF BIRTH (month, day, year) October 15th 1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
34	30	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Frederick A. Amrhein

14. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

MOTHER

15. MAIDEN NAME Blanche E. Boyd

16. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

17. INFORMANT Mrs Blanche E. Amrhein
(Address) 907 N. Payson Street

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Aug. 29, 1939

19. UNDERTAKER Wm. J. Tickner & Sons
(Address) North & Penna Aves.

20. FILED AUG 28 1939 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 21, 1939 to Aug. 25, 1939

I last saw h[illegible] alive on Aug. 25, 1939 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suppurative tumor of brain	1927

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. R. Tennant M. D.

(Address) St. Joseph's Hosp.

8 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60847 F 60847

CERTIFICATE OF DEATH

X 147-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Edward T. Gardner

(a) Residence: No. Severn Md. St., Ward. a. a. Co. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE~~) of Addie E. Gardner

6. DATE OF BIRTH (month, day, year) 1/30/87

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) 5/1/39

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Severn Md.

FATHER

13. NAME John Gardner

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Leanna Stinchcomb

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Addie E. Gardner

(Address) Severn Md.

18. BURIAL, CREMATION, OR REMOVAL Meadow Dorady, Md. Date Aug 29 1939

19. UNDERTAKER Wm. J. Trackner & Sons

(Address) Catonsville Md.

20. FILED AUG 28 1939 Wilhelmina Hill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from 8/17/39, 19..., to 8/27/39, 19...

I last saw h~~im~~ alive on 8/26/39, 19... Death is said to have occurred on the date stated above, at 1.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I Carcinoma of Larynx	4/39
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Biopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. F. Monroe, M. D.

(Address) Mercy Hospital

F 60848

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a

F 60848

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1111 Woodyear Av
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balt. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1111 Woodyear Av (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James C Hamilton

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-03-8895

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	col	M.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day: hr.	min.
45				

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Chauffeur

11. Industry or business Industry truck

FATHER 12. Name James Hamilton

13. Birthplace Balt

MOTHER 14. Maiden Name Sophia Allen

15. Birthplace md

16 (a) Informant Fannie Hamilton (Wife)

(b) Address 1118 W. Lafayette

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 25 1939 (month) (day) (year)

(c) Cemetery or crematory Arlington Cemetery

Location

18 (a) Funeral director Charles H Burkett

(b) Address 528 Lanvale St

19 (a) Filed AUG 28 1939 (b) Hunter for Williams M.D. Registrar

MEDICAL CERTIFICATION 9 30

20. DATE OF DEATH 8/24/39 19 ? at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W W Vandegrift M.D.
Medical Examiner.

Date signed 8/24/39

VS 4

F 60849

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60849

CERTIFICATE OF DEATH

V 159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital S. 2-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Louis ~~Baby Boy~~ Barrett Jr

(a) Residence: No. Sinai Hospital (Usual place of abode) 2500 Smithdale St. Ward (If non-resident give city or town and State) Coo E Anne

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/25/39

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child 0 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Louis Barrett

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Louise Resner

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Sinai Hos.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem Date Aug 28 1939

19. UNDERTAKER W. S. Fiallrowski
(Address) 2007 ~~Eastern~~ Easternave

20. FILED AUG 28 1939 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 27 1939

22. I HEREBY CERTIFY, That I Attended deceased from Aug 25 1939 to Aug. 27 1939

I last saw h... alive on Aug. 27 1939 Death is said to have occurred on the date stated above, at 7:10p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

(Other contributory causes of importance)

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Leo F. Moldawsky M. D.

(Address) Sinai Hospital

F 60850

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C

F 60850 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4418-Old York Road

(c) Hospital or institution: --

(d) Length of stay in hospital or inst. (yrs., mos., or days) --

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)

(d) Street No. 4418-Old York Road (If rural give location)

(e) If foreign born, how long in U. S. A.? ------ years

3 (a) FULL NAME Charles Joseph Banks

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: none

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary J. (Bell)

6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) 12/19/1870

8. AGE: Years 68 | Months 8 | Days 7 | If less than one day hr. XXXXXXXX

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Poultry Dealer

11. Industry or business

FATHER 12. Name Edwin Banks

13. Birthplace Baltimore, Md.

MOTHER 14. Maiden Name Elizabeth (Patterson)

15. Birthplace ?

16 (a) Informant Mrs. Mary J. Banks

(b) Address 4418-Old York Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/29/39 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Baltimore, Md.

18 (a) Funeral director George J. Ruth, Inc.

(b) Address 1735-Harford Ave.

19 (a) AUG 28 1939 (Date received by Registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 26 1939. at 8 15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 10 1939. to Aug 26 1939. and that I last saw him alive on Aug 25 1939.

Immediate cause of death: Hypostatic Pneumonia — Duration: 2 days

Due to cardiac failure — Duration: over

Due to arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Egbert H. Mortimer M. D.

Address 2706 St Paul St Date signed 8/28/39

V8 3

F 60851

F 60851

367487

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53-C

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 4114 Southern Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Marie Beals

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife BENJ.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-26-10

8. AGE: Years	Months	Days	If less than one day
29	4		hr. min.

9. Birthplace Maryland (Town, County, and state)

10. Usual Occupation Home

11. Industry or business

BOTHER MAIDEN

12. Name Simmons Mitchell

13. Birthplace Balto.

14. Maiden Name Lillian Stanley

15. Birthplace Balto

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 30 39 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Rd

18 (a) Funeral director Chas. B. Duckworth

(b) Address 637 Washington Blvd

19 (a) AUG 28 1939 (b) Huntington Williams Registrar

(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 26 1939 at 5 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 25 1939 to Aug 26 1939. and that I last saw her alive on Aug 26 1939.

Immediate cause of death Brain tumor - glioma of cerebellum

Duration over

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Cerebellar glioma

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Charles E. Ireland M. D.

Address Johns Hopkins H. Date signed 8-26-39

VS 3

F 60852

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-a F 60852 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1143 Ashburton St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County A. A. Co.
(c) City or town Arnold. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Roland H Hoye
3 (b) If veteran, name war No.
3 (c) Social Security Account No. no
4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Clark Hoye.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 28-1868
8. AGE: Years 70 Months 1 Days 0 If less than one day hr. min
9. Birthplace A. A. Co. (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name John Hoye.
13. Birthplace Md.

MOTHER
14. Maiden Name Jennette Larmore
15. Birthplace ?

16 (a) Informant George G. Hoye.
(b) Address 6502 Johnston Ave Hyattsville Md
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 31-39 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location
18 (a) Funeral director W. W. Chambers Co.
(b) Address Riverdale Md.
19 (Date rec'd by registrar) AUG 29 1939 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 28 1939, at 7:00 AM
21. I certify that death occurred on the date above stated; that I attended deceased from July 24 1939 to Aug 28 1939. and that I last saw him alive on Aug 27 1939.

Immediate cause of death Chronic Valvular Disease — Duration 1 year
Due to
Due to
Other Conditions Secondary Anemia — 6 months
Uremia?
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy no

PHYSICIAN
(Underline the cause to which death should be charged statistically.)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Manuel Sotaro M. D.
Address 4624 York Road Date signed Aug 29/39

VS 8

60833

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 60833 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2241 2244 Prentice Place
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2241 Prentice Place (If rural give location)
(e) If foreign born, how long in U. S. A.? years 1

3 (a) FULL NAME Mary A. Healy

3 (b) If veteran, name war No
3 (c) Social Security Account No. No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife John A. Healy (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 30-1882

8. AGE: Years 57 | Months 1 | Days 25 | If less than one day hr. min.

9. Birthplace ~~Baltimore Md~~ Phila Pa. (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER 12. Name John O'Connell
13. Birthplace Ireland

MOTHER 14. Maiden Name Bridget Coyne
15. Birthplace Ireland

16 (a) Informant Margaret M. A. Healy
(b) Address 2244 Prentice Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 29-1939 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director Chas. F. Maus & Son Inc
(b) Address 113 W. Mt. Royal Ave

19 (a) (Date rec'd by registrar) (b) Registrar

AUG 30 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 26 1939, at P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1936, to Aug 25 1939; and that I last saw her alive on Aug 25 1939.

Immediate cause of death Pulmonary Tuberculosis — Duration 1933

Due to — 1939

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. Karl Grossman M. D.
Address 1412 N. Patterson Pk. Ave. Date signed 8-31-39

F 60854

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60854

CERTIFICATE OF DEATH

✓112

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) St. Joseph's Hospital (St.) (Ward) 9
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

Registered No. ...
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mc Cann, Thomas F
If U. S. Veteran specify WAR ...

(a) Residence: No. 1533 Arlington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 8 - 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	—	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME John McCann
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Bridget Cunningham
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Family Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Aug 29 1939

19. UNDERTAKER Chas. F. Grace & Sons Inc.
(Address) 115 W. Mt. Royal Ave

20. FILED AUG 28 1939 Harriet Lee Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 26 . 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1939, to Aug 26, 1939
I last saw him alive on Aug 26, 1939. Death is said to have occurred on the date stated above, at 7.35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial asthma	
Cachexia	
Other contributory causes of importance: Poor hygiene	

Was an operation performed? No Date of ...
For what disease or injury? ...
Name of operation ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) M. R. Tennyst M. D.
(Address) St. Joseph's Hosp.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V 943

Registered No. F 60855

F 60855

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1128 W. Cross St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1128 W. Cross St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Mathews
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Florence E. Mathews
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 22, 1880

8. AGE: Years	Months	Days	If less than one day: hr.	min.
58 59	9	7		

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Clothing Cutter
11. Industry or business

FATHER
12. Name Frank B. Mathews
13. Birthplace Cross

MOTHER
14. Maiden Name Anna Troutmann
15. Birthplace Germany

16 (a) Informant Mrs. F. Mathews
(b) Address 1128 W. Cross St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 29, 1939 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Frederick Rd.

18 (a) Funeral director Fred A. Evans & Son
(b) Address 2158 N. Charles St.

AUG 28 1939 (Date received by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 26 1939 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1 1939 to Aug 26 1939 and that I last saw h[illegible] alive on Aug 26 1939.

Immediate cause of death Coronary Thrombosis — Duration 30 days
Due to Arterial Sclerosis — 3 Yrs
Due to Arteriosclerosis — 3 Yrs
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Theobald Grant M.D. M. D.
Address Date signed

VS 3

F 60856

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 60856

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2322 N. Charles
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2322 N. Charles St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Henry Greenway

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 24 1844

8. AGE: Years 95 | Months — | Days 3 | If less than one day: hr. — min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Clerk
11. Industry or business Retired 40 years

FATHER
12. Name Wm W Taylor Greenway
13. Birthplace Abington Pa

MOTHER
14. Maiden Name Marie W. Williams
15. Birthplace Balto Md

16 (a) Informant Mrs Elizabeth N. Greenway
(b) Address 2322 N. Charles St

17 (a) Burial (Burial, cremation, or removal)
(b) Date thereof Aug 29/39 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Balto Md

18 (a) Funeral director Henry N. Jenkins Sons
(b) Address McCulloh-Orchard & Huntington Williamsport Md

19 (a) AUG 28 1939 (Date received by Registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH August 27 1939, at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 11 - 1939, to Aug 27 1939, and that I last saw him alive on Aug 26 - 1939.

Immediate cause of death: Bronchus-pneumonia
Due to Hemiplegia Left
Due to Arterio Sclerosis

Duration: 10 days; 5-40 ?

Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
Means of injury

23. Signature Chas W. Linnard M. D.
Address 327 Park Ave Date signed Aug 27-39

60857

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124-B

Registered No. 60857

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1425. Gorsuch ave

(c) Hospital or institution: University Hospt

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:

(a) State ..... (b) County .....

(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)

(d) Street No. 1425. Gorsuch ave (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME James L. Counteer

3 (b) If veteran, name war HO

3 (c) Social Security Account No. 705-07-4224

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Margaret M. Counteer

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug 24-1879

8. AGE: Years 60 | Months 0 | Days 2 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation B&O Rail Road (-79

11. Industry or business Conductor (-79

FATHER

12. Name Joseph. W. Counteer

13. Birthplace Baltimore Md.

MOTHER

14. Maiden Name Ella, MC Donald.

15. Birthplace Ireland

16 (a) Informant Margaret Counteer Wife

(b) Address 1425. Gorsuch ave

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof Aug 30/39 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Edgewood ave.

18 (a) Funeral director Lilly & Zeiler Inc

(b) Address 403 S. Wolfe st

19 (a) AUG 28 1939 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH August 26 1939 at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 24 1939 to Aug 26 1939. and that I last saw him alive on Aug 26 1939.

Immediate cause of death Heart Failure — Duration .....

Due to Myocardial Damage — Duration .....

Due to ..... — Duration .....

Other Conditions Acute Cholecystitis — Duration .....

(Include pregnancy within 3 months of death)

Major findings:

Of operations Acute Cholecystitis

Cirrhosis of liver

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? ..... (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)

(e) Means of injury .....

23. Signature William B. Long M. D.

Address University Hospital Date signed 8/26/39

J. K. Whitehead

VS 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60858 ✓ 160-B F 60858

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 21-1 Ward) 60

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR —

2. FULL NAME Baby Boy Delaware

(a) Residence: No. 907 Russell St., 6D Nursery Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 23, 1939

7. AGE Years	Months	Days	If LESS than 1 day, 17 hrs. & 12 min.
—	—		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md. U.S.

FATHER

13. NAME Roland Nathaniel Delaware

14. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

MOTHER

15. MAIDEN NAME Louise Blanche Carter

16. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

17. INFORMANT Mother
(Address) 907 Russell St.

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date AUG 28 1939 19

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

20. FILED AUG 28 1939 19 H. A. Moore for Phillips Lee Goldsborough
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1939 to Aug 24, 1939

I last saw him alive on Aug 23, 1939 Death is said to have occurred on the date stated above, at 5:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial hemorrhage	8-23-39
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify —

(Signed) Joseph M. George Jr. M. D.

(Address) University Hospital

5016

F 60859

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. F 60859

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 9 wks.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1507 Mosher St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Fletcher Sutton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: C

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife -

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 20, 1905

8. AGE: Years 34 | Months 6 | Days 19 | If less than one day hr. min.

9. Birthplace South Carolina (Town, county, and state)

10. Usual Occupation Cook

11. Industry or business ?

FATHER
12. Name Sam Sutton
13. Birthplace S.C.

MOTHER
14. Maiden Name Julia Ann Johnson
15. Birthplace S.C.

16 (a) Informant -
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) AUG 28 1939 (Date rec'd by registrar) Registrar

5016

MEDICAL CERTIFICATION A.

20. DATE OF DEATH August 19 1939, at 7:55 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 12 1939, to Aug 19 1939, and that I last saw him alive on Aug 19 1939.

Immediate cause of death Tuberculosis of lungs — Duration 1 yr

Due to

Due to

Other Conditions Tuberculosis of intestines
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. D.
Address Date signed

UNIVERSITY MEDICAL SCHOOL AUG 28 1939
Commissioner of Health

V8 3

F 60860

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E

Registered No. F 60860

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1835 Walbrook ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 46 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1835 Walbrook ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry Frank.

3 (b) If veteran, name war none

3 (c) Social Security Account No. none

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married.

6 (b) Name of husband or wife Sarah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years 66 | Months - | Days - | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Confectionary Store

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace "

MOTHER 14. Maiden Name Unknown

15. Birthplace "

16 (a) Informant Sarah Frank.

(b) Address 1835 Walbrook ave

17 (a) (Burial, cremation, or removal)

(b) Date thereof Aug 29/39 (month) (day) (year)

(c) Cemetery or crematory Beth Israel Cemetery

Location Southern ave

18 (a) Funeral director Sol. Levinson & Bros.

(b) Address 124-26 W. North ave

19 AUG 28 1939 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH (August 27 1939 at 7 20 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1, 1939. to Aug 27 1939. and that I last saw him alive on Aug 27, 1939.

Immediate cause of death

Carcinoma of the liver — Duration 1 year

Due to

Due to

Other Conditions Arteriosclerotic Cardiovascular disease — 2 years

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Israel P. Wranetzki M. D.

Address 1710 N. Monroe Dr Date signed Aug 27, 1939

V8 3

F 60861

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

16 Registered No. F 60861

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene Stret
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1/2 day
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Middle River (If outside city or town limits, write RURAL and give town)
(d) Street No. 8. Hawthorne Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Richard David Coble

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 17-1925

8. AGE: Years 13 | Months 9 | Days 10 | If less than one day hr. min.

9. Birthplace York, Pennsylvania (Town, county, and state)

10. Usual Occupation School boy

11. Industry or business

12. Name John Coble

13. Birthplace Elizabethtown, Pa.

14. Maiden Name Grace Caldwell

15. Birthplace Harrisburg, Pa.

16 (a) Informant Father.

(b) Address 8 Hawthorne Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/30/39 (month) (day) (year)

(c) Cemetery or crematory Sacred Heart

Location O'Donnell St. & Rd.

18 (a) Funeral director John G. Connelly

(b) Address Essex, Md.

19 (a) (Date received by registrar) (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH August 27 1939, at 6 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from August 26 1939, to August 27 1939, and that I last saw him alive on August 27 1939.

Immediate cause of death Septicemia — Duration 2 days

Due to

Due to over

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy To be Reported Later

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature John Abrogmen M. D.

Address University Hospital Date signed Aug 27, 1939

60862 F 60862

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

60862 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1430 Hull St. St., 9th Ward)

Length of residence in city or town where death occurred 65 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Theresa Staffa

(a) Residence: No. 1430 Hull St., St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Staffa

6. DATE OF BIRTH (month, day, year) Feb 14 74

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0031

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Nicholas Wilhelm

14. BIRTHPLACE (city or town) (State or country) Austria.

MOTHER

15. MAIDEN NAME Anna Miller

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Evelyn Staffa

(Address) 1430 Hull St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date Aug 29, 1939

19. UNDERTAKER Dunwoody & Carrington

(Address) 21 W. 25th St.

20. FILED AUG 29 1939 19..... Registrar. Hamilton Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1939, to Aug 25, 1939

I last saw her alive on Aug 25, 1939 Death is said to have occurred on the date stated above, at 12 M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Chronic glomerulonephritis	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John J. Gould M. D.

(Address) 14 N. East ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

60863 F 60863

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. WOMEN'S HOSPITAL St. [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME ANNA MARIE VITTI

(a) Residence: No. 122 W. MOSHER ST. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed,~~ or Divorced (write the word)
Female	White	Divorced

5a. If ~~married, widowed, or~~ divorced ~~HUSBAND of~~ (or) WIFE of Charles Vitti

6. DATE OF BIRTH (month, day, year) Oct 28th 90

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Iris C. Bradfield

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Carrie W. Moreland

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Margaret Staton

(Address) 5909 Sefton Ave

18. BURIAL, CREMATION, OR REMOVAL Raymond Funeral Home Date 8-29-39

19. UNDERTAKER [illegible] McCoy

(Address) 1317 E. Fond St.

8.29.1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) AUG. 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from AUG. 25, 1939 to AUG. 25, 1939

I last saw her alive on AUG. 25, 1939 Death is said to have occurred on the date stated above, at 7:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CEREBRAL HEMORRHAGE	8-25-39
HEMIPLEGIA, RIGHT	"
Other contributory causes of importance: MALIGNANT HYPERTENSION	3

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? P.E. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Richard W. Wattenmaker, M. D.

(Address) Hospital for Women

V0 9

F 60364

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 Registered No. F 60364

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 404 East 25th.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) ~~County~~ City
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 404 East 25th Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ella Burke Burgess

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex Female

5 Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of ~~husband~~ or wife Hopkins Burgess

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 14-1867

8. AGE: Years 72 | Months 2 | Days 13 | If less than one day: hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

MOTHER / FATHER

12. Name Nickel Burgess Hines

13. Birthplace Maryland

14. Maiden Name Henrietta Rebecca Burgess

15. Birthplace Kent Co Maryland

16 (a) Informant Henrietta Warfield Deputy

(b) Address 404 East 25th Street

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug 30 1939 (month) (day) (year)

(c) Cemetery or crematory Old St Pauls Kent Co

Location Kent Co. Maryland

18 (a) Funeral director Williams Cook

(b) Address 1217 St Paul Street

19 (a) Aug 30 1939 (Date received by Registrar) (b) Hunter Lloyd Williams U.P. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 27 1939, at 5A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/3/ 1938, to Aug. 27th 1939, and that I last saw her alive on Aug. 27th. 1939.

Immediate cause of death Uremia — Duration 2 days.

Due to Chronic Interstitial Nephritis — unknown

Due to

Other Conditions Raynauds disease — unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations ------
Of autopsy ----

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ---
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo. W. Harrington M.D.

Address 401 E. 25th. St., Date signed 8/27/39

F 60865

WARREN

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

F 60865 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address St. Agnes Hospital

(c) Hospital or institution: St. Agnes Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County —

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 519 S. Monroe St (If rural give location)

(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Carolyn Frances Warren

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	—

6 (b) Name of husband or wife —

6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) 8/26/39

8. AGE: Years	Months	Days	If less than one day
			7 hr. 28 min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name Percy Howard Warren

13. Birthplace Oxford, Pa.

MOTHER 14. Maiden Name Dorothy Catherine Chapman

15. Birthplace Baltimore, Md.

16 (a) Informant Percy Howard Warren

(b) Address 519 S. Monroe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8. 21. 39 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cemetery

Location Frederick Ave

18 (a) Funeral director Robert Brooks & Son

(b) Address N.E.Cor. Calhoun & Hollins Sts

19 (a) Aug 29 1939 (b) [illegible]

UG

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/27 1939, at 8:35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/27 1939, to 8/27 1939, and that I last saw her alive on 8/26 1939.

Immediate cause of death Pneumonia

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature James N. Evans M. D.

Address St. Agnes Hospital Date signed 8/27/39

F 60866

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 60866 Registered No. 7210-9

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address City Hosp.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt (If outside city or town limits, write RURAL, and give town)
(d) Street No. 1007 S Paca St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Robs (Rawles)
3 (b) If veteran, name war
3 (c) Social Security Account No. 220-09-2613

4. Sex M
5. Color or race Wh
6 (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb 7th 1903
8. AGE: Years Months 56 Days 21 If less than one day hr. min
9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Huckster
11. Industry or business

FATHER
12. Name Wm H. Roles
13. Birthplace Md.

MOTHER
14. Maiden Name Mary E. Stancliff
15. Birthplace N. J.

16 (a) Informant Viola Hoog
(b) Address 1007 S. Paca St.

17 (a) London Park (Burial, cremation, or removal) (b) Date thereof Aug 30th 1939 (month) (day) (year)
(c) Cemetery or crematory London Park Cem
Location Balto Md.

18 (a) Funeral director B. L. Hack
(b) Address 121 E. West St.

19 (a) Filed AUG 29 1939 (Registrar) (b) By Wm. Williams Md. Registrar

V8 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/28/39 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death
Crushing injury of Chest
Due to Rupture of Liver
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 8/27/39 (month) (day) (year)
(c) Where did injury occur? Lake Roland Baltimore Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Street While at work? Yes (Specify type of place)
(e) Means of injury Automobile truck overturned

23. Signature [illegible] M.D. Medical Examiner
Date signed 8/28/39

F 60867

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 60867 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1025 Light St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write BC/RAL, and give town)
(d) Street No. 1025 Light St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Werner Windus

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Sophie Windus

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 10-1856

8. AGE: Years 82 | Months 11 | Days 14 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Prop. of Store
11. Industry or business Confection

FATHER 12. Name John Windus
13. Birthplace Germany

MOTHER 14. Maiden Name Margaret Becker
15. Birthplace Germany

16 (a) Informant Chas. Windus
(b) Address 1025 Light St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 30-39 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore Md.

18 (a) Funeral director C. Richard Fleming
(b) Address 1420 Light St.

19 (a) Date received by registrar AUG 28 1939 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 25 1939 at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 23 1939 to Aug 24 1939. and that I last saw him alive on Aug 25 1939.

Immediate cause of death Arteriosclerosis — Duration Indef.

Due to

Due to

Other Conditions Splenosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

8/23/39
PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature P. L. Campbell D.
Address 164 W. Hanover St Date signed 8/27/39

F 60868 47799

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 60868 Registered No. 54

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hour 22 minutes
(e) Length of stay in Baltimore (yrs., mos., or days) New born

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1466 Woodall St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Armel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. New born

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days | If less than one day: 1 hr. 22 min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Parker Armel
13. Birthplace Va.

MOTHER
14. Maiden Name Nellie Combs
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 8-28-39 (month) (day) (year)
(c) Cemetery or crematory crematory
Location B C H.

18 (a) Funeral director
(b) Address

19 AUG 29 1939 (Date filed by Registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-26 1939 at 4 55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-26 1939 to 8-26 1939 and that I last saw h[illegible] alive on 8-26 1939.

Immediate cause of death: Prematurity — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. James Kaan M. D.
Address Balto City Hosp Date signed 8-27-39

F 60869

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

34 C

F 60869 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood and Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1354 Cleveland St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Willie Winn

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband or wife: Lucille Winn.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 56 yrs | Months | Days | If less than one day: hr. min.

9. Birthplace Sussex Va. (town, county, and state)

10. Usual Occupation Glass factory Worker.
11. Industry or business

MOTHER / FATHER
12. Name
13. Birthplace Va.
14. Maiden Name Celia Mason.
15. Birthplace

16 (a) Informant Lucille Winn
(b) Address 1408 Ward St.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 8/29/1939. (month) (day) (year)
(c) Cemetery or crematory Mount Zion Cem
Location Mt Winans, Md.

18 (a) Funeral director Mrs Zeta R Williams
(b) Address 322 N. Schroeder St.

19 (a) 8/29 1939 (b) (Date received by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH August 25 1939, at 9.25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 18 1939, to Aug. 25 1939, and that I last saw h[illegible] alive on Aug. 25 1939.

	Duration
Immediate cause of death: Multiple Aneurysms of Aorta	7 days
Due to: Syphilitic Aortitis	ca. 15 yrs.
Due to:	
Other Conditions: Central Nervous System Syphilis (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy Confirmed above Diagnosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Stanley E. Bradley M. D.
Address University Hospital Date signed 8.28.39

VS 3

60870 47332-fs

F 60870

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

123

Registered No. [redacted]

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 408 Parrish St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME (Lillian) Lilly Mae Mitchell
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex female
5. Color or race colored
6 (a) Single, married, widowed, or divorced. single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 8-1-21
8. AGE: Years 18 | Months 0 | Days 26 | If less than one day hr. min.
9. Birthplace Georgia (Town, county, and state)
10. Usual Occupation H.W.
11. Industry or business

MOTHER / FATHER
12. Name William Mitchell
13. Birthplace Georgia
14. Maiden Name Mary Howes
15. Birthplace Georgia

16 (a) Informant B.C.H. Records
(b) Address

17 (a) (By) (Signature or name of undertaker)
(b) Date thereof aug 30, 1939 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location

18 (a) Funeral director Mrs Kate R Williams
(b) Address 322 N Spruce St

19 (a) 8 30 1939 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH aug 27 1939, at 8a M

21. I certify that death occurred on the date above stated; that I attended deceased from aug 10 1939 to aug 27 1939.
and that I last saw h alive on aug 27th 39.

Immediate cause of death Tuberculosis of lung — Duration 5 mos.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address BCH Date signed 8/29/39

VS 3

60871 47798

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 60871 Registered No. 82-a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 40 minutes
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 795 George St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rachael Nichols

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: widowed
6 (b) Name of husband or wife: Thomas (d)
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb. 24 ?
8. AGE: Years 50 Months 6 Days 2 If less than one day hr. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation 0037
11. Industry or business

MOTHER / FATHER
12. Name Emery Comegys
13. Birthplace Va.
14. Maiden Name Agnes Draper
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals
17 (a) (Burial, cremation, or removal)
(b) Date thereof Aug 30, 1939 (month) (day) (year)
(c) Cemetery or crematory Georgetown, Md
Location Kent Co.
18 (a) Funeral director Mrs Kate R Williams
(b) Address 322 N Schroeder St
19 (a) (Date rec'd by registrar) (b) Registrar

AUG 29 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH August 26 1939, at 6 55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from August 26 19 39, to August 26 1939, and that I last saw her alive on August 26 1939.

Immediate cause of death: Cerebral Hemorrhage — Duration: 12 hours

Due to

Due to

Other Conditions: Hypertension — unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No Post

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Murray Steele M. D.
Address Balto. City Hosp. Date signed 8-27-39

F 60872

F 60872

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1311 Dundalk Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 years
(e) Length of stay in Baltimore (yrs., mos., or days) 29 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1311 Dundalk Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 29 years

3 (a) FULL NAME Blazij Ruchlewicz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Josefa

6 (c) If wife, give age 51 years

7. Birth date of deceased (mo., day, yr)

8. AGE: Years 52 | Months | Days | If less than one day hr. min

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation farmer

11. Industry or business Gun Factory

FATHER 12. Name Franciszek Ruchlewicz
13. Birthplace Poland

MOTHER 14. Maiden Name Francis Wojcik
15. Birthplace Poland

16 (a) Informant Josefa Ruchlewicz
(b) Address 1311 Dundalk Ave.

17 (a) X (Burial, cremation, or removal) (b) Date thereof 8-31-39 (month) (day) (year)
(c) X Cemetery or crematory Sacred Heart of Mary
Location German Hill Rd.

18 (a) Funeral director John J. Duda
(b) Address 2827 Hudson St

AUG 29 1939 (Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/28/39 19 . at 10:25 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary Sclerosis — Duration: 2 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Conrad Acton M.D.
Medical Examiner

Date signed 8/28/39

F 60873

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

151 ✓ F 60873 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1927 W. Saratoga St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary G. Hughes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Late James A. Hughes

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 21-1865

8. AGE: Years 73 | Months 9 | Days 5 | If less than one day: hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business

FATHER
12. Name Chas. M. Conrad
13. Birthplace Va

MOTHER
14. Maiden Name Ellen Coley
15. Birthplace Va

16 (a) Informant Mrs. Eleanor A. Parker
(b) Address 1927 W. Saratoga St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/29/39 (month) (day) (year)
(c) Cemetery or crematory Western
Location Edmondson Ave & Longwood St

18 (a) Funeral director Harry H. Lutzke
(b) Address 4101 Edmondson Ave

19 (a) (Date received by registrar) (b) H Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 26 1939; at M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/23 1939 to 8/26 1939 and that I last saw h[illegible] alive on 8/26 1939.

Immediate cause of death
Carbuncle of Neck
Cellulitis of Face
Due to Septicemia

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Sheppard, M.D.
Address St. Agnes Hospital Date signed 8/29/39

374 18011b Rupture ~~accident~~

Med Exam Case

+ ✓ F 60874

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

210-M

Registered No. .....

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address .....

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) /

(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Pa. (b) County .....

(c) City or town Lancaster (If outside city or town limits, write RURAL and give town)

(d) Street No. 626 E Fulton st (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Erma Mae Russell

3 (b) If veteran, name war .....

3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W	Married

6 (b) Name of husband ~~or wife~~ John Russell (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan. 5 1909

8. AGE: Years	Months	Days	If less than one day
30	7	22	hr. ..... min.

9. Birthplace ..... (Town, county, and state)

10. Usual Occupation .....

11. Industry or business .....

FATHER 12. Name John Matt

13. Birthplace .....

MOTHER 14. Maiden Name Myrtle Benner

15. Birthplace .....

16 (a) Informant Record. JOHNS HOPKINS HOSPITAL

(b) Address .....

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof 8-29-39 (month) (day) (year)

(c) Cemetery or crematory Lancaster Pa

Location Lancaster Pa

18 (a) Funeral director Samuel L. Frey

(b) Address 124 College ax Lanc Pa

19 (a) ..... (b) ..... (Date received by registrar) ..... Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 27 1939. at 4-30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 27 1939. to Aug 27 1939. and that I last saw her alive on Aug 27 1939.

Immediate cause of death	Duration
Basal skull fracture	
Laceration of brain	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Lacerated brain Pressure

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Auto accident

(b) Date of occurrence 8-26-39

(c) Where did injury occur? Near Oakes Md (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Road (Specify type of place) While at work? No

(e) Means of injury Thrown from truck as it overturned

23. Signature Charles E. Troland M. D.

Address Johns Hopkins H. Date signed 8-29

F 60875

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 174

F 60875 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland On Ward
(b) Street address Charles & Hill Streets
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days) 23
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1110 Druid Pl (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Julius Snipes

3 (b) If veteran, name war: World War

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5th 1896

8. AGE: Years 43 | Months 1 | Days 16 | If less than one day: hr. min.

9. Birthplace Elm Rock NC (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace NC

MOTHER
14. Maiden Name Unknown
15. Birthplace NC

16 (a) Informant Records of Veterans Bureau
(b) Address Fort McHenry Balto

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/29/39 (month) (day) (year)
(c) Cemetery or crematory Balto National Ct
Location Catonsville - Md

18 (a) Funeral director Isaiah S Brown & Son
(b) Address 106 W Montgomery St

19 (a) Filed by registrar Aug 31 1939 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/21/39 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquest) thereon and from the evidence obtained by said (Autopsy or Inquest) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Stab wound of neck severing of	
Due to carotid artery; exsanguination	
Due to shock	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 8/21/39
(c) Where did injury occur? Charles - Hill Sts (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Street (Specify which) While at work? No
(e) Means of injury: Stab wound of neck.

23. Signature Wm Vandecruft M.D. (Medical Examiner)
Date signed 8/21/39

F 60876

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 ✓ F 60876 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2027 Madison Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2027 Madison Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years 7

3 (a) FULL NAME James Edward Wise

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Viola Wise
6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) Oct 6th 1888

8. AGE: Years	Months	Days	If less than one day
50	10	23	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Business Manager
11. Industry or business Self.

MOTHER | FATHER
12. Name Otis Wise
13. Birthplace Virginia
14. Maiden Name Agnes Sinkes
15. Birthplace St Mary Co.

16 (a) Informant Viola Wise
(b) Address 2027 Madison Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 8-29-39 (month) (day) (year)
(c) Cemetery or crematory St. Peters Cemetery
Location Catonsville Md

18 (a) Funeral director Archibald Gladding
(b) Address 2101 N. Eutaw St.

19 (a) 8-29-39 (Date received by registrar) (b) Burton Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 27th 1939, at 2:00 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 23rd 1939 to Aug 27th 1939, and that I last saw him alive on Aug 27th 1939.

Immediate cause of death: (a) Acute Lobar Pneumonia — Duration: 4 days
Due to: (b) Exposure
Due to: (c)
Other Conditions: Exhaustion — 2 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. H. Lamensbach M. D.
Address 1315 W. Lanvale Ave Date signed Aug 30/39

VS 3

1515 60877

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-BL

Registered No. 60877

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 418 E. Preston st (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Joseph Al Lochte
3 (b) If veteran, name war
3 (c) Social Security Account No. 214-01-1758
4. Sex: Male
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: —
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) 3-25-1883
8. AGE: Years 56 | Months 5 | Days 3 | If less than one day hr. min.
9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Book Keeper
11. Industry or business Wm. D. Theobald
FATHER 12. Name Frank Lochte
13. Birthplace Ger.
MOTHER 14. Maiden Name Mary Coffey
15. Birthplace Ireland
16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) (Burial, cremation, or removal) (b) Date thereof 8/30/39 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Frederick Road
18 (a) Funeral director H. U. Mears & Son
(b) Address 502 N. Calvert St.
19 (a) (Filing receipt) (b) Huntington Williams M.D. Registrar
AUG 30 1939
VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 27 1939 at 1:25 P M
21. I certify that death occurred on the date above stated; that I attended deceased from Aug 25 1939 to Aug 27 1939. and that I last saw h[illegible] alive on Aug 27 1939.

Immediate cause of death: Pulmonary Edema — Duration: 2 days
Due to: Heart failure
Due to: Hypertension Heart disease — 5 yrs
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Confirms clinical findings

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Caroline Jackson M. D.
Address Johns Hopkins Hosp. Date signed 8/[illegible]

HEALTH DEPARTMENT—CITY OF BALTIMORE

60878

CERTIFICATE OF DEATH

3-E-23 F 60878

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp. St. 99 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. 19 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Gabriel Brown

(a) Residence: No. Mitchellville, Md St., Ward. Prince Ge.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) DEC. 10 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50 49	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Thomas Brown

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Catherine Gilman

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Catherine Brown
(Address) Mitchellville Md

18. BURIAL, CREMATION, OR REMOVAL
Prince Cathedral Date Aug 31. 1939

19. UNDERTAKER Rayner Saunders
(Address) 1423 E. Preston St

20. FILED AUG 28 1939 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 25. 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 9, 1939 to Aug 25, 1939

I last saw him alive on Aug 25, 1939 Death is said to have occurred on the date stated above, at 4.35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other contributory causes of importance: CNS Syphilis	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. R. Turnquest M. D.

(Address) St. Joseph's Hosp.

V6 6

F 60879

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164-a

Registered No. F 60879

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2419 Guilford Ave
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2419 Guilford Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Ernest

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 213-05-5786

4. Sex: M
5. Color or race: Wh
6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married
6 (b) Name of ~~husband or~~ wife: Hazel W. White Ernest
6 (c) If alive, give age: 44 years

7. Birth date of deceased (mo., day, yr.): Nov 15th 1898

8. AGE: Years: 40 | Months: 9 | Days: 13 | If less than one day: hr. min

9. Birthplace: Balto. Md (Town, county, and state)

10. Usual Occupation: Manager
11. Industry or business: Restaurant

FATHER
12. Name: John W. Ernest
13. Birthplace: Germany

MOTHER
14. Maiden Name: Mary Stine
15. Birthplace: Germany

16 (a) Informant: Hazel W. Ernest
(b) Address: 2419 Guilford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 31-39 (month) (day) (year)
(c) Cemetery or crematory: Woodland Pk
Location: Taylor Ave

18 (a) Funeral director: William Cook
(b) Address: 1217 St Paul St

19 (a) AUG 28 1939 (Date of death registered) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION about 3 P

20. DATE OF DEATH 8/28/39 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) I find that said deceased came to his death on the day stated above.

Immediate cause of death: Strangulation by poisoning

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 8/28/39
(c) Where did injury occur? 2419 Guilford Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Bedroom While at work? No (Specify type of place)
(e) Means of injury Inhalation of strangulating gas

23. Signature H. H. Wenderoth M.D. Medical Examiner
Date signed 8-28-39

VS 4

Case No. 26670 dk

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-a ✓

F 60880 — Registered No. F 60880

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Maryland
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 years
(e) Length of stay in Baltimore (yrs., mos., or days) 55 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1019 S. Binney St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 55 years years

1-4

3 (a) FULL NAME Emil Herrmann

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Helen

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/4/59

8. AGE: Years 79 | Months 8 | Days 25 | If less than one day: hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

MOTHER / FATHER

12. Name Charles

13. Birthplace Germany

14. Maiden Name Louisa Theil

15. Birthplace Germany

16 (a) Informant B. C. H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof aug 31/39 (month) (day) (year)

(c) Cemetery or crematory Parkwood Cem

Location Taylor Ave.

18 (a) Funeral director Lilly & Zeiler Inc

(b) Address 403 N. Wolfe St.

19 AUG 28 1939 (Date received by Local Registrar) Hunter Jos. Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 29 1939, at 4 30 AM

21. I certify that death occurred on the date above stated, that I attended deceased from Sept. 14 1937, to August 29 1939, and that I last saw him alive on August 29 1939.

Immediate cause of death: Carcinoma of the Kidney & metastasis — Duration: 1 year

Due to

Due to

Other Conditions: Hypertension — Duration: unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hunter Jos. Williams M.D. M. D.

Address Balto City Hosp Date signed 8-29-39.

VS 3

F 60881

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124 B F 60881

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 9-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bernard J. Bertling

If U. S. Veteran specify WAR

(a) Residence: No. 1120 Gorsuch Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Elizabeth Bertling

6. DATE OF BIRTH (month, day, year) May 8-1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman American Can Co

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) Jan. 20-29

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Bernard Bertling

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louisa Brudwurst

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Elizabeth Bertling

(Address) 1120 Gorsuch Ave

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Cem. Date aug 31-39, 19

19. UNDERTAKER John A. Horan

(Address) 3000 E. Balto St

20. PLACE AUG 28 1939 Huntington Williams Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 27, 1939 to Aug. 28, 1939

I last saw him alive on Aug. 28, 1939. Death is said to have occurred on the date stated above, at 11 40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolus	8/27/39
Amputation Phalanx	?
Diabetes Mellitus	?
Intestinal obstruction - Adhesions	8/24/39

Other contributory causes of importance:

Was an operation performed? Yes Date of 8/27/39

For what disease or injury? Intestinal Obstruction

Name of operation Laparotomy - release of obstruction

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. P. Tennant M. D.

(Address) St. Joseph's Hosp

V6 8

M. D. P. 1265-9

F 60382 HEALTH DEPARTMENT—CITY OF BALTIMORE F 60882

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5263 St Charles Ave St. 27-18 Ward)

Length of residence in city or town where death occurred 2 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida R. Sweeny

(a) Residence: No. 5253 St Charles Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of D. Nelson Sweeny

6. DATE OF BIRTH (month, day, year) Oct. 5th 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME Merryman Anderson

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

MOTHER

15. MAIDEN NAME Sarah J. Bosley

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

17. INFORMANT Mrs. Alice Mae Divers

(Address) Garrison Md

18. BURIAL, CREMATION, OR REMOVAL

Place Oakland Balto Co Md Date Aug 30 1939

19. UNDERTAKER J. Howard Strong

(Address) Light St

20. AUG 28 1939 Huntington Williams M.D.
(Date received) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 28 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1938 to Aug 28 1939.

I last saw her alive on Aug 27th 1939. Death is said to have occurred on the date stated above, at 1.45A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio Vascular disease	years
Other contributory causes of importance: Cardiac dilatation & hypertrophy Myocarditis	1938

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Staunton L. Keown Md M. D.

(Address) 1938 Linden Ave

IMPORTANT: THE INFORMATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

F 60883

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60883

CERTIFICATE OF DEATH

137

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hosp St 13-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs William A. Pfeiffer

If U. S. Veteran specify WAR

(a) Residence: No. 831 N. 36th St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary E. Pfeiffer

6. DATE OF BIRTH (month, day, year): Aug. 30-1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Manager-Dr. E. Forbes

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired 9 yrs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 18

12. BIRTHPLACE (city or town) (State or country): Manchester Maryland

FATHER

13. NAME: George Pfeiffer

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Amanda

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mrs Mary E. Pfeiffer
(Address): 831 N. 36th St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Druid Ridge Date: Aug. 30- 1939

19. UNDERTAKER: Forest F. Burgee
(Address): 3631 Falls Road

20. FILED AUG 28 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 27 1939

22. I HEREBY CERTIFY, That I attended deceased from July 16 1939 to Aug 27 1939

I last saw him alive on Aug 27 1939 Death is said to have occurred on the date stated above, at 2:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chronic nephritis	
Prostatic Hypertrophy	
Hypertension	CVD
Other contributory causes of importance: Senility	

Was an operation performed? yes Date of 7/16/39

For what disease or injury? Acute urinary retention

Name of operation Suprapubic Cystotomy

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. C. Emmart M. D.

(Address) St Josephs Hosp

VS 8

F 60884

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48 Registered No. F 60884

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1613 Lancaster Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 3
(e) Length of stay in Baltimore (yrs., mos., or days) 38 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1613 Lancaster Street (If rural give location)
(e) If foreign born, how long in U. S. A.? 38 years

3 (a) FULL NAME Anna Sobotka

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Adam Sobotka
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 26 1892

8. AGE: Years	Months	Days	If less than one day
47	1		hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

MOTHER / FATHER
12. Name Feliks Spinek
13. Birthplace Poland
14. Maiden Name Maryanna Rucinska
15. Birthplace Poland

16 (a) Informant Mr. Adam Sobotka (Husband
(b) Address 1613 Lancaster Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/30/39 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location Baltimore County

18 (a) Funeral director John J. Welsh
(b) Address 401 S. Chester St

19 (a) AUG 28 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 26 1939 at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 15, 1939 to Aug 26 1939 and that I last saw her alive on Aug 26 1939

Immediate cause of death Carcinoma of Uterus
Due to
Due to
Other Conditions Secondary Anemia
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration (?)

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Andrew Kuncewicz M.D.
Address 2529 Eastern Date signed 8/28/39

VS 8

F 60885

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 60885

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1028 Wilmer et
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 1028 Wilmer et (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lucy Ball Parker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Lewis Parker

6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) 2-17-1894

8. AGE: Years 45 | Months 6 | Days 11 | If less than one day hr. min.

9. Birthplace Virginia (Town, county and state)

10. Usual Occupation Cook

11. Industry or business Resturant

MOTHER / FATHER

12. Name James Curtis

13. Birthplace Virginia

14. Maiden Name Sarah B Clopton

15. Birthplace Virginia

16 (a) Informant Lewis Parker

(b) Address 1028 Wilmer et

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 8 31 39 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location Balto County

18 (a) Funeral director William A Jackson

(b) Address 916 Pickerson

19 Filed AUG 28 1939 Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 28 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 25 1939 to Aug 28 1939 and that I last saw h alive on Aug 28 1939.

Immediate cause of death: Cerebral Hemorrhage — Duration

Due to Arteriosclerosis 3 mo

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. Atwell Jones M. D.

Address 554 Dolphin St Date signed 8-29-39

VS 3

Coroner's Extern Case

36758

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

95-P

Registered No. [redacted]

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto. Co.
(c) City or town Fort Howard (If outside city or town limits, write RURAL and give town)
(d) Street No. 10 Blanksaw (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James J O Brien

3 (b) If veteran, name war

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Yvonne

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-24-05

8. AGE: Years	Months	Days	If less than one day
34		5	hr. min.

9. Birthplace Chicago Ill. (Town, county, and state) 0086

10. Usual Occupation Fireman

11. Industry or business Bethlehem Steel Co.

FATHER 12. Name James J. O'Brien
13. Birthplace Ireland

MOTHER 14. Maiden Name Cecelia ?
15. Birthplace Ireland

16 (a) Informant Record
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 2 39 (month) (day) (year)
(c) Cemetery or crematory Baltimore Nat
Location Frederick Ave

18 (a) Funeral director William M Mareck
(b) Address 715 Light St

19 AUG 28 1939 (b) Huntington Williams M.D. Registrar
(Day recd by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 29 1939, at 6:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 28 1939 to Aug 29 1939 and that I last saw her alive on Aug 29 1939.

Immediate cause of death Rheumatic heart disease, myocardial failure — Duration 3 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy See above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Parmer H. Futcher M. D.
Address Johns Hopkins Hosp Date signed Aug. 29 '39.

F 60887

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 Registered No. F 60887

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2903 Haverford Rd
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 5/9
(e) Length of stay in Baltimore (yrs., mos., or days) 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 2903 Haverford Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

Soc. Sec. #213-10-7387

3 (a) FULL NAME. Frederick Boessel
3 (b) If veteran, name war
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan 31-1878
8. AGE: Years 61 Months 6 Days 29 If less than one day hr. min.
9. Birthplace Annapolis Md. (Town, county and state)
10. Usual Occupation Druggist
11. Industry or business

MOTHER / FATHER
12. Name Christian Boessel
13. Birthplace Germany
14. Maiden Name Margaret Bolek
15. Birthplace Balto Md.

16 (a) Informant Augusta M. Boessel
(b) Address 2903 Haverford Road
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/1/39 (month) (day) (year)
(c) Cemetery or crematory St Louis Cem.
Location Annapolis Md.
18 (a) Funeral director Mamie Cook Dyer
(b) Address 1600 West North Ave. Baltimore Md.
19 (a) Date received (b) Registrar

AUG 30 1939

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 29 1939. at M

21. I certify that death occurred on the date above stated, that I attended deceased from Apr 14 1939. to Aug 29 1939. and that I last saw him alive on Aug 28 1939.

Immediate cause of death: Cerebral Hemorrhage and Paralysis — Duration: Apr 14/39

Due to

Due to

Other Conditions: Arterio-sclerosis Myocarditis — Duration: Apr 14 39

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter S. Tabbett M. D.
Address 2220 Garrison Date signed Aug 29/39

F 60888

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

Registered No. F 60888

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 10 E. Montgomery St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 d
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 10 E. Montgomery St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Martha A. Hardy
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	white	widow

6 (b) Name of husband or wife Wm. A. Hardy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5, 1856

8. AGE: Years	Months	Days	If less than one day
83	2	22	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name John E. Adams
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Annie Nichols
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Sola Adams
(b) Address 10 E. Montgomery St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 30/39 (month) (day) (year)
(c) Cemetery or crematory Ant. Olivet Cem.
Location Frederick, Md.

18 (a) Funeral director Fred. A. Adams & Son
(b) Address 1216 E. Charles St.

19 (a) (Date filed by registrar) (b) Registrar

30 1939

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 27. 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 17 1939. to Aug 27 1939.
and that I last saw h alive on Aug 27 th.

Immediate cause of death
Fracture of left femur
Due to Fall in own home

Due to

Other Conditions Pulmonary Congestion
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
5 weeks
3 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence July 17 1939
(c) Where did injury occur? 1 (City or town) Balto (County) Md (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work?
(Specify type of place)
(e) Means of injury Fell on stairs

23. Signature Isaac Fuller M. D.
Address 1225 E. Chas St. Date signed 8/29/39

F 60139

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C Registered No. F 60139

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 423 E. Fort ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 d 4 h

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 423 E. Fort ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth M. Noon

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Michael H. Noon

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): April 22/1865

8. AGE: Years 74 | Months 4 | Days 6 | If less than one day: hr. min.

9. Birthplace: Balto., Md (Town, county, and state)

10. Usual Occupation: none

11. Industry or business:

FATHER
12. Name: John Cunningham
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Mary Heavey
15. Birthplace: Ireland

16 (a) Informant: Miss agnes Noon
(b) Address: 423 E. Fort ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept. 1/39 (month) (day) (year)
(c) Cemetery or crematory: Cathedral
Location: Baltimore

18 (a) Funeral director: Margaret G. Flynn
(b) Address: 1426 Light St.

19 (a) Date received: SEP 1 1939 (b) Registrar: [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 28 1939, at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 1939, to Aug 29 1939, and that I last saw h[illegible] alive on Aug 29 1939.

	Duration
Immediate cause of death: Hypostatic pneumonia	3 days.
Due to: Cardiac decompensation	9 days.
Due to: Chronic myocarditis	?
Other Conditions: arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: John J Gorsuch M. D.
Address: 14 N. East ave. Date signed: 8-29-39.

VS 8

60890

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 60890 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1722 W. Pratt St
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days) 43 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 1722 W Pratt St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ALFRED W. ~~Albert~~ Bramble
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M. | 5. Color or race wh. | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Feb 23 - 1868

8. AGE: Years 71 | Months 6 | Days 6 | If less than one day hr. min.

9. Birthplace Kent County Md (Town, county, and state)

10. Usual Occupation None
11. Industry or business

MOTHER FATHER
12. Name John T. Bramble
13. Birthplace Kent County Md
14. Maiden Name Maria H. Sutton
15. Birthplace Kent County Md

16 (a) Informant Jos T. Bramble
(b) Address 1722 W. Pratt St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 31 - 39 (month) (day) (year)
(c) Cemetery or crematory Kennedyville Cem
Location Kent County Md
18 (a) Funeral director Robt C. & B. M. Walton
(b) Address Pratt & Stricker Sts

19 (a) Date received by Registrar SEP 1 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/29/39 19 6:15 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said I find that said deceased came to his death on the day stated above.

Immediate cause of death
coronary occl.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Medical Examiner
Date signed 8/29/39

VS 6

M. D. B. 1268-9

F 60891

F 60891 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 527 N. Patterson Park Ave Ward 3)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jamie C Laggett

(a) Residence: No. 527 N. Patterson Park Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Negro

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank Claggett

6. DATE OF BIRTH (month, day, year): Oct. 24. 1896

7. AGE: Years 43 | Months 10 | Days 3 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: own Home

10. Date deceased last worked at this occupation (month and year): Aug 14-39

11. Total time (years) spent in this occupation: 20 37

12. BIRTHPLACE (city or town) (State or country): Washington D. C.

FATHER

13. NAME: George Turner

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Nancy Johnson

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Alice Turner

(Address) 514 Locust St S. W. Washington D.C.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem. Date Aug. 31st 39

19. UNDERTAKER: Byron Thomas & Wright

(Address) 1218 Mc Elderry St

20. FILED 1939 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug. 27 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 19 1939 to Aug. 27 1939.

I last saw her alive on August 26 1939. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis — Date of onset ? ?

Arteriosclerosis

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Urine Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. K. Adams M. D.

(Address) 1222 N. Caroline

OCCUPATION is very important. See instructions on back of certificate.

V 63

F 60892

Case No. 47849 dk

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119

F 60892

Registered No. .....

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore, Maryland

(c) Hospital or institution:

Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County .....

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1124 Ridgley Street (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

X

3 (a) FULL NAME Allen Shelsby

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife .....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 5/14/39

8. AGE: Years	Months	Days	If less than one day hr.	min.
	3	15		

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation 0-0

11. Industry or business

MOTHER / FATHER

12. Name Earl Shelsby

13. Birthplace Maryland

14. Maiden Name Cecelia Schuh

15. Birthplace Maryland

16 (a) Informant B. C. H. Records

(b) Address .....

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof 8-29-39 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill Cem.

Location A. A. County

18 (a) Funeral director B. C. Hayle

(b) Address 121 E. West St

19 (a) ..... (Date rec'd by registrar) (b) ..... Registrar

AUG 30 1939

VS 3 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 29 1939, at 6:00 AM

21. I certify that death occurred on the date above stated, that I attended deceased from 8-28 1939, to 8-29 1939, and that I last saw him alive on 8-29 1939.

Immediate cause of death Acute gastro-enteritis — Duration 1 wk.

Due to Dehydration and Acidosis

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury .....

23. Signature W. L. Thompson M. D.

Address Balto. City Hosp. Date signed 8-30-39

F 60893

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60893

CERTIFICATE OF DEATH

112

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 124 N. Castle St., 6-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Pete Meade

(a) Residence: No. 124 N. Castle St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Fanna Meade

6. DATE OF BIRTH (month, day, year) [illegible] 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year) [illegible]

11. Total time (years) spent in this occupation [illegible]

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Fanna Meade (Address) 124 N. Castle

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Cemetery Aug. 31, 1937

19. UNDERTAKER Elroy O. Pickelson (Address) 1000 Bramley ave.

20. FILED ..... 19.... Registrar.

AUG 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/28/37

22. I HEREBY CERTIFY, That I attended deceased from 8/25/37 to 8/28/37

I last saw him alive on 8/28/37. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were (about):

Acute Dilatation of Heart. Acute Asthma (Bronchial)

Date of onset 8/25 8/28

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Signs & Symptoms Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Isaac R. Blake M.D.

(Address) 924 Fairmount Ave

F 60894

F 60894

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Johns Hopkins Hosp
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2522 Barclay St (If rural give location)
(e) If foreign born, how long in U. S. A.? 10 years

3 (a) FULL NAME George Hines
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Ella R. Hines
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr) Oct 28 1894
8. AGE: Years 44 Months 10 Days 0 If less than one day hr. min.
9. Birthplace New Foundland (Town, county, and state)
10. Usual Occupation Construction Foreman
11. Industry or business

FATHER
12. Name George Hines
13. Birthplace New Foundland

MOTHER
14. Maiden Name Mary ?
15. Birthplace New Foundland

16 (a) Informant Mrs George Hines
(b) Address 2522 Barclay St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 31 1939 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore Co.
18 (a) Funeral director William J. Tukner & Sons
(b) Address North & Penna Aves Towson Md.
19 (a) AUG 30 1939 (Date received by Registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION 7 2m P

20. DATE OF DEATH 8/28/39 19 . at M
21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death
Fractured skull
Due to Laceration of brain
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 8/28/39 - 9:35 a.m.
(c) Where did injury occur? 1407 Bulpot St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial (Specify type of place) While at work? Yes
(e) Means of injury Fell off roof on head
23. Signature [illegible] M.D.
Medical Examiner.
Date signed 8/29/39

VS 6

F 60895

F 60895

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun sts.
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Balto. (b) County
(c) City or town Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1309 Hollins St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas C. Poist

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Laura V
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 6 1861

8. AGE: Years	Months	Days	If less than one day hr.	min.
78	6	22		

9. Birthplace ~~Md.~~ Baltimore (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name William Poist
13. Birthplace Baltimore

MOTHER
14. Maiden Name Barbara Belt
15. Birthplace Md

16 (a) Informant Mrs William B Garrett
(b) Address 3015 Clifton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 30 39 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore County

18 (a) Funeral director Williams & Dickey & Sons
(b) Address North & Pennsylvania Ave

19 (a) (Date rec'd by registrar) (b) Huntington, Williamsport Md. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH August 28th 1939 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/24, 1939, to 8/28, 1939, and that I last saw him alive on 8/28, 1939.

Immediate cause of death	Duration
Coronary thrombosis	
Due to Arteriosclerotic heart disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nathan Wolf M. D.
Address Franklin Sq. Hosp. Date signed Aug. 28 '39

F 60896

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-D F 60896

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. CHURCH HOME & INFIRMARY St. 15-9 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. 4 mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME CLIFTON H. ANDREWS

If U. S. Veteran specify WAR .....

(a) Residence: No. 2501 TALBOT ROAD St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of EMILIE S. ANDREWS

6. DATE OF BIRTH (month, day, year) Apr. 20, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Voice TEACHER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) BALTIMORE (State or country) MARYLAND

FATHER

13. NAME WILLIAM ANDREWS

14. BIRTHPLACE (city or town) (State or country) MARYLAND

MOTHER

15. MAIDEN NAME BLANCHE HULLINGSHEAD

16. BIRTHPLACE (city or town) BALTIMORE (State or country) MARYLAND

17. INFORMANT Mrs. Emilie H. Andrews
(Address) 2501 Talbot Road

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date Aug. 31, 1939

19. UNDERTAKER Wm. J. Tickner & Sons, Inc.
(Address) North & Pa. Ave.

20. FILED ..... 19.... .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1939, to Aug. 29, 1939

I last saw HIM alive on Aug. 26, 1939. Death is said to have occurred on the date stated above, at 5.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CARCINOMA OF RECTUM	JAN 1939
PARTIAL INTESTINAL OBSTRUCTION	Aug 1939
RECTO-VESICAL FISTULA	Aug 1939
Other contributory causes of importance:	
PYELITIS, RIGHT.	JUNE, 1939

Was an operation performed? YES Date of JUNE 26, 1939

For what disease or injury? CARCINOMA OF RECTUM

Name of operation PRE-SIGMOIDOSTOMY

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Isabella Hassman M. D.
(Address) Church Home & Infirmary

V8 8

F 60897

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

210-9

Registered No. F 60897

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address U.S.A. West Balt. Gen. Hospital
(c) Hospital or institution
(d) Length of stay in hospital or inst. (yrs., mos., or days) Lifetime
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1522 Linden Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louis Charles Weiller (Louis)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 1, 1867

8. AGE: Years 71 Months 8 Days 26 If less than one day: hr min

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation City Employee
11. Industry or business Jail Dept.

MOTHER FATHER
12. Name Charles Weiller
13. Birthplace Germany
14. Maiden Name Hannah Steiner
15. Birthplace Germany

16 (a) Informant Mrs. S. Strouse
(b) Address 350 Bonfield Rd.

17 (a) Burial (Burial, cremation, or removal)
(b) Date thereof 8/31/39 (month) (day) (year)
(c) Cemetery or crematory Chev Shalom
Location Balto. Md.

18 (a) Funeral director Reid Londheim & Son
(b) Address 1900 Eutaw Place

19 (a) AUG 30 1939 (Date rec'd by registrar) Waiting to Write Registrar

MEDICAL CERTIFICATION 11:15 P

20. DATE OF DEATH 8/28/39 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Crushing injury of chest — Duration:
Due to Rupture of liver
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 8/28/39
(c) Where did injury occur? Front Ave + Preston Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Street (Specify type of place) While at work? No
(e) Means of injury Struck by automobile

23. Signature H. M. Blandenburg M.D. Medical Examiner
Date signed 8/29/39

VS 6

60898

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B

F 60898
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 3102 Kentucky ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph John Hug (Hugg)
3 (b) If veteran, name war
3 (c) Social Security Account No. -

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Marie Hug
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Feb 27-1884

8. AGE: Years 55 | Months 6 | Days 1 | If less than one day hr. min

9. Birthplace Phila Pa

10. Usual Occupation Clerk
11. Industry or business City Balto

FATHER
12. Name August Hug
13. Birthplace Germany

MOTHER
14. Maiden Name -
15. Birthplace Germany

16 (a) Informant Marie Hug
(b) Address 3102 Kentucky Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 31-39 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cemetery
Location Belair Rd

18 (a) Funeral director Jos J Stevenson
(b) Address 3001 Kentucky Ave

19 (a) AUG 30 1939 (b) Filed by Thaddeus A. Wilson Local Registrar
(Date received by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/28/39 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inquest find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death — Duration

Coronary occlusion

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. M. Blackfan M.D.
Medical Examiner.
Date signed 8/30/39

60899

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-BF 60899 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 Mos
(e) Length of stay in Baltimore (yrs., mos., or days) 53 Mos years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 23 N Montford (If rural give location)
(e) If foreign born, how long in U. S. A.? 53 years

3 (a) FULL NAME Charles Schuttle

3 (b) If veteran, name war No

3 (c) Social Security Account No. 212-03-4560

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Elizabeth

6 (c) If give, give age 61 years

7. Birth date of deceased (mo., day, yr.) Feb 7-1885

8. AGE: Years 54 | Months 6 | Days 21 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Cap Blocker

11. Industry or business

FATHER 12. Name John Schuttle

FATHER 13. Birthplace Germany

MOTHER 14. Maiden Name Minnie

MOTHER 15. Birthplace Germany

16 (a) Informant Elizabeth Schuttle

(b) Address 23 N Montford

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 31-39 (month) (day) (year)

(c) Cemetery or crematory Balto

Location North Ave

18 (a) Funeral director Jos J Stein & Son

(b) Address 3001 Kentucky

19 (a) AUG 30 1939 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/28/39 19 , at 12 N

21. I certify that death occurred on the date above stated; that I attended deceased from 8/4 19 39 to 8/9 19 39, and that I last saw h[illegible] alive on 8/9 19 39.

Immediate cause of death Respiratory failure - anoxemia

Duration

Due to Pneumonia

Due to

Other Conditions Pneumonectomy on rt. for neoplasm (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

over

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. B. Clark M. D.

Address Sinai Hospital Date signed 8-29-39

VS 3

60900 HEALTH DEPARTMENT—CITY OF BALTIMORE C. 60900

CERTIFICATE OF DEATH

119

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. President Hospital 18-E Ward)

Length of residence in city or town where death occurred 9 mos. How long in U. S. If of foreign birth? yrs. mos. dys.

If U. S. Veteran specify WAR .....

2. FULL NAME Infant Coward

(a) Residence: No. 1209 W. Franklin St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Infant

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-24-38

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	0	9	4 5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Michael Lee

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Sadie Coward

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Sadie Coward (by)

(Address) 1209 W. Franklin St

18. BURIAL, CREMATION, OR REMOVAL

Place Auburn Cem Date 8/20/39

19. UNDERTAKER Chas. E. Ellen

(Address) 514 N. Calhoun St.

20. FILED 8-20-1939 Registrar.

Hunting for Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-29 1939

22. I HEREBY CERTIFY, That I attended deceased from 8-25-39, to 8-29-39

I last saw him alive on 8-29-39. Death is said to have occurred on the date stated above, at 8:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Acute Diarrhea (unspecified)	8-23-39

Other contributory causes of importance:

Malnutrition

Secondary Anemia

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, state

(Signed) Geo. T. Maloney M. D.

(Address) President Hospital

V0 9

F 60901

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94B

F 60901 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1120 W. Balto. St.
(c) Hospital or institution: On front of 1120 W. Balto. St.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1020 W. Baltimore St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Kemp (Thomas L. Kemp)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Elizabeth Kemp

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 11, 1870

8. AGE: Years 69 Months 9 Days 17 If less than one day hr. min.

9. Birthplace Philadelphia, Pa. (Town, county, and state)

10. Usual Occupation Carpet Layer

11. Industry or business

FATHER
12. Name George Kemp
13. Birthplace England

MOTHER
14. Maiden Name Unknown
15. Birthplace England

16 (a) Informant: Mrs. Ethel Livingston
(b) Address 1020 W. Baltimore St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 31, 1939 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director O'Donovan
(b) Address 1003 W. Baltimore St.

19 (a) AUG 30 1939 (Date received by Registrar)
(b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 28 1939 at 2:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. W. Landes Jr. M.D. Medical Examiner
Date signed 8/29/39

VS 8

F 60902

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

45 E

41954

Registered No. 60902

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore Maryland

(c) Hospital or institution:

Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

Street No. 1031 Valley St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary King

3 (b) If veteran, name war —

3 (c) Social Security Account No. [illegible]

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife George

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-27-1881

8. AGE: Years 57 | Months 9 | Days 1 | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

MOTHER / FATHER

12. Name August Pulz

13. Birthplace Germany

14. Maiden Name Josephine Swartz

15. Birthplace Md.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-7-37 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Bolan Road

18 (a) Funeral director William Cook

(b) Address 1547 S. Paul St.

19 (Date rec'd by registrar) AUG 30 1939

(Huntington Williams Mortuary)

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-28 1937, at 10:50 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-18 1937, to 8-28 1937, and that I last saw her alive on 8-28 1937.

Immediate cause of death Carcinoma right tonsil with metastasis — Duration: ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations Abstracting 6-10-37

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature L A Woodward M. D.

Address Balto City Hosp Date signed 8-29-37

VS 8

F 60903 47596

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

Registered No. F 60903

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 423 W. 26th St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Fannie M. McFarland

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Spillman McFarland

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 8, 1905

8. AGE: Years	Months	Days	If less than one day
34	6	22	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Richard Smith (d)
13. Birthplace -

MOTHER
14. Maiden Name Ida Ash (d)
15. Birthplace Va.

16 (a) Informant ~~Records~~ Spillman McFarland
(b) Address ~~Baltimore City Hospitals~~ 423 W. 26th St.

17 (a) Burial (Burial, cremation, or removal)
(b) Date thereof Sept. 2, 1939 (month) (day) (year)
(c) Cemetery or crematory St. Mary's Cemetery
Location Ellis Road

18 (a) Funeral director Howard J. Bloom Jr.
(b) Address 4214 Belair Road

19 (a) AUG 30 1939 Huntington Williams M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH August 30 1939, at 12:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from August 18 1939, to August 30 1939, and that I last saw h[illegible] alive on August 30 1939.

Immediate cause of death
Subacute Bacterial Endocarditis
Rheumatic Heart disease
Duration: 5 months, 11 years

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sylvan S. Goldberg M. D.
Address Baltimore City Hospitals Date signed 8-30-39

VS 1

F 60904 HEALTH DEPARTMENT—CITY OF BALTIMORE F 60904

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1001 N. Lafayette St. 16-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Annie R. McClure

(a) Residence: No. 1001 N. La Fayette ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Frederick R.

6. DATE OF BIRTH (month, day, year): 3 1 3

7. AGE: About | Years: 77 | Months: | Days: | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Pennsylvania

FATHER

13. Name: Unknown

14. BIRTHPLACE (city or town) (State or country): Pennsylvania

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Pennsylvania

17. INFORMANT: Mrs. R. McClure
(Address) 814 Old Court Road

18. BURIAL, CREMATION, OR REMOVAL: York Pa
Place: Prospect Hill Date: Sept 1 1939

19. UNDERTAKER: Wm. Cook
(Address) 1217 N. Eutaw St.

20. FILED ..... 19 ..... Registrar.

AUG 30 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug. 30. 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 20. 1939 to Aug. 30. 1939

I last saw her alive on Aug. 30. 39. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart	2 da
Other contributory causes of importance: Myocarditis	several years
Arteriosclerosis	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Robert C. Blake M. D.

(Address) Med. Arts Bldg

F 60905

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-c

Registered No. F 60905

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1 S. Augusta Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 d
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1 S. Augusta Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George R. Weise

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 30, 1864.

8. AGE: Years	Months	Days	If less than one day
75	3	28	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Retired 0086
11. Industry or business Mill Work

FATHER
12. Name William G. Weise
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Gerholt
15. Birthplace Germany

16 (a) Informant Mr. Henry W. Weise,
(b) Address 1 S. Augusta Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 31/39. (month) (day) (y
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Rd.

18 (a) Funeral director Harry H. Leitske
(b) Address 4101 Edmondson Ave.

19 (a) Filed (b) Huntington Williams, M.D. Registrar

AUG 30 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 28 1939, at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1939, to Aug 28 1939
and that I last saw him alive on Aug 28 1939.

Immediate cause of death myocarditis (ch)
Due to senility
Due to
Other Conditions acute cardiac dilatation

Duration
indef

(Include pregnancy within 3 months of death)

Major findings:
Of operations senile changes
Of autopsy -

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide -
(b) Date of occurrence -
(c) Where did injury occur? - (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? - While at work? (Specify type of place)
(e) Means of injury -

23. Signature Fred T. Lepper M. D.
Address 3321 Forest Ave. Date signed

VS 3

M. D. B. 126-20

60906 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 60906

CERTIFICATE OF DEATH

95-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6803 Everall ave St. 27-5 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wilhelm Hoehn

(a) Residence: No. 6803 Everall ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wilhelmina Hoehn

6. DATE OF BIRTH (month, day, year) Dec 10 - 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bakery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Dont Know

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Elizabeth Lossa
(Address) 6803 Everall ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem Date Sept 2 . 1939

19. UNDERTAKER John McCrist
(Address) 202 E Preston St
Henry Stockbridge Asst. Registrar.

20. FILED AUG 31 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 30 . 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 29 . 1939 to Aug 30 . 1939

I last saw him alive on Aug 30 . 1939 Death is said to have occurred on the date stated above, at 4A m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset 8/29/39

Other contributory causes of importance:

Arterio-Sclerotic-Cardio-Vascular disease

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

(Signed) J. M. Baumgardner M. D.

(Address) Rosedale Md.

OCCUPATION is very important. See instructions on back of certificate.

60907. 47715-fs

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

F 60907

Registered No. .....

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution:

Balto. City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County .....

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 529 Presstman St. (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Racheel Randolph

3 (b) If veteran, name war .....

3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	colored	married

6 (b) Name of husband or wife Thomas

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 2-23-1871

8. AGE: Years	Months	Days	If less than one day
68	6	6	hr. ..... min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation H. Wife

11. Industry or business .....

MOTHER / FATHER

12. Name George Lucas

13. Birthplace Md.

14. Maiden Name Frances Ridgley

15. Birthplace Md.

16 (a) Informant B.C.H. Records

(b) Address .....

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof ~~Sept~~ Sept 1, 1939 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn Cem.

Location Baltimore, Md

18 (a) Funeral director Mrs Geo. H. Holland

(b) Address 1631 Druid Hill Ave.

19 (a) ..... (Date rec'd by registrar) ..... Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 29 1939, at 1 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from August 23 1939, to August 29 1939, and that I last saw her alive on August 29 1939.

Immediate cause of death Hypertensive Cardiovascular Disease — **Duration** 6 years

Due to .....

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy No Post

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide. .....

(b) Date of occurrence .....

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....

(e) Means of injury .....

23. Signature Fanning Webster M. D.

Address Balto City Hosp. Date signed 8-29-39

60908 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 60908

CERTIFICATE OF DEATH

✓ 121

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 15-1 St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edgar Harvey Hawthorne

If U. S. Veteran specify WAR

(a) Residence: No. 1637 Presbury St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth Hawthorne

6. DATE OF BIRTH (month, day, year) Aug 29, 1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Central, S. C.

FATHER

13. NAME Isaac Hawthorne

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Hattie Agnew

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Lucy Hawthorne (Address) 1637 Presbury St

18. BURIAL, CREMATION, OR REMOVAL Place Arbutus Cem. Date 9-2 1939

19. UNDERTAKER George A. Nelson (Address) 1503 Eutaw St

DEC 11 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 29 1939

22. I HEREBY CERTIFY, That I attended deceased from August 26 1939 to August 29 1939

I last saw him alive on August 29 1939. Death is said to have occurred on the date stated above, at 10:05 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Appendix	8-24-39
Appendicular Abscess	8-26-39
Peritonitis	

Other contributory causes of importance:

Was an operation performed? yes Date of 8/28/39

For what disease or injury? Appendicular Abscess

Name of operation Incision & Drainage

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) G. Franklin Phillips M. D.

(Address) 1514 Division St.

AUG 31 1939 Registrar.

V0 3

F 60909

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119

F 60909

47379

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore Maryland

(c) Hospital or institution:

Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

or Street No. 850 S. Eaton St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Farrell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-11-39

8. AGE: Years	Months	Days	If less than one day
		17	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

MOTHER / FATHER

12. Name Mathew Farrell

13. Birthplace Unknown

14. Maiden Name Mamie ?

15. Birthplace Unknown

16 (a) Informant Records

(b) Address ~~Baltimore City Hospitals~~

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 8-31-39 (month) (day) (year)

(c) Cemetery or crematory crematory

Location 43-C-17-A

18 (a) Funeral director

(b) Address

19 AUG 31 1939 (Date received by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 28 1939, at 4 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 8-11-39 19 , to 8-28 1939, and that I last saw him alive on 8-28 1939.

Immediate cause of death: Acute gastro-enteritis — Duration: 3 days

Due to Premature birth

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature W. L. Thompson M. D.

Address Balto City Hosp Date signed 8-31-39

VS 3

F 60910

COK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122 B

F 60910 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore Maryland

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1517 W. Lafayette Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Taylor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored.

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-13-39

8. AGE: Years | Months | Days: 15 days | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

MOTHER / FATHER

12. Name Theodore Turner

13. Birthplace Md.

14. Maiden Name Thelma Taylor

15. Birthplace Md.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) cremation (Burial, cremation, or removal) (b) Date thereof 8-29-39 (month) (day) (year)

(c) Cemetery or crematory Crematory

Location B.C.A.

18 (a) Funeral director

(b) Address

19 AUG 31 1939 Registrar

Huntington Williams, M.D.

Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 28 1939, at 8:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 8-18 1939, to 8-28 1939, and that I last saw him alive on 8-28 1939.

Immediate cause of death: Bronchopneumonia — Duration: 1 day

Due to Aspiration of Food. Premature Birth

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations Intestinal Obstruction

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature H. L. Thompson M. D.

Address Balto City Hosp Date signed 8-29-39

F 60911

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

95-B

Registered No. F 60911

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2434 W. Madison Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt (If outside city or town limits, write RURAL and give town)
(d) Street No. 2434 W. Madison Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret E. James

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	M

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 9-12-1891

8. AGE: Years	Months	Days	If less than one day
48	11	17	hr. min.

9. Birthplace Virginia (Town, county and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name not known
13. Birthplace

MOTHER
14. Maiden Name Eliza Va Adams
15. Birthplace Va

16 (a) Informant Lillian Harris
(b) Address 35 Fla Ave. N.W. Washington D.C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-31-39 (month) (day) (year)

(c) Cemetery or crematory Washington D. C.
Location

18 (a) Funeral director Frances A. Hensley
(b) Address 578 W. Bedford St

19 AUG 31 1939 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

5:20 P

20. DATE OF DEATH 8/30/39 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said ~~Autopsy~~ Inquiry I find that said deceased came to her death on the day stated above.

Immediate cause of death Cardio vascular lesion

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Bland Hunter M.D. Medical Examiner

Date signed 8-31-39

60912 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 60912

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 11-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Mulcrane

If U. S. Veteran specify WAR

(a) Residence: No. 540 N. Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	?

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Patrick Mulcrane

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT None
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Catholic Date 8/31/39.

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED ..... 19.... Registrar.

AUG 31 1939

Thurston Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from 8 27, 1939, to 8 29, 1939

I last saw him alive on 8 29, 1939. Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutrition	years
Senility	
Other contributory causes of importance:	
Arteriosclerosis C.V.D.	?
Arteriosclerotic Hydrocephalus	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Exam Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) Mercy Hospital

60913

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13883 SD E 60913
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 33 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. ? Green Street
767 W Lexington St
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Minnie Mitchell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife William (d)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/2/62

8. AGE: Years	Months	Days	If less than one day
76	10	25	hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation

11. Industry or business

MOTHER / FATHER

12. Name Thomas Lyons

13. Birthplace Boston, Mass.

14. Maiden Name Martha Moody

15. Birthplace Virginia

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal)

(b) Date thereof 8/31/39
(month) (day) (year)

(c) Cemetery or crematory Pere Lachaise

Location Balto Co. Md

18 (a) Funeral director J. J. Dickey & Son

(b) Address 1818 Light

19 (a) Filed by (Registrar) Huntington Williams M.D. Registrar

AUG 31 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-27 1939, at 10 40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-18 1939, to 8-27 1939, and that I last saw her alive on 8-27 1939.

Immediate cause of death Carcinoma of Cervix with metastasis — Duration ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Woodward M.D.

Address Balto City Hosp. Date signed 8-28-39

F 60914

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53-B

Registered No. F 60914

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 26

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3726 Winterbourne Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? 3726 years

3 (a) FULL NAME Maud F Angier

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F
5. Color or race W
6 (a) Single, married, widowed, or divorced. Widowed
6 (b) Name of ~~husband or wife~~ Husband Franklin J Angier
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 12, 1866

8. AGE: Years 72 | Months 11 | Days 18 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name Edward E Foster
13. Birthplace Unknown

MOTHER
14. Maiden Name
15. Birthplace Kansas

16 (a) Informant Mrs Philip A Dill
(b) Address 3026 Winterbourne Rd

17 (a) Burial (Burial, cremation, or removal)
(b) Date thereof Sept 1, 1939 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md

18 (a) Funeral director Harry A Weyler
(b) Address 4101 Edmondson Ave

19 (a) [illegible] (b) [illegible]
(Date received by registrar) Registrar

S1

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 30 1939, at 3 50 pm M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-28 1939, to 8-30- 1939, and that I last saw her alive on 8-30 1939.

Immediate cause of death: Carcinoma of Urinary Bladder — Duration: ?

Due to

Due to

Other Conditions: Chr. nephritis (uremia)
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. M. Collins M. D.
Address Bon Secours Hospital Date signed 8-30-39

60915

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a

F 60915

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 536 N. Gilmor
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 536 N. Gilmor (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harrison Henry Marshall

3 (b) If veteran, name war Spanish

3 (c) Social Security Account No.

4. Sex M

5. Color or race C

6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Ida Marshall

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 25, 79

8. AGE: Years 60 Months 1 Days 4 If less than one day hr min

9. Birthplace King & Queen Co. Va (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name William Marshall

13. Birthplace Va

MOTHER 14. Maiden Name Fannie

15. Birthplace Va

16 (a) Informant Grace Carroll

(b) Address 331 N Bruce St

17 (a) (Burial, cremation, or removal) (b) Date thereof Sept 1, 1939 (month) (day) (year)

(c) Cemetery or crematory National Cemetery

Location

18 (a) Funeral director Mrs. Katie R. Williams

(b) Address 322 N Schroeder St

Per Emerson Williams M.D.

17 (c) Date received by registrar AUG 31 1939

Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/29/39 19 . at 6 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Atrioscleroris

Due to Cerebral hemorrhage

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings Of operations

Of autopsy

Duration 3 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Conrad Acton M.D. Medical Examiner

Date signed 8/29/39

F 60916

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 Registered No. F 60916

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3918 Southern Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 52 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) ~~County~~ City of Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3918 Southern Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sadie G. Munchel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female 5. Color or race White 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Joseph H

6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) Sept 29-1867

8. AGE: Years 71 Months 11 Days 1 If less than one day hr. min.

9. Birthplace York Pennsylvania (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business None

MOTHER / FATHER

12. Name Samuel Fry

13. Birthplace Ohio

14. Maiden Name Sarah Shellenberg

15. Birthplace York Co Penna

16 (a) Informant Joseph Munchel

(b) Address 3918 Southern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 2-39 (month) (day) (year)

(c) Cemetery or crematory Baltimore

Location East End North Ave

18 (a) Funeral director William Cook

(b) Address 217 St Paul Street

19 (a) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 30 1939 at 1155 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-7-1939 to 8-30-1939 and that I last saw her alive on 8-29-1939

Immediate cause of death Cardio-vasculo-renal disease

Due to Arteriosclerosis

Due to

Other Conditions Chr. Arthritis

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
About
Jan 1939
Unknown

Unknown

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos B. Sylvester M. D.

Address 2802 Harford Ave Date signed 8-30-39

VS 3

60917

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 Registered No. F 60917

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2924 Alameda Blvd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William F. Lower

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married
6 (b) Name of ~~husband or~~ wife: Carrie E.
6 (c) If alive, give age ✓✓ years

7. Birth date of deceased (mo., day, yr.) May 30th 1875

8. AGE: Years 64 | Months 2 | Days 29 | If less than one day: hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Retired Butcher
11. Industry or business

FATHER
12. Name Otto Lower
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Frisch
15. Birthplace Balto Md

16 (a) Informant Carrie E Lower
(b) Address 2924 Alameda Blvd

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Sept 1st 1939 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Parkwood
Location Balto. Co. Md

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (a) (b) (Date rec'd by registrar) Wm. F. Williams, Registrar

AUG 31 1939

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 29th 1939, at 7:10 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 30 1936 to Aug. 29 1939, and that I last saw him alive on Aug. 29 1939.

Immediate cause of death: Angina Pectoris — Duration: 6 months
Due to: Hypertensive Cardiovascular Renal Disease — 3 yrs
Due to:
Other Conditions: Kidney Colic — July 1939
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel Adolfe M. D.
Address 1331 E Monument Date signed Aug. 30, 39.

CGK

BALTIMORE CITY HEALTH DEPARTMENT

47565 Registered No.

CERTIFICATE OF DEATH

136-a

F 60918

F 60918

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 825 Light St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Columbus Hardy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-28-64

8. AGE: Years 75 | Months 5 | Days 1 | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Old Age Pension

11. Industry or business

MOTHER / FATHER

12. Name Peter Hardy

13. Birthplace Wash. D.C.

14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 1 1939 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location 3801 Frederick Ave. Balto. Md.

18 (a) Funeral director G. Howard Strong

(b) Address 745 Light St.

19 (a) Filed AUG 31 1939 (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-29 1939, at 7 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-17 1939, to 8-29 1939, and that I last saw him alive on 8-29 1939.

	Duration
Immediate cause of death: Uraemia	several days
Due to Urinary Extravasation	two weeks
Due to urethral strictures of undetermined etiology	?
Other Conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Urinary Extravasation	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. K. Woodward Jr. M. D.

Address Balto city Hosp. Date signed 8-29-39

VS 3

F 60919

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 60919

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3317 DuPont Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7 years

7-15

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3317 DuPont Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lottie Sawyer

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none.

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 9, 1867

8. AGE: Years 72 | Months 5 | Days 19 | If less than one day: hr. min.

9. Birthplace Cleveland Ohio. (Town, county, and state)
10. Usual Occupation Housekeeper
11. Industry or business at Home

FATHER
13. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace unknown.

16 (a) Informant Mr. Joseph C. Seward.
(b) Address 3317 DuPont Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/1/1939 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore City

18 (a) Funeral director C. Vernon Lemmon.
(b) Address 4611 Park Heights
Interring for Williams, M.D.

19 AUG 31 1939 (Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/30/39 19 , at 8:45 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inq (Autopsy or Inquiry) thereon and from the evidence obtained by said Inq (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Arteriosclerosis — Duration

Due to Coronary sclerosis

Due to

Other Conditions Argyria

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Conrad Acton M.D.
Medical Examiner

Date signed 8/30/39

F 60920

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-C Registered No. F 60920

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1427 Ensor St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 39 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1427 Ensor St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 39 years

3 (a) **FULL NAME** Catherine T. Kelly

3 (b) If veteran, name war none

3 (c) Social Security Account No. none

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Martin J. Kelly

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years 70 | Months unknown | Days | If less than one day hr. min.

9. Birthplace Ireland. (Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business at home

MOTHER / FATHER

12. Name Thomas Bannahan
13. Birthplace Ireland.

MOTHER

14. Maiden Name unknown
15. Birthplace Ireland.

16 (a) Informant Mary L. Sist
(b) Address 1806 Dallas St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/2/1939 (month) (day) (year)

(c) Cemetery or crematory Cathedral
Location Balto. City

18 (a) Funeral director C. Vernon Lemmon.
(b) Address 2411 Park Heights Ave

19 AUG 31 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 30 1939. at 10:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 8-29 1939, to 8-30 1939.
and that I last saw her alive on 8-30 1939.

Immediate cause of death Metastatic carcinoma of liver

Due to Carcinoma of cecum

Due to

Other Conditions arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John J. Gould M. D.
Address 14 N. East Ave Date signed 8-31-39.

VS 3

F 60921

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

23 Registered No. F 60921

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 days
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4701½ Homer Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Martin B. Healy

3 (b) If veteran, name war World War

3 (c) Social Security Account No. 216-01-0248

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Marjorie Dent Healy

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) May 15, 1890

8. AGE: Years 49 | Months 3 | Days 18 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Clerical work

11. Industry or business

FATHER
12. Name Dennis Healy
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Catherine Burns
15. Birthplace Balto., Md.

16 (a) Informant Record's U. S. Marine Hosp.
(b) Address Balto., Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/7/1939 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto. Md.

18 (a) Funeral director C. Vernon Lemmon
(b) Address 7411 Park Heights

19 (a) AUG 31 1939 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 31, 1939, at 3:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 1, 1939, to Aug. 31, 1939, and that I last saw him alive on Aug. 31, 1939.

Immediate cause of death: Tuberculosis, pulmonary, chronic, far advanced — Duration: unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Artificial pneumothorax
Of autopsy: No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. M. W. Anderson, M. D.
Address U. S. Marine Hosp. Date signed 8-31-39

VS 3

F 60922

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a

Registered No. F 60922

1. PLACE OF DEATH:

(a) Baltimore City, Maryland 623 W. Barre Street

(b) Street address .....

(c) Hospital or institution: ---

(d) Length of stay in hospital or inst. (yrs., mos., or days) -----

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County .....

(c) City or town ...Baltimore, City (If outside city or town limits, write RURAL and give town)

(d) Street No. 623 West Barre Street (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME .....CHARLES A. SURESCH .....

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Martha Suresch

6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) July 2, 1872

8. AGE: Years 67 | Months 1 | Days 27 | If less than one day - hr. - min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual Occupation: Cigar Manufacturer

11. Industry or business: Own Business

FATHER

12. Name: Joseph Suresch

13. Birthplace: Germany

MOTHER

14. Maiden Name: Pauline F. Epple

15. Birthplace: Germany

16 (a) Informant: Mrs. Martha Suresch

(b) Address: 623 West Barre Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 1/39 (month) (day) (year)

(c) Cemetery or crematory LOUDON PARK.....

Location 3801 Frederick Ave. City

18 (a) Funeral director F. B. Heppert & Son

(b) Address 1300 EUTAW PLACE.....

19 (a) AUG 31 1939 (Filed by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH August 29/39 19 . at 12.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 27th 1939 to Aug 29th 1939. and that I last saw him alive on Aug 29th 1939.

Immediate cause of death: Cardiac Failure — Duration: ....

Due to Bronchio Pneumonia — 1 day

Due to Cerebral Hemorrhage — 3 days

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J E Poulton M D

Address 3909 Garrison Ave Date signed 8/31/39.

Dr. E. Poulton...

VS 3

F 61617
F 60923

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

154

F 60923 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mos 10 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County
(c) City or town Coatesville (If outside city or town limits, write RURAL and give town)
(d) Street No. 127 S. 3rd ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine Swartz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: W. | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/12/91

8. AGE: Years 48 | Months 5 | Days 19 | If less than one day: hr. min.

9. Birthplace Pa (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER 12. Name Wm Davis
13. Birthplace Pa.

MOTHER 14. Maiden Name Catherine Heklinger
15. Birthplace Pa.

16 (a) Informant Record JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof Sept 1/39 (month) (day) (year)
(c) Cemetery or crematory Hammer Cemetery
Location Coatesville Pa.

18 (a) Funeral director Sol Lerner Bros
(b) Address 1126 W North Ave

19 (a) Date received by registrar SEP 1 1939 (b) Registrar Hunting for William Kelly

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 31 1939 at 2.40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 31 1939, to Aug 31 1939, and that I last saw her alive on Aug 31 1939.

Immediate cause of death: Multiple lung abscess
Brain abscess
Due to Sub-phrenic abscess
Due to
Other Conditions Osteomyelitis, rt femur
(Include pregnancy within 3 months of death)

Major findings: Of operations Sub-phrenic abscess
Of autopsy

Duration
3 wks
1 wk
7 mos

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David H Long M.D.
Address Johns Hopkins Hospital Date signed 8-31-39

F 60924

Yekshtat

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 60924 Registered No. 7210-M

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3 Balt. Gen. Hosp
(c) Hospital or institution
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balt. (If outside city or town limits, write RURAL and give town)
Street No. 111 W. Lee St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Julian Julius Adolph Yekshtat
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M.
5. Color or race Wh
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Veronica Yekshtat
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 24 - 1880

8. AGE: Years 59 | Months 5 | Days 6 | If less than one day: hr. min

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Gunsmith
11. Industry or business Self

FATHER
12. Name Julius Yekshtat
13. Birthplace Germany

MOTHER
14. Maiden Name Matilda Baer
15. Birthplace Germany

16 (a) Informant Francis Bebner
(b) Address 1377 N Curley St

17 (a) Burial (Burial, cremation, or removal)
(b) Date thereof Sept 2/39 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel Cem
Location Baltimore

18 (a) Funeral director John Ulrich
(b) Address 2008 Allegheny

(Date received by registrar) SEP 1 - 1939 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/30/39 19 , at P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to h death on the day stated above.

Immediate cause of death: Acute Pneumonia
Ruptured Aneurism
Due to Bacterial endocarditis
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 4/30/39
(c) Where did injury occur? Towson + Joppa Rd (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Street (Specify type of place) While at work?
(e) Means of injury Struck by automobile

23. Signature W. H. Landenberger M.D. Medical Examiner
Date signed 8/31/39

V8 6

F 60925

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 60925 Registered No. 186-a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 ✓
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2101 Callow Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ✓✓ years

3 (a) FULL NAME Anna Posner

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Jacob Posner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years 64 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation House Wak

11. Industry or business

FATHER 12. Name Zalek Posner
13. Birthplace Russia

MOTHER 14. Maiden Name Mollie
15. Birthplace Russia

16 (a) Informant Melvin Freidenberg
(b) Address 3511 Springdale Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-1-39 (month) (day) (year)

(c) Cemetery or crematory Beth Israel
Location Loudon Park Ave.

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Baltimore St

(By) (Undertaker) [illegible] Williamsburg

SEP 1 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/31/39 19 , at 4:50 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Fractured hip

Due to: Decubitus ulcer

Due to: Septicemia

Other Conditions: diabetes mellitus (Include pregnancy within 3 months of death)

Major findings of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 8/2/39
(c) Where did injury occur? 2101 Callow Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury slipped and fell on floor

23. Signature Conrad Reichmuth M.D. Medical Examiner

Date signed 9/1/39

VS 6

F 60926

Case No. 47740 dk

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-a

F 60926

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore, Maryland

(c) Hospital or institution:

Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days

(e) Length of stay in Baltimore (yrs., mos., or days) 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 808 S. Bond Street

(If rural give location)

(e) If foreign born, how long in U. S. A.? 50 years years

3 (a) FULL NAME Edward Lenczenski (Lentz)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Jessie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/2/59

8. AGE: Years	Months	Days	If less than one day
80	3	28	hr. min.

9. Birthplace Poland

(Town, county, and state)

10. Usual Occupation Supported by wife

11. Industry or business Packing Company

FATHER

12. Name Henry Lenczenski

13. Birthplace Poland

MOTHER

14. Maiden Name Julia ?

15. Birthplace Poland

16 (a) Informant B. Co. H. Records

(b) Address

17 (a) Burial (b) Date thereof Sept 2, 1939.

(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Holy Rosary

Location Duncan Hill Road

18 (a) Funeral director M. J. Jadrowski Bros.

(b) Address 1808 Eastern Ave.

19 (a) Huntington Williams M.D.

(Date rec'd by registrar) Registrar

SEP 1 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-30 1939, at 8:05 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from 8-24 1939, to 8-30 1939, and that I last saw h[illegible] alive on 8-30 1939.

Immediate cause of death	Duration
Oesophageal obstruction probably due to carcinoma	?
Due to	
Due to	
Other Conditions Cirrhosis of liver with ascites	?

(Include pregnancy within 3 months of death)

Major findings:

Of operations Cirrhosis of liver ascites + biliary tract obstruction

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature L K Edwards Jr M. D.

Address Balto City Hosp Date signed 8-31-39

F 60927

F 60927

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-c Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Marlborough Apts.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. Marlborough Apts. 1701 Eutaw Place. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MINNIE KAUFMAN MILLER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Sol F. Miller
6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) June 21, 1874

8. AGE: Years	Months	Days	If less than one day
65	2	10	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Joseph Miller,
13. Birthplace Germany

MOTHER
14. Maiden Name Helena Stern,
15. Birthplace Germany

16 (a) Informant Mr. Sol F. Miller,
(b) Address Marlborough Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/1/39 (month) (day) (year)
(c) Cemetery or crematory Balto. Hebrew
Location Balto. Md.

18 (a) Funeral director David Sandhaus & Son
(b) Address 1902 Eutaw Place.

19 (a) (Date rec'd by registrar) (b) Registrar

SEP 1 VS-2 1939

MEDICAL CERTIFICATION

A

20. DATE OF DEATH Aug. 31, 1939 at 2.45 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 25 1939 to Aug. 31 1939. and that I last saw her alive on Aug. 30 1939:

Immediate cause of death: Coronary Thrombosis. — Duration: 5 weeks.
Due to: Myocarditis — several years.
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hy Lutz C. Blake M. D.
Address Medical Arts Bldg Date signed

F 60928

F 60928

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 905 Lake Drive (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Simon A. Blumenthal

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Bessie Blumenthal
6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) June 16, 1881

8. AGE: Years	Months	Days	If less than one day
58	2	13	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Clothing Mnfgr.
11. Industry or business

FATHER
12. Name Isaac Blumenthal
13. Birthplace Germany

MOTHER
14. Maiden Name Rosa Myer
15. Birthplace Germany

16 (a) Informant Mrs. B. H. Blumenthal
(b) Address 905 Lake Drive.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/3/39. (month) (day) (year)
(c) Cemetery or crematory Ahavath Sholom Cem.
Location Balto. Md.

18 (a) Funeral director Harid Jonathan & Son
(b) Address 1902 Eutaw Place

SEP 1 – 1939 (Date rec'd by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/31/ 1939. at 6:05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from August 28 1939 to August 31 1939.
and that I last saw h in alive on August 31 1939

Immediate cause of death (1) Coronary occlusion	Duration
Due to Arterio sclerotic Cardiovascular disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature
Address Date signed 9/01/39 M. D.

60929

F 60929

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 60929

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St., 15-10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. — mos. — da. How long in U. S. If of foreign birth? — yrs. — mos. — da.

2. FULL NAME Mrs. Margaret E. Davis

If U. S. Veteran specify WAR —

(a) Residence: No. 3913 Garrison Boulevard St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Ed Davis

6. DATE OF BIRTH (month, day, year) January 6 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48	47	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) August 1939

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Mobile Alabama

FATHER

13. NAME George Barker

14. BIRTHPLACE (city or town) (State or country) Alabama

MOTHER

15. MAIDEN NAME Miss Sprinkle

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. E. Davis, Jr.

(Address) 2609 Evelyn Ave

18. BURIAL, CREMATION, OR REMOVAL Baltimore National Date Sept. 1 1939

19. UNDERTAKER J. Fletcher Davis & Sons

(Address) Baltimore

20. FILED SEP 1 1939 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from August 29, 1939 to August 29, 1939.

I last saw h.. alive on August 29, 1939. Death is said to have occurred on the date stated above, at 5 50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic coma	
Pneumonia, bronchial	
Other contributory causes of importance:	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Howard W Jones M. D.

(Address) Church Home & Infirmary

OCCUPATION is very important. See instructions on back of certificate.

F 60930

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 B

Registered No. F 60930

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 845 Park Ave
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city limits, write RURAL and give town)
(d) Street No. 845 Park ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles G. Baldwin

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Fannie Layden Baldwin

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) June 19, 1871

8. AGE: Years 68 Months 2 Days 11 If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county and state)

10. Usual Occupation atty at law.

11. Industry or business —

FATHER
12. Name Sommerfield Baldwin
13. Birthplace A. A. Co. Md

MOTHER
14. Maiden Name Juliet Sewell
15. Birthplace A. A. Co. Md.

16 (a) Informant Fannie L. Baldwin
(b) Address 845 Park Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 1-39 (month, day) (year)
(c) Cemetery or crematory Baldwin Memorial
Location Severn & Roads A. A. Co.

18 (a) Funeral director John A. Mitchell & Son
(b) Address 1900 Eutaw Place

SEP 1 - 1939 (Date received by Registrar) (b) H. Hilliard M.D. (Deputy Registrar)

VS 6

MEDICAL CERTIFICATION

A

20. DATE OF DEATH 8/30/39 19 , at 6:20 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Arteriosclerosis — Duration 4 yrs

Due to Coronary Sclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Conrad Acton M.D. Medical Examiner

Date signed 8/30/39

correct age in especially important. Physicians: please write the causes of death clearly and legibly.

F 60931

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60931

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4120 Mary Ave St. 27-1 Ward)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Ina Rose C. Burger

(a) Residence: No. 4120 Mary Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry L. Burger

6. DATE OF BIRTH (month, day, year) Feb. 19-1866

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
73	X6	11 X6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Frank X. Ritter

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Theresa Inehorn

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Henry Lewis Burger
(Address) 4120 Mary Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Oaklawn Date Sept 4 39

19. UNDERTAKER George L. Lehnert
(Address) 5101 Eudowood Ave.

20. FILED ..... 19 ..... Registrar.

SEP 1 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 30- 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 21 1939 to Aug 30 1939

I last saw her alive on Aug 30 1939. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
cardio-Vascular-Renal.	5 yrs.
Chronic myocarditis.	1 yr.
Uremia - Chronic Nephritis	Aug 27 39

Other contributory causes of importance:

Obesity

arteriosclerosis - Hypertension

Was an operation performed? No - Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Urine Blood Pressure Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lewis F. Thurman M. D.

(Address) 722 N. Kenwood Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 60932

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 F 60932 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1213 Etting Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Smith

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife | 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/29/39

8. AGE: Years | Months | Days 1 | If less than one day 7 hr. 4 min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation 0000
11. Industry or business

FATHER
12. Name Dewey Crawford
13. Birthplace Maryland ?

MOTHER
14. Maiden Name Mary Smith
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 8-31-39 (month) (day) (year)
(c) Cemetery or crematory Cremation B.C.H.
Location

18 (a) Funeral director
(b) Address

19 (a) Date received (year) (b) Registrar

SEP 1 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 30 1939 at 11:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from August 29 1939 to August 30 1939. and that I last saw h alive on August 30 1939.

Immediate cause of death Prematurity (28 weeks)

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. Lenox Dawson M. D.
Address Balto City Hosp. Date signed 8-30-39

correct age is especially important. Physicians, please fill in all items and sign this certificate.

F 60933

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V 173

F 60933 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Providence Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1214 Parrish st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Barrett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-3-74

8. AGE: Years 65 | Months 5 | Days 24 | If less than one day hr. min.

9. Birthplace A. A. Co Md (Town, county, and state)

10. Usual Occupation none

11. Industry or business —

FATHER 12. Name unknown

13. Birthplace

MOTHER 14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant Ella Thomas

(b) Address 1214 Parrish St

17 (a) Burial, cremation, or removal (b) Date thereof 9-1-39 (month) (day) (year)

(c) Cemetery or crematory Douglass Mem

Location Balto. County Md

18 (a) Funeral director Jas. H. Skinner

(b) Address 967 W. Mount st

19 (a) (b) Huntington Williams M.D.

Date received by Registrar SEP 1 - 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/27/39 19 , at 3:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Bullet wound

Due to Abdomen

Due to —

Other Conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Of autopsy as above

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence 8/27/39
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury Revolver

23. Signature Conrad Acton M.D.
Medical Examiner

Date signed 8/28/39

60934 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 60934

CERTIFICATE OF DEATH

126

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Md Gen Hospital St. 13-6 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Emma Smith
If U. S. Veteran specify WAR

(a) Residence: No. 1357 Weldon Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	widowed

5a. If married, widowed, or ~~divorced~~
~~HUSBAND~~ (or) WIFE of George P. Smith

6. DATE OF BIRTH (month, day, year) Oct. 21, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	10	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, county

FATHER
13. NAME Isaac R. Baker
14. BIRTHPLACE (city or town) (State or country) Baltimore, County

MOTHER
15. MAIDEN NAME Martha J. Beall
16. BIRTHPLACE (city or town) (State or country) Frederick County.

17. INFORMANT Ruth B. Robertson
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Sh. Mary Cemetery Hampden Date Sept 2, 1939

19. UNDERTAKER Horace F. Burgee
(Address) 3631 Falls Road

20. Filed SEP 1 - 1939, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/31, 1939

22. I HEREBY CERTIFY, That I attended deceased from 8-19, 1939, to 8-31, 1939
I last saw her alive on 8-31, 1939. Death is said to have occurred on the date stated above, at 3:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Myocardial failure c	8 20 39
pulmonary edema	

Other contributory causes of importance:
1. Cholecystitis c cholelithiasis (?)

Was an operation performed? Yes. Date of 8-29-39
For what disease or injury? Cholecystitis
Name of operation Cholecystectomy
What test confirmed diagnosis? Surgical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. K. Mansfield M. D.
(Address) Md Gen Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly examined. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 60935

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 60935

200-a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 671 W. Franklin St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County U. S. A.
(c) City or town 671 W. Franklin St. Baltimore, Md
(If outside city limits or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Cox

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Col

6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1918

8. AGE: Years 21 Months Days If less than one day hr. min.

9. Birthplace Goldsborough, N. C. (Town, county and State)

10. Usual Occupation Domestic 0070

11. Industry or business

MOTHER FATHER

12. Name Richard Cox

13. Birthplace Goldsborough, N.C.

14. Maiden Name Ophelia Green

15. Birthplace Goldsborough, N.C.

16 (a) Informant Ophelia Cox

(b) Address 676 W. Franklin St.

17 (a) Burial (Burial, cremation, or removal)

(b) Date thereof Sept. 1, 1939 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location Baltimore, Md.

18 (a) Funeral director Mrs. Cas. H. Holland

(b) Address 1631 Druid Hill Ave.

19 (a) (Date received by registrar)

(b) Huntington Williams M.D.

No. 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/28/39 19 , at 9P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said ~~Coroner~~ " find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death	Duration
Cachexia Pan-	
Due to determined Origin	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Nat
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. W. Wanderlich M.D.
Medical Examiner

Date signed 8/29/39

F 60936 × ✓ F 60936

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St Agnes Hosp. 25
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. Reeds - knoll (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Bertha E Murray

3 (b) If veteran, name war .....
3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1852

8. AGE: Years	Months	Days	If less than one day hr.	min.
87				

9. Birthplace Wilmington Del. (Town, county, and state)
10. Usual Occupation .....
11. Industry or business .....

FATHER
12. Name Andrew Murray
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine Mc Cormick
15. Birthplace Ireland

16 (a) Informant Miss Ella Sullivan
(b) Address 207 Connecticut Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 2-39 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location Baltimore Md.

18 (a) Funeral director George A. Farley
(b) Address Eutaw & Fayette St

19 (a) ..... (Date rec'd by registrar) ..... Registrar

P 1 Vs 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH August 31 1939 at 10 50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/29/1939 to 8/31/1939. and that I last saw her alive on 8/31/1939.

Immediate cause of death	Duration
Cardiac failure	
Due to Mitral Valvular Disease	
Due to	
Other Conditions Fracture of L. femur (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence Aug. 29, 1939
(c) Where did injury occur? Balto (City or town) Md. (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fall upon pavement

23. Signature Max J. Sadove M. D.
Address St Agnes Hosp Date signed 8/31/39
Howard J. Maddux M. D. Chief Med. Exam. recds

Dr Ira Cayer 5508 Edmondson Ave Cat 7080

F 68837

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94-a

Registered No. F 68537

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1112 N. Charles St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 18yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1112 N. Charles St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Arthur Rochford

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-03-6603

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 28th 1895

8. AGE: Years	Months	Days	If less than one day: hr.	min.
43	11	3		

9. Birthplace Sanford Maine (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business Sage Detroit Trust Co

FATHER
12. Name Adolph Rochford
13. Birthplace Canada

MOTHER
14. Maiden Name Eulda Dovoll
15. Birthplace Canada

16 (a) Informant Grace M. Williams
(b) Address Walbert Apts. 800 N. Chas. St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory St Joseph Cemetery
Location Biddeford Maine, Maine

18 (a) Funeral director Wm Cox
(b) Address 1217 N Eutaw St

19 (a) (Date rec'd by registrar) SEP 1 - 1939 Harrington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 31st 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 1937 to Aug 1939, and that I last saw him alive on Aug 29 1939.

Immediate cause of death Angina Pectoris — Duration 3 yrs

Due to Coronary Sclerosis

Due to

Other Conditions Coronary Coronary Thrombosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ira E. Cayer M. D.
Address 5508 Edmondson Ave Date signed Sept 1/39

VS 3

F 6093g

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-D

Registered No. F 6093g

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1931 Mickens Ave

(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

Street No. 1931 Mickens Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George W. O'Neale

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Late Mary L. Roanman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 18, 1862

8. AGE: Years	Months	Days	If less than one day
77	6	12	hr. min.

9. Birthplace R. C. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name John H. O'Neale

13. Birthplace

MOTHER 14. Maiden Name Mary L. Riley

15. Birthplace

16 (a) Informant Mrs. Rudolph Miller

(b) Address 1931 Mickens Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/2/39 (month) (day) (year)

(c) Cemetery or crematory Western

Location Edmondson Ave. & Longwood St.

18 (a) Funeral director Harry A. Little

(b) Address 4101 Edmondson Ave

19 (Date received by registrar) Livingston Williams M.D.

SEP 1 - 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 30 1939, at 8:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1936 to Aug 30 1939.

and that I last saw h alive on Aug. 30 1939.

Immediate cause of death Carcinoma of left testicle — Duration 3 yrs.

Due to

Due to

Other Conditions Cerebral hemorrhage — 3 days

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Benjamin Miller M. D.

Address 2030 Wilkens Ave Date signed 8/31/39

correct age is especially important. Physicians: please write the causes of death fully and legibly.

VS 3

F 60939

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 60939

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Kernan Hospital
(c) Hospital or institution

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. Daniel Ave near Johnnycake Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 mos
(e) Length of stay in Baltimore (yrs., mos., or days) Life

3 (a) FULL NAME Laura M. Witt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Fe | 5. Color or race wh | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5, 1929

8. AGE: Years 10 | Months 3 | Days 25 | If less than one day hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation School

11. Industry or business

FATHER
12. Name Charles A. Witt
13. Birthplace Va

MOTHER
14. Maiden Name Gladys Davis
15. Birthplace Md

16 (a) Informant Chas. A. Witt
(b) Address Daniel Ave - Catonsville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/2/39 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Rd

18 (a) Funeral director Harry H. Witte
(b) Address 4401 Edmondson Ave Huntington Williams Mort.

SEP 1 - 1939 (Date received by local registrar)

Registrar

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 30 1939, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Cerebral Concussion
Fracture of Skull

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 8/30/39
(c) Where did injury occur? Johnnycake Rd Catonsville (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Street While at work? No (Specify type of place)
(e) Means of injury Riding bicycle - struck by motor car

23. Signature [illegible] M.D.
Medical Examiner

Date signed 8/31/39

F 60940

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. F 60940

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address U. S. Marine Hospital
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 83 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1813 Wilkens Avenue (If rural give location)
(e) If foreign born, how long in U. S. A? years

3 (a) FULL NAME Charles Andrew Davis

3 (b) If veteran, name war: World War
3 (c) Social Security Account No.:

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 31, 1878

8. AGE: Years 61 | Months 0 | Days 30 | If less than one day: hr. min.

9. Birthplace New York City (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business

FATHER
12. Name ? Stewart
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Records, U. S. Marine Hosp.
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/2/39 (month) (day) (year)
(c) Cemetery or crematory National Location Frederick Md.

18 (a) Funeral director Harry T. Tuttle
(b) Address 4101 Edmondson Ave.

SEP 1 - 1939 Huntington Williams M.D.
(Date rec'd by local registrar) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH August 30 1939, at 11:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 8 1939, to August 30 1939, and that I last saw him alive on Aug. 30 1939.

Immediate cause of death	Duration
Pericarditis, chronic constructive (Pic's syndrome)	Unknown
Due to Tuberculosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Paracentesis, abdominal
Of autopsy: Above

PHYSICIAN
(Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

D. Signature T. B. H. ardura M. D.
Address U. S. Marine Hosp. Date signed 8-31-39

60941

HEALTH DEPARTMENT—CITY OF BALTIMORE

60941

CERTIFICATE OF DEATH

95-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3804 Foster Ave. St. 26-9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Thomas J. Kane S. S. No. 218-03-5243

(a) Residence: No. 3804 Foster Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Estella A. Kane

6. DATE OF BIRTH (month, day, year) June 21/1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	2	3 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer at B alto

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Copper Works

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) B alto. Md.

FATHER

13. NAME George Kane

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Sarah Kane

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Estella A. Kane (wife)
(Address) 3804 Foster Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place B alto. Cem Date Sept 2, 1939

19. UNDERTAKER Lilly & Zeilenhofer
(Address) 401 E. Fayette St.

20. FILED SEP 1 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1939 to Aug 30 1939.
I last saw him alive on Aug 30, 1939. Death is said to have occurred on the date stated above, at 4/30 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Heart Hypertensive Heart	
Other contributory causes of importance:	

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Wm. J. Costello M. D.

(Address) 1335 E. 31st St

OCCUPATION is very important. See instructions on back of certificate.

VS 8

366993

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-D

Registered No. 60342

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 Days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Cecil
(c) City or town Port Deposit (If outside city or town limits, write RURAL and give town)
(d) Street No. 745 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clarence Mahan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: Martha

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-15-72

8. AGE: Years 66 | Months 9 | Days 16 | If less than one day hr. min.

9. Birthplace MD. (Town, county, and state)

10. Usual Occupation UNKNOWN

11. Industry or business

FATHER 12. Name William Mahan

13. Birthplace MD

MOTHER 14. Maiden Name Mary J. McVay

15. Birthplace PA

16 (a) Informant Records

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Hopewell Sept 3 1939

Location Outside Port Deposit Md

18 (a) Funeral director J. E. Tyson,

(b) Address Rising Sun, Md.

19 (a) SEP 1 - 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug-31 1939 at 945 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug-14 1939 to Aug 31 1939. and that I last saw him alive on Aug-31 1939.

Immediate cause of death PYELITIS — Duration 1 wk

Due to Proteus Infection

Due to

Other Conditions Post Operative

(Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma of Rectum

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David Barry Jr M. D.

Address Johns Hopkins Hospital Date signed 9-1-39

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 60943

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 60943 Registered No. 200-B

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2709 Greenmount Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 M
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balt (If outside city or town limits, write RURAL and give town)
(d) Street No. 2709 Greenmount Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Natalie Briscoe

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife Clinton L. Briscoe

6 (c) If alive, give age 27 years

7. Birth date of deceased (mo., day, yr.) July 12 - 1916

8. AGE: Years	Months	Days	If less than one day
23	1	7	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name John Adams

FATHER 13. Birthplace Lithuania

MOTHER 14. Maiden Name Viola Plungist

MOTHER 15. Birthplace Lithuania

16 (a) Informant Clinton L. Briscoe

(b) Address 2709 Greenmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 2-39 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore Md

18 (a) Funeral director Pott & B. M. Walters

(b) Address Frath & Stricker Sts

(c) Date received by registrar SEP 1 — 1939 Henry H. Williams Registrar

VS 6

MEDICAL CERTIFICATION 11 93 A

20. DATE OF DEATH 8/30/39 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said 6 (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Undetermined	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Bancroft M.D. Medical Examiner

Date signed 8/30/39

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60944

CERTIFICATE OF DEATH

V/31 F 60944

Registered No.

1. PLACE OF DEATH 321 Northwood Apts.
CITY OF BALTIMORE: (No. #230 Loch Raven, Blvd. St. 29-9 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 2 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Howard Benson Warren

(a) Residence: No. 321 Northwood Apts. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lennis Smith

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Louisiana

FATHER

13. NAME Eugene F. Warren

14. BIRTHPLACE (city or town) (State or country) Louisiana

MOTHER

15. MAIDEN NAME Lou Calhoun

16. BIRTHPLACE (city or town) (State or country) Louisiana

17. INFORMANT Mrs. Lennis S. Warren
(Address) 321 Northwood Apts.

18. BURIAL, CREMATION, OR REMOVAL
Place Shreveport, La. Date 9/1/39 19

19. UNDERTAKER Henry H. Meade & Son
(Address) 800 N. Calvert St.

20. FILED SEP 1 - 1939 Huntington Williams M.D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 1st 1939

22. I HEREBY CERTIFY, That I attended deceased from August 23 1939 to September 1 1939
I last saw him alive on August 31 1939 Death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Uremia	Aug. 23, 1939
Bronchopneumonia	Aug 29, 1939
Other contributory causes of importance:	
Arteriosclerosis, generalized: hypertension Symptoms	1938

Was an operation performed? No Date of None

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jno. P. Hambleton M. D.
(Address)

OCCUPATION is very important. See instructions on back of certificate.

V.S.

Escort, Mrs. Howard B. Warren.

F 60945

47910-FS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59

Registered No. F 60945

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 26 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 739 W. Baltimore St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph W. Everhart

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Tennie Everhart
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-20-1864

8. AGE: Years	Months	Days	If less than one day
74	9	11	hr. min.

9. Birthplace W.Va., Martinsburg (Town, county, and state)
10. Usual Occupation repaired watches
11. Industry or business

FATHER
12. Name George Everhart
13. Birthplace Glengarey, W. Va.

MOTHER
14. Maiden Name Jane Williams
15. Birthplace Berkley County, W.Va.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Shipment (Burial, cremation, or removal) (b) Date thereof Sept. 2, 1939 (month) (day) (year)
(c) Cemetery or crematory
Location Martinsburg, W. Va.
18 (a) Funeral director
(b) Address 1003 W. Baltimore St.
19 (a) SEP 1 - 1939 Huntington Williams M.D. (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 31 1939, at 12 15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from August 29 19 39, to August 31 1939, and that I last saw h alive on August 31 19 39.

Immediate cause of death Arteriolar nephrosclerosis — Duration unknown.
Due to
Due to
Other Conditions diabetes mellitus. generalized arteriosclerosis — unknown. unknown.
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David H. Fitch M. D.
Address Baltimore City Hospital Date signed 8/31/39

GINGLIS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 60946 / 210-M / Registered No. F 60946

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Hopkins Hospital (D.O.A.)
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) /

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County Harford
(c) City or town Fort Hoyle Md (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Paul Ginglis
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) July 20 1914

8. AGE: Years	Months	Days	If less than one day
25	1	11	hr min

9. Birthplace Fort Deposit, Alabama (Town, county, and state)
10. Usual Occupation Soldier
11. Industry or business

FATHER
12. Name —unknown—
13. Birthplace Alabama

MOTHER
14. Maiden Name —unknown—
15. Birthplace Alabama

16 (a) Informant Army Records
(b) Address Fort Hoyle

17 (a) (Burial, cremation, or removal) (b) Date thereof Sept. 2 1939 (month) (day) (year)
(c) Cemetery or crematory Fort Deposit Ala
Location

18 (a) Funeral director Howard C Williams
(b) Address Algonquin Md

19 SEP 1 - 1939 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/1/39 19 , at 4: P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fractured skull — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 9/1/39
(c) Where did injury occur? Balto. County (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Road — While at work? ? (Specify type of place)
(e) Means of injury Passenger in auto, ran into bridge

23. Signature Conrad Acton M.D.
Date signed 9/1/39

VS 6

correct age in especially important. Physicians: please write the causes of death clearly and legibly.

F 60947

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

Registered No. F 60947

correct age in especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1101 Key Highway

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hrs

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore, Md (If outside city or town limits, write RURAL and give town)

(d) Street No. 1748 Jackson St (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Henry Eckerl

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-03-4994

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Rose M. Keim Eckerl

6 (c) If alive, give age 26 years

7. Birth date of deceased (mo., day, yr.) 2-26-06

8. AGE: Years 33 | Months 6 | Days 6 | If less than one day hr. ..... min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Ship Rigger

11. Industry or business Bethlehem Steel Co

FATHER 12. Name Edward Eckerl

13. Birthplace Germany

MOTHER 14. Maiden Name Mary

15. Birthplace Germany

16 (a) Informant Mrs Rose M. Eckerl

(b) Address 1748 Jackson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 4, 1939 (month) (day) (year)

(c) Cemetery or crematory Holy Cross B.A.

Location

18 (a) Funeral director Margaret G. Flynn

(b) Address 1127 Light St

19 Huntington Williams M.D.

SEP 2 - 1939 (Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/1/39 19 ..., at 10:50 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquest) thereon and from the evidence obtained by said Inquest (Autopsy or Inquest) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fractured skull — Duration: —

Due to: —

Due to: —

Other Conditions: —

(Include pregnancy within 3 months of death)

Major findings:

Of operations: —

Of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external cause, fill in the following:

(a) Accident, suicide, or homicide Accident

(b) Date of occurrence 9/1/39

(c) Where did injury occur? 1101 Key Highway (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Shipyard (Specify type of place) While at work? Yes

(e) Means of injury Fall from scaffold

23. Signature Conrad Acton M.D. Medical Examiner

Date signed 9/1/39

1b 45996

F 60948

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-13

Registered No. F 60948

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days 2 mths.

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1922 N. Charles St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

12-5

3 (a) FULL NAME Lillian Griffith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Charles P. Codd (d)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 21, 1877

8. AGE: Years	Months	Days	If less than one day
62	0	10	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

MOTHER / FATHER

12. Name Robert H. Griffith

13. Birthplace Md.

14. Maiden Name Margaret Lecount

15. Birthplace Md.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, ~~cremation or entombment~~) (b) Date thereof Sept 2nd 1939 (month) (day) (year)

(c) Cemetery ~~or crematory~~ David Ridge

Location about Pikesville Md

18 (a) Funeral director William Cook

(b) Address 1217 St Paul St.

19 (a) SEP 2 - 1939 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 1 1939, at 4:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 26 1939, to Sept. 1 1939, and that I last saw h er alive on Sept 1 1939.

Immediate cause of death: Cerebral Hemorrhage — Duration: 3 days

Due to

Due to

Other Conditions Hypertension — Duration: unknown

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible] M. D.

Address Balto City Hosp. Date signed 9-1-39

VS 3

F 60949

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 Registered No. 60949

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2939 N. Charles St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2929 N. Charles St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah Deborah McClees

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ Charles W. McClees
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 18th 1853

8. AGE: Years	Months	Days	If less than one day
85	11	13	hr. min.

9. Birthplace Plymouth N.C.
(Town, county, and state)
10. Usual Occupation At home
11. Industry or business Self

FATHER
12. Name S. H. McRae
13. Birthplace N.C.

MOTHER
14. Maiden Name Sarah Deborah Wood
15. Birthplace N.C.

16 (a) Informant Pauline Bumgarner
(b) Address 2929 N. Charles St

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 9/4/39 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Western
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) SEP 2 - 1939 (Date rec'd by registrar) (b) ~~Interment~~ Burial to Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 1st 1939, at 3:50 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/2 1939 to 9/1 1939.
and that I last saw h[illegible] alive on 8/30 1939.

Immediate cause of death ~~Coronary thrombosis~~ Pulmonary Embolism — Duration 7 days.
Due to
Due to
Other Conditions Arteriosclerosis Phlebitis (leg)
(Include pregnancy within 3 months of death)
Major findings: Of operations No operation
Of autopsy None

~~6 days~~ 9

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Walter L. Sibrook M.D.
Address 2939 McAlden St. Date signed 9/1/39

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 60950

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

167

Registered No. F 60950

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2619 Kirk Ave.
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2619 Kirk Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Melvin Comet

3 (b) If veteran, name war: World war

3 (c) Social Security Account No. 214-03-6834

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Margaret C. Comet
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 4 1899

8. AGE: Years	Months	Days	If less than one day
39	11	27	hr min

9. Birthplace Ill
(Town, county, and state)

10. Usual Occupation Manager
11. Industry or business Balto Fire Patrol

FATHER
12. Name Maurice Comet
13. Birthplace Ill.

MOTHER
14. Maiden Name Wilhelmina Jundt
15. Birthplace Ill

16 (a) Informant Margaret C Comet
(b) Address 2619 Kirk Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 2 1939 (month) (day) (year)
(c) Cemetery or crematory National
Location Frederick Road - city

18 (a) Funeral director Albert W Bekergay
(b) Address 440 E North Ave

19 SEP 2 - 1939 Huntington Williams M.D. Registrar
(Date rec'd by registrar)

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 30 1939, at 1:30 M

21. I HEREBY CERTIFY, That I had charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Bullet wound of head - right temple region.	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence Aug. 30, 1939
(c) Where did injury occur? 2619 Kirk Ave. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?
(e) Means of injury Pistol

23. Signature Thomas J. Madden M.D.
Medical Examiner
Date signed 9-1-39

F 60951

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-2

Registered No. F 60951

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Fredrick & Green Sts

(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Howard

(c) City or town Ellicott City (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alexander Wolfe

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Bessie J Wolfe.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/15/1875

8. AGE: Years	Months	Days	If less than one day
64	1	13	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Farmer -

11. Industry or business

BROTHER | FATHER

12. Name John Wolfe

13. Birthplace Baltimore, Md.

14. Maiden Name Catherine Anderson Bryant

15. Birthplace Balto, Md.

16 (a) Informant Raymond Wolfe

(b) Address Rockland, Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof 9-4-39. (month) (day) (year)

(c) Cemetery or crematory Mt View Cem.

Location

18 (a) Funeral director H. Hagenbuch Jr.

(b) Address Ellicott City, Md.

19 (a) Filed SEP 2 - 1939 (b) Huntington Williams M.D. Registrar

(Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/1 1939, at 5:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/28 1939 to 9/1 1939, and that I last saw him alive on 9/1 1939.

	Duration
Immediate cause of death Shock	4 days
Due to Fracture 3 to 10th rib, Left	"
Due to " Left Hemo Thorax Pontic Fracture Skull	"
Due to " Diabetes Mellitus	?

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Accident

(b) Date of occurrence 8/28/39

(c) Where did injury occur? Howard Co., Md. (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? (Specify type of place)

(e) Means of injury Fell off roof

23. Signature D. Wallace Jr.

Address University Hospital Date signed 9/1/39

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 60952 HEALTH DEPARTMENT—CITY OF BALTIMORE F 60952

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles R. Hanson Sr

If U. S. Veteran specify WAR

(a) Residence: No. 6059 Longwood ave. St., Ward. Baltimore Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Caroline R Hanson

6. DATE OF BIRTH (month, day, year) Oct. 16, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Henry Hanson son

(Address) 6059 Longwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Sept 4. 1939

19. UNDERTAKER Geo W Sittle

(Address) 700 Edmondson Ave

20. FILED SEP 2 - 1939 19 Huntington Wilson M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1939 to Sept. 1, 1939

I last saw him alive on Sept 1, 1939 Death is said to have occurred on the date stated above, at 3:04 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Cardiovascular Disease	
Arteriosclerosis	
Other contributory causes of importance:	
Complicating Paralysis	12 hrs

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Edward Mulla M. D.

(Address)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 8

F 60953 47343-FS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

Registered No. F 60953

Physicians: please write the causes of death clearly and legibly. Information required is especially important. Please correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution:
Balto. City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days

(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 1361 Stricker St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rev. Richard Burrell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	colored	married

6 (b) Name of husband or wife Ida Bell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-6-70

8. AGE: Years	Months	Days	If less than one day
69	7	25	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Rev.

11. Industry or business

FATHER

12. Name Colman Burrell

13. Birthplace Va.

MOTHER

14. Maiden Name Eliza Parker

15. Birthplace Va.

16 (a) Informant B.C.H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/2/39 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location

18 (a) Funeral director Geo. G. Nelson

(b) Address 1303 Presstman

19 (a) Filed SEP 2 - 1939 (b) Huntington Williamsport Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 31 1939, at 9:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from August 10 1939, to August 31 1939, and that I last saw h him alive on August 31 1939.

Immediate cause of death Hypertensive Cardio vascular disease — Duration unknown.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Enlarged heart, congestive failure

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. Monaghan M. D.

Address Balto. City Hosp. Date signed 8-31-39

60954

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107-a

Registered No. F 60954

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Baltimore, Md.
(b) Street address — 2062 E. Eager St
(c) Hospital or institution:
Edgewood Sanatorium
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days.
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2062 E. Eager St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mrs. Joseph Frank

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	widowed.

6 (b) Name of husband or wife Barbra, Frank
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) If 1864

8. AGE: Years	Months	Days	If less than one day
74 Yrs.	10 Mo.		hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Shoemaker
11. Industry or business

FATHER
12. Name John Frank
13. Birthplace Germany

MOTHER
14. Maiden Name Not Known
15. Birthplace " "

16 (a) Informant Anna Frank
(b) Address 2062 E Eager St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 4-1939 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem
Location Belair Rd.

18 (a) Funeral director Henry Stocks & Son Inc.
(b) Address 1301 E. Eager St. Huntington Hollander M.D.

19 (Date received by Local Registrar) SEP 2 - 1939 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/1/1939, at 2 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/27/1939, to 9/1/1939, and that I last saw h in alive on 9/1/1939.

Immediate cause of death	Duration
a Bronchopneumonia	
Due to	
Due to Bacteriemia secondary to Abscess in right Cheek	

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Huntington Hollander M. D.
Address 531 Wilkens Ave Date signed

VS 3

Please write plainly. Physicians: please write the causes of death clearly and legibly. Statements must be complete and correct age is especially important.

F 60955

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

23 Registered No. F 60955

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2823 Pinewood Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs. 16 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State ..... (b) County .....
(c) City or town (If outside city or town limits, write RURAL and give town) 7
(d) Street No. 2823 Pinewood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Martin Mayfort
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Clara Bess Mayfort
6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Aug 15th 1874

8. AGE: Years 65 | Months | Days 16 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county and state) 0066
10. Usual Occupation Was Meat Salesman
11. Industry or business Retired Salesman

FATHER 12. Name Martin Mayfort
13. Birthplace Germany

MOTHER 14. Maiden Name Katharine Kneer
15. Birthplace Germany

16 (a) Informant Clara Bess Mayfort
(b) Address 2828 Pinewood Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 9/4/39 (month) (day) (year)
(c) Cemetery or crematory London Park Cemetery
Location Fredrick Ave Baltimore City

18 (a) Funeral director Geo Schilling & Sons
(b) Address Monument & Aisquith

19 (a) SEP 2 - 1939 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/31 1939. at 9:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1938. to 8/31 1939. and that I last saw him alive on 8/31 1939.

Immediate cause of death: Pulmonary Tuberculosis — Duration
Due to: Chronic Infectious arthritis (multiple)
Due to:
Other Conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hyland Galley M. D.
Address 5705 Harford Rd Date signed 9/1/39

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 60956

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

463 F 60956 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 208 N. Eden St
(c) Hospital or institution: 5-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 y

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 208 N. Eden St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Thornton

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
f	c	widowed

6 (b) Name of husband or wife John
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1888

8. AGE: Years	Months	Days	If less than one day hr.	min.
51				

9. Birthplace Farmville Va (Town, county, and state)
10. Usual Occupation domestic 0090
11. Industry or business

FATHER
12. Name David Thornton
13. Birthplace Va

MOTHER
14. Maiden Name Sally Marshall
15. Birthplace Va

16 (a) Informant Mrs. Louise Thornton
Address 208 N. Eden St.

17 (a) ~~Burial~~ ~~Sept 3rd~~ (Burial, cremation, or removal) (b) Date thereof Sept 3rd 1939 (month) (day) (year)
(c) Cemetery or crematory Farmville Va
Location Farmville Va

18 (a) Funeral director E. Irvy O. Wilson
Address 1000 Shantlery Ave Huntington Williamson W. Va.

19 (a) SEP 2 - 1939 (b) (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8:30 1939. at 10 20 AM

21. I certify that death occurred on the date above stated, that I attended deceased from 8.20 1939. to 8.30 1939 and that I last saw her alive on 8.28 1939.

Immediate cause of death — **Duration**

Carcinoma of stomach — 2 mos.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M.D.
Address 150 E. Madison St Date signed 9/1/39

VS 3

29609 F

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46c 7.60957

Registered No. 29609 F

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3201 Taylor ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-5
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3201 Taylor ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Caroline E. Lynch
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Henry B. Lynch
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 16th 1868

8. AGE: Years	Months	Days	If less than one day: hr.	min.
71	1	15		

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business At Home 0027

FATHER
12. Name John Albert
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Hattenstain
15. Birthplace Germany

16 (a) Informant Miss Lynch
(b) Address 3201 Taylor ave.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 4 1939 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore Md.
18 (a) Funeral director Fred'k Lauraine Long
(b) Address 7401 Belair Rd Baltimore Md.
19 (a) (Date rec'd by registrar) (b) Registrar

VS SEP 2 - 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 1 1939, at 8:30 P M
21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1937 to Sept. 1 1939, and that I last saw h[illegible] alive on Sept 1 1939.

Immediate cause of death: Carcinoma colon — Duration: 1938
Due to
Due to
Other Conditions: Hypertension cardio-vascular renal disease — 1936
(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

Signature S. A. Alesen M. D.
Address 6217 Harford Rd Date signed 9/1/39

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60958

CERTIFICATE OF DEATH

133 F 60958

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Maryland Gen. Hosp. Residence) (Street) Madison Ave-3

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joshua T. Barnes
If U. S. Veteran specify WAR

(a) Residence: No. Westminster Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of [illegible] Late Martha Barnes

6. DATE OF BIRTH (month, day, year): Feb. 16, 1862

7. AGE: Years 77 | Months 6 | Days 16 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Carroll Co. Md.

FATHER
13. NAME: Wm. M. Barnes
14. BIRTHPLACE (city or town) (State or country): Carroll Co. Md.

MOTHER
15. MAIDEN NAME: Martha Pool
16. BIRTHPLACE (city or town) (State or country): Carroll Co. Md.

17. INFORMANT: Mr. John M. Barnes
(Address) R.D. Westminster, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place: Providence Cemy Date: Sept. 4, 1939

19. UNDERTAKER: C.M. Waltz
(Address) Manchester, Md.

20. SEP 2 - 1939 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from 8/28/39 to 9/2/39
I last saw him alive on 9/2/39
to have occurred on the date stated above, at 4 A.M. Death is said

The principal cause of death and related causes of importance were as follows:

	Date of onset
Anemia	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) Laurence C. Post M.D.
(Address) Maryland Gen. Hosp.

Information should be carefully supplied. Age should be stated in YEARS. If under 1 year, state in DAYS. If under 1 day, state HOURS or MINUTES. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 60959

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 60959

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2867 Lake Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 2867 Lake Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Agnes Kirsch

3 (b) If veteran, name war —
3 (c) Social Security Account No. — none

4. Sex F
5. Color or race White
6 (a) Single, married, widowed, or divorced. Widow
6 (b) Name of husband ~~or wife~~ Frederick Kirsch
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) March 17, 1875
8. AGE: Years 64 Months 5 Days 14 If less than one day hr. min.
9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name James Costello
13. Birthplace Ireland

MOTHER
14. Maiden Name Rose Kelly
15. Birthplace Ireland

16 (a) Informant Mr Roy Kirsch
(b) Address 2867 Lake Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 4-39 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem
Location Woodlawn Park,
18 (a) Funeral director Milton Schilling
(b) Address 1122 E. Monument St

SEP 2 — 1939 Huntington Williams M.D. Registrar
(Date received) (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 31 1939, at 10 20 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 27, 1939, to Aug 31, 1939, and that I last saw h[illegible] alive on Aug 31, 1939.

Immediate cause of death: Cerebral Hemorrhage — Duration: 4 days
Due to Arteriosclerosis — 4 yrs
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Helen G. Langrall M. D.
Address 643 E. York Ave Date signed 9-1-39

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Be sure that the age is correct age is especially important.

38385 -RB

F 60960

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

23

Registered No. F 60960

PLEASE WRITE PLAINLY with pen and ink. Fill in all blanks. Prolong dashes. If unknown or not applicable, write none. Be sure to answer each question. Do not leave any unanswered. Use additional sheet if necessary. Be sure and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr.
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 227 N. Parrish St. (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Gertrude Leach

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/19/16

8. AGE: Years 23 | Months 0 | Days 12 | If less than one day: hr. min.

9. Birthplace Washington, D. C. (Town, county, and state)

10. Usual Occupation: Home

11. Industry or business

MOTHER / FATHER

12. Name Fletcher Leach (d)
13. Birthplace South Carolina

14. Maiden Name Georgiana Brown
15. Birthplace Washington, D. C.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof Sept 5, 1939 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

19 (a) Date received 9-1-1939 Harrington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 1 1939 3:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 26 1938, to Sept 1 1939, and that I last saw h alive on Sept 1 1939.

Immediate cause of death: Tuberculosis of lungs — Duration: 2 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address B C H Date signed 9/1/39

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60961

CERTIFICATE OF DEATH

82-a F 60961

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH German Aged Women's Home

CITY OF BALTIMORE: (No. 22 Athol St. [illegible] Ward)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S. If of foreign birth? 70 yrs. — mos. — ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary A. Mohan

(a) Residence: No. 22 Athol St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Thomas Mohan

6. DATE OF BIRTH (month, day, year): July 11, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Antrim Ireland

FATHER

13. NAME: Charles Karr

14. BIRTHPLACE (city or town) (State or country): -------- Ireland

MOTHER

15. MAIDEN NAME: Ann McCafferty

16. BIRTHPLACE (city or town) (State or country): -------- Ireland

17. INFORMANT: S. R. Mears
(Address): 805 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Cathedral Cemetery Date: 9/5 1939

19. UNDERTAKER: Henry U. Meakes my Son
(Address): 805 N. Calvert St.

20. SEP 2 - 1939 19 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 10/39, 19—, to Sept. 1/39, 19—

I last saw her alive on Aug. 31/39, 19— Death is said to have occurred on the date stated above, at 6.50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis.	Unknown.
Other contributory causes of importance:	
Cerebral Hemorrhage.	Aug. 27/39.

Was an operation performed? No. Date of

For what disease or injury? None.

Name of operation None.

What test confirmed diagnosis? None. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Henry Meakes M.D.

(Address) 933 Hanover St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 60962

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60962

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1008 Brentwood Ave) (10-1 Ward)

Length of residence in city or town where death occurred 77 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Thomas Stevenson

If U.S. Veteran specify WAR Spanish

(a) Residence: No. 1008 Brentwood Ave St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

3a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ Della C. Stevenson

6. DATE OF BIRTH (month, day, year) June 22, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	3 2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer 10-40

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME William Stevenson

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Margaret Mallon

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT George Stevenson

(Address) 1008 Brentwood

18. BURIAL, CREMATION, OR REMOVAL

Greenmount Cathedral Cem. Date Sept 6, 1939

19. UNDERTAKER Edgar M. Conklin & Son

(Address) 2247 Eastern Ave

20. DEC 2 - 1939 Huntington Williams, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1939 to Sept 1, 1939

I last saw him alive on Sept 1, 1939. Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis →	8/28/39
[redacted]	
Hypertensive Cardio-Vascular Renal Disease	
Other contributory causes of importance:	
none	

Was an operation performed? none Date of .....

For what disease or injury? .....

What test confirmed diagnosis Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Israel Rosen M. D.

(Address) 2413 E. Monument St.

Information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 60963

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

134

Registered No. F 60963

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address W. Fayette St

(c) Hospital or institution: Bon Secours Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days

(e) Length of stay in Baltimore (yrs., mos., or days) 4 4 [redacted]

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)

(d) Street No. 2111 Gannon Boulevard, Balt. Md (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME John Joseph Fahey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Anna G Fahey

6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) June 24, 1887

8. AGE: Years	Months	Days	If less than one day hr.	min.
52	2	7		

9. Birthplace Trenton, Mercer Co. New Jersey (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business

FATHER

12. Name Thomas Fahey

13. Birthplace Ireland

MOTHER

14. Maiden Name Delia O'Loughlin

15. Birthplace Ireland

16 (a) Informant Mrs. John J. Fahey

(b) Address 2111 Gannon Boulevard

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 2 39 (month) (day) (year)

(c) Cemetery or crematory Mt. Marys

Location Trenton - N.J.

18 (a) Funeral director Wm. J. Tuckey Sons

(b) Address Baltimore & Paca

19 (b) SEP 2 - 1939 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 9 — 1 — 1939, at 10:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-18 1939, to 9-1- 1939, and that I last saw him alive on 9-1- 1939.

Immediate cause of death Uremia + Bronchopneumonia — Duration 15 days

Due to Hypertensive Cardio-Renal Disease

Due to Generalized arteriosclerosis

Due to Rt. nephrolithiasis.

Other Conditions Bi lateral hemorrhage retinitis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. M. Collins M. D.

Address Bon Secours Hospital Date signed 9-1-39

PLEASE WRITE PLAINLY. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V8 3

F 60964
367282

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107-a F 60964 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County
(c) City or town Shippensburg (If outside city or town limits, write RURAL and give town)
(d) Street No. R.F.D 3 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William M. Kryner

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Sept.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-26-87

8. AGE: Years	Months	Days	If less than one day: hr.	min.
52	5	4		

9. Birthplace Penn (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER 12. Name Frank Kryner
13. Birthplace Pa

MOTHER 14. Maiden Name Anna Clark
15. Birthplace Pa

16 (a) Informant Records
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-3-39 (month) (day) (year)
(c) Cemetery or crematory
Location Shippensburg Pa

18 (a) Funeral director Robert Brooks & Son
(b) Address Calhoun & Hollins sts

19 (a) (Date received by registrar) SEP 3 1939 (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 2 1939, at 12 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 8 1939, to Sept 2 1939, and that I last saw h[illegible]live on Sept 2 1939.

Immediate cause of death Intestinal Obstruction ; Duration 48 hrs.

Due to Operation (resection of esophagus)

Due to

Other Conditions Stricture of Esophagus (benign) @ 6 mos

(Include pregnancy within 3 months of death)

Major findings:
Of operations Stricture of Esophagus
Of autopsy same

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A.F. Jones Jr. M.D.
Address The Johns Hopkins Hospital Date signed 9-2-39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item on this certificate should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

60965 3695-87

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-P

F 60965 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 29 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1623 Faith Lane (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Topp.
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: Black
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years 66 | Months | Days | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Geaser Topp-
13. Birthplace Va

MOTHER
14. Maiden Name Vivia Collins
15. Birthplace Va

16 (a) Informant Record
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-2-39 (month) (day) (year)
(c) Cemetery or crematory
Location Drabel Brosche V Co,

18 (a) Funeral director Mrs Ryle Elliott Light
(b) Address 1291 N. Caroline St

19 (a) (Signature of Registrar) (b) Huntington Williams M.D.

SEP 3 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 1st 1939 at 2 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 28 1939 to Sept 1 1939, and that I last saw h (i)alive on Sept 1 1939.

Immediate cause of death: Coronary Occlusion — Duration: 5 min.
Due to
Due to
Other Conditions: Carcinoma of Rectum — 4 mo.
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Tumor biopsied, probably inoperable
Of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A.F. Jonas Jr. M.D.
Address The Johns Hopkins Hospital Date signed 9-1-39

F 60966

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C

F 60966 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2028 Robb St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2028 Robb St (If rural give location)
(e) If foreign born, how long in U. S. A.? 52 years years

3 (a) FULL NAME Mary Lanahan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced	6 (b) Name of husband or wife	6 (c) If alive, give age
Female	White	Widow	John Lanahan	years

7. Birth date of deceased (mo., day, yr.) Feb. 2, 1871

8. AGE: Years	Months	Days	If less than one day
68	6	29	hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation House wife

11. Industry or business

MOTHER / FATHER

12. Name Daniel O'Keefe
13. Birthplace Ireland

14. Maiden Name Mary King
15. Birthplace Ireland

16 (a) Informant Mrs. Trageser
(b) Address 2028 Robb Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 4, 1939 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

19 (a) SEP 3 - 1939 (Date registered) (b) Huntington Williams, M.D. (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 1st 1939, at 11 AM

21. I certify that death occurred on the date above stated, that I attended deceased from Aug 1st 1939 to Sept 1 1939, and that I last saw h[er] alive on Sept 1st 1939.

Immediate cause of death: Hypostatic pneumonia — Duration: 24 hours

Due to: Chr. Bronchitis — 10 or 15 Yrs.

Due to: Chr. Myocarditis with Myocardial degeneration — ?

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas. J. Gregalet M.D.

Address 10 E Biddle Date signed 9/1/39

60967

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

72-a

F 60967 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 820 McKean Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

16-9

(d) Street No. 820 McKean Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Addie May Rodgers,

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Torrence Rodgers,

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 24.1872

8. AGE: Years	Months	Days	If less than one day
66	10	16	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name William H.White

13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Amelia Cramblitt,

15. Birthplace Baltimore Md.

16 (a) Informant Charles M.White,

(b) Address 1103 Dukeland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-4-39 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore City

18 (a) Funeral director Geo W Little

(b) Address 2700 Edmondson Ave.

19 (a) (b) Date rec'd by registrar Huntington Williamsville P.

SEP 3 - 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 1 1939, at P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 24 1939 to September 1939, and that I last saw her alive on 9-1- 1939.

Immediate cause of death Chronic Lymphatic Leukemia — Duration ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Leon Ackman M. D.

Address 1201 Eutaw Place Date signed 9-2-39

F 60968

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48

✓ F 60968 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 57 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3913 Juniper Road. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nettie Wilson

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Harvey H. Wilson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 19, 1884

8. AGE: Years 55 Months 3 Days 12 If less than one day hr. min.

9. Birthplace Easton Md. (Town, county, and state)

10. Usual Occupation Home duties

11. Industry or business ✓

FATHER
12. Name John Barwick
13. Birthplace Md.

MOTHER
14. Maiden Name Frances E. Wyatt
15. Birthplace Md.

16 (a) Informant Harvey H. Wilson
(b) Address 3913 Juniper Road

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Spring Hill Cem.
Location Easton Md.

18 (a) Funeral director John Mitchell Sons
(b) Address 1900 Eutaw Place

19 (a) SEP 3 - 1939 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 1 1939, at 5.40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-21 1939. to 9-1 1939.
and that I last saw her alive on 9-1 1939.

Immediate cause of death: Pulmonary embolism — Duration: 2 min

Due to

Due to

Other Conditions: Sq. cell carcinoma uterus
Adynamic ileus
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Squamous cell carcinoma uterus - Removed on 8-22-39
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature J M Collins M. D.
Address Bon Secours Hosp Date signed 9-1-39

PLEASE WRITE PLAINLY, with pen and ink. Use no abbreviations. Be accurate and complete. Do not state "Unknown" if it is possible by inquiry to obtain the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 60969

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 60969

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3515 O'Donnell St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 71

(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 3515 O'Donnell St.
(If rural give location)

(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Minnie Drommelhausen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Otto

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) March 7, 1868

8. AGE: Years	Months	Days	If less than one day
71	5	24	hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

MOTHER / FATHER

12. Name Henry Bauer

13. Birthplace Germany

14. Maiden Name Katherine Hilscher

15. Birthplace Germany

16 (a) Informant Otto Drommelhausen

(b) Address 3515 O'Donnell St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 4, 1939 (month) (day) (year)

(c) Cemetery or crematory Mt. Carmel

Location 5712 O'Donnell St.

18 (a) Funeral director Geo. W. Zickler.

(b) Address 1737 E. Eager St.

19 (a) (Date rec'd by Local Registrar) Huntington Williams, M.D. (Signature of Local Registrar)

SEP 3 - 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH August 31 1939, at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 20 1939, to Aug. 31 1939; and that I last saw h[illegible] alive on Aug. 31 1939.

Immediate cause of death	Duration
Metastatic Ca.	2
Due to Primary in Breast (Rt)	3
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature [illegible] M. D.

Address 5407 Belair Rd. Date signed 9-2-39

F 60970

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

59

F 60970
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Mem. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 48 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2940 Annad Ave, City. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CHARLES GEORGE KOEHLERSCHMIDT.

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-05-0646

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
M	W	Married

6 (b) Name of husband or wife EMMA KOEHLERSCHMIDT
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/28/91

8. AGE: Years	Months	Days	If less than one day
48	1	8	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business C & P Tel. Co.

FATHER
12. Name George Koehlerschmidt
13. Birthplace Md

MOTHER
14. Maiden Name Minnie Mangold
15. Birthplace Md

16 (a) Informant Emma Koehlerschmidt
(b) Address 2940 Annad Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof Sept 5, 39 (month) (day) (year)
(c) Cemetery or crematory Woodlawn. Location Balto Co.

18 (a) Funeral director Geo Weber & Son
(b) Address 2503 Edmondson Ave

19 (a) (Date received by registrar) Huntington Williams M.D.

SEP 3 - 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/1 1939, at 2.03 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/31 1939. to 9/1 1939. and that I last saw him alive on 9/1 1939.

Immediate cause of death Cerebral Coma

Due to Diabetes Mellitus

Due to

Other Conditions Chronic Nephritis

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C. Crawford

Address Union Memorial Hospital Date signed 9 M. 1 D. 39

F 60971

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 60971 Registered No. 134

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Monument & Rutland

(c) Hospital or institution: Sinai Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 3

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 226 S. Bond St. (If rural give location)

(e) If foreign born, how long in U. S. A.? 43 years

3 (a) FULL NAME Mr. Samuel Pass

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Sarah

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1855

8. AGE: Years	Months	Days	If less than one day
84			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Pastor 0080

11. Industry or business Repair Work

FATHER 12. Name Isaac T. Pass

13. Birthplace Russia

MOTHER 14. Maiden Name Sprintza Pass

15. Birthplace Russia

16 (a) Informant Sam Pass

(b) Address 226 S. Bond St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-2-39 (month) (day) (year)

(c) Cemetery or crematory Rosedale

Location Eliza. Rd.

18 (a) Funeral director Levi L. Levi Levy

(b) Address 1739 E. Baltimore St.

19 (a) (Date received by registrar) Huntington Williams, M.D.

SEP 3 1939 VS

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/2/39 19 , at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/1 1939 to 9/2 1939, and that I last saw h[illegible] alive on 9/2 1939.

Immediate cause of death	Duration
Peripheral vascular collapse	33 hrs.
Due to Renal insufficiency	
Due to	
Other Conditions Prostatic hypertrophy & urinary suppression	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. B. Clark M. D.

Address Sinai Hospital Date signed 9/2/39

F 60972

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

F 60972

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1512 Gilmor St
(c) Hospital or institution: Balto md
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 dds
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Balto (b) County md
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1534 Monument (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Josephine Morgan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex f

5. Color or race negro

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife John Morgan

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/31/1874

8. AGE: Years 65 yrs Months Days If less than one day hr. min.

9. Birthplace St Mary's Co. Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Wm Smith

13. Birthplace St Mary's Co Md

MOTHER 14. Maiden Name unknown

15. Birthplace St Mary's Co. Md

16 (a) Informant Emily Young

(b) Address 1534 Monument

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 4, 1939 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location Baltimore, Md

18 (a) Funeral director Mrs. Geo H. Holland

(b) Address 1631 Druid Hill Ave.

19 (a) Date received by registrar SEP 3 1939

(b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-31-1939, at 9:12 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 12 1939 to Aug 31 1939.
and that I last saw h alive on 8-31 1939.

Immediate cause of death Uraemia Co.

Duration 2 dys.

Due to Chronic Nephritis, Hemiplegia, Bedsores

Due to Sclerosis

Other Conditions Senility

(Include pregnancy within 3 months of death)

Major findings:
Of operations no

Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm R. Dorsey M.D.

Address 157 Gilmor Date signed 9/2 1939

F 60973

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

63 Registered No. F 60973

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physician, please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town (If outside city or town limits, write RURAL and give town) Baltimore
(d) Street No. 1202 Bradford (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hans Toustem

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M | 5. Color or race Wh | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 55 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Unknown
13. Birthplace

MOTHER 14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Felix Rewalds
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 9/4/39 (month) (day) (year)
(c) Cemetery or crematory St Matthew Cem
Location Gl Cornell Fo

18 (a) Funeral director Geo. A. Miller
(b) Address 2334 Jefferson St.

19 (a) Date received by registrar SEP 3 - 1939 (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/26/39 19 . at 7P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to (his) death on the day stated above.

Duration

Immediate cause of death: Acute Bichloride Mercury poisoning

Due to: Stricture of esophagus perforation, pleurisy.

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 6/7/39
(c) Where did injury occur? 1202 Bradford St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Bichloride Mercury by mouth

23. Signature H. B. Underhill M.D. Medical Examiner

Date signed 8/27/39

F 60974

CCK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

47995 F 60974 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 74 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2614 Orleans St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Gnau

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Frank

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5, 1863

8. AGE: Years 76 | Months 2 | Days 26 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation None

11. Industry or business

MOTHER / FATHER

12. Name John Baer Schmidt

13. Birthplace Germany

14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 4/39 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Rd

18 (a) Funeral director Tilly & Zerlein

(b) Address 403 S. Howard St.

19 (a) (Date rec'd by Registrar) Registrar

SEP 4 - 1939

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH September 1 1939, at 4:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1939, to Sept 1 1939, and that I last saw her alive on Sept 1 1939.

Immediate cause of death Hypertensive Cardio vascular disease — Duration unknown.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Enlarged heart, cardiac failure

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.

Address Balto City Hosp Date signed 9-2-39.

F 60975

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

167

F 60975 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bath City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County B alto
(c) City or town B alto.
(If outside city or town limits, write RURAL and give town)
Street No. 3820 Fait Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Schink (Schenk)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Anna Schenk

6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) Dec 4/1881

8. AGE: Years 57 Months 8 Days 28 If less than one day hr. min.

9. Birthplace B alto Md. (Town, county, and state)

10. Usual Occupation Park Police

11. Industry or business

FATHER
12. Name Jacob Schenk
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Ger-many

16 (a) Informant Anna Shenk (Wife)
(b) Address 3820 Fait Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 4/39 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location B elair d

18 (a) Funeral director Lillyd Zellerbach
(b) Address 403 S. Wolfe st

19 (a) (Signature of Registrar) (b) [illegible] Registrar

SEP 4 - 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/1/39, 19, at 8 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inq. (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Bullet wound of head — Duration

Due to Depression —

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 9/1/39
(c) Where did injury occur? Grundy + Bank Sts (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Street (Specify type of place) While at work? no
(e) Means of injury Revolver

23. Signature Conrad Acton M.D
Medical Examiner

Date signed 9/1/39

F 60976

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

F 60976

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 455 N ROBINSON ST.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State MD. (b) County BALTIMORE

(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)

(d) Street No. 455 N. ROBINSON ST. (If rural give location)

(e) If foreign born, how long in U. S. A.? NO years

3 (a) FULL NAME MARY C. BERRY

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. NONE

4. Sex: FEMALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: WIDOWED

6 (b) Name of husband or wife: JAMES BERRY

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) SEPT. 27 1869

8. AGE: Years 69 | Months 11 | Days 5 | If less than one day: hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)

10. Usual Occupation HOUSE WIFE

11. Industry or business AT HOME.

FATHER

12. Name JAMES McCABE

13. Birthplace BALTO. MD.

MOTHER

14. Maiden Name MARY RYAN

15. Birthplace IRELAND

16 (a) Informant JOHN BERRY SON

(b) Address 3129 DUDLEY AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT. 5/39 (month) (day) (year)

(c) Cemetery or crematory OAKLAWN CEM.

Location EASTERN AVE EXT.

18 (a) Funeral director Tilly & Zerbe.

(b) Address 503 S. WOLFE ST.

19 (a) (Date received by registrar) SEP 4 1939 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 1 1939, at 8.10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 20 1936, to Sept 1. 1939, and that I last saw him alive on Sept 1 1939.

Immediate cause of death: Arteriosclerosis Chr. Inter. Nephritis — Duration: 3 yrs. 2 yrs

Due to

Due to

Other Conditions Cerebral Hemorrhage — Duration: 1937

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature James J. Lavenagh M.D.

Address 3358 McElderry St. Date signed Sept 2-1939.

F 60977

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

110

F 60977 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 41 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Worcester
(c) City or town Snow Hill
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Coreta Wilson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widowed

6 (b) Name of husband or wife James Wilson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
41			hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Thomas Tarr
13. Birthplace Md.

MOTHER
14. Maiden Name Nettie Smith
15. Birthplace Maryland

16 (a) Informant Hospital Record
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 5-39 (month) (day) (year)
(c) Cemetery or crematory
Location Snow Hill Md

18 (a) Funeral director John Ellegood
(b) Address 208 Algonia St

19 (a) (Date rec'd by registrar) (b) [illegible] Registrar

SEP 4 1939 VS

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 3 1939, at 7 35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1939, to Sept 3 1939, and that I last saw him alive on Sept 3 1939.

Immediate cause of death Shock
Cardiac failure

Due to Coronary - Pleural thrombosis
Aortic

Due to

Other Conditions Chronic emphysema
with Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations Chronic emphysema

Of autopsy

Duration
1 day.
over 2 yrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lee D. Gaver M. D.

Address University Hospital Date signed 9/2/39

F 60978

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B F 60978 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Fulkens & Caton Ave

(c) Hospital or institution: St Agnes' Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days

(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:

(a) State Pennsylvania (b) County

(c) City or town Perkasie (If outside city or town limits, write RURAL and give town)

(d) Street No. 561 (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. John Yunick

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Sara Yunick

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1897

8. AGE: Years 42 | Months | Days | If less than one day: hr. min.

9. Birthplace Austria (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER 12. Name John Yunick

FATHER 13. Birthplace Austria

MOTHER 14. Maiden Name

MOTHER 15. Birthplace Austria

16 (a) Informant Michael S. Nasovich

(b) Address 717 Brown St Phila Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 6-39 (month) (day) (year)

(c) Cemetery or crematory Saint Marys Cemetery

Location Phila Pa.

18 (a) Funeral director Martin Fahey & Son

(b) Address 1827 W. North Ave

SEP 4 - 1939 (Date rec'd by registrar) (b) Burying Permit Issued

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 2 1939 at 3 20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 2 1939 to Sept 2 1939, and that I last saw h/m alive on Sept 2 1939.

Immediate cause of death: Coronary thrombosis — Duration: 2 hrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Charles V. Leuzi M. D.

Address St Agnes' Hosp Date signed 9-3-39

60979
366063

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a F 60979 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N. J. (b) County
(c) City or town Trenton (If outside city or town limits, write RURAL and give town)
(d) Street No. 1301 W State St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Morris Sasof
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Sadie
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 2-4-98
8. AGE: Years 41 | Months 6 | Days 29 | If less than one day hr. min.
9. Birthplace Russia (Town, county, and state)
10. Usual Occupation merchant
11. Industry or business

FATHER
12. Name Sam Sasof
13. Birthplace Russia

MOTHER
14. Maiden Name Mary —
15. Birthplace Russia

16 (a) Informant Records JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-3-39 (month) (day) (year)
(c) Cemetery or crematory Trenton New Jersey
Location

18 (a) Funeral director Jos. Levin Sons
(b) Address 1432 E. Baltimore St

(a) SEP 4 1939 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 3 1939. at 3:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 24 1939. to Sept 3 1939. and that I last saw him alive on Sept 3 1939.

Immediate cause of death: Respiratory Failure
Cardiac Failure
Due to: Cerebral hemorrhage
Due to:
Other Conditions: Uremia
(Include pregnancy within 3 months of death)

Duration: 36 hrs.

Major findings:
Of operations: non op.
Of autopsy: None permitted

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James R. Lemans M. D.
Address Johns Hopkins Hosp Date signed 9/3/39

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60980 — CERTIFICATE OF DEATH — 157-8 — 60980

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 15-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy James McClure

If U. S. Veteran specify WAR

(a) Residence: No. 2901 Hudnut St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 27 - 1939

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	—	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boston Mass

FATHER

13. NAME Wentworth McClure

14. BIRTHPLACE (city or town) (State or country) Hartford Conn

MOTHER

15. MAIDEN NAME Leona Brady

16. BIRTHPLACE (city or town) (State or country) Hartford Conn

17. INFORMANT Mrs. McClure
(Address) 2901 Hudnut St

18. BURIAL, CREMATION, OR REMOVAL Place Hartford Conn Date 9/4/39

19. UNDERTAKER Chas. E. Brandenburg Sons Inc
(Address) 118 W. Mt. Royal Ave

20. FILED SEP. 4 1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1939, to Sept 3, 1939.

I last saw h. alive on Sept 3, 1939. Death is said to have occurred on the date stated above, at 10:22 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Spina Bifida Occulta	Birth
Congenital Abnormality	"

Other contributory causes of importance:

Bilateral Club foot
Abnormality of Chest wall

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) C. H. E. Sleeper M. D.

(Address) University Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 60981

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-c

F 60983 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 536 E Clement H

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 536 E. Clement H (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rosana Schwarz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Fem

5. Color or race White

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Ferdinand Schwarz

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 28-1867

8. AGE: Years 72 Months 3 Days 4 If less than one day hr. min.

9. Birthplace Pa. (Town, county, and state)

10. Usual Occupation Housekeeper

11. Industry or business

FATHER 12. Name John Hulbert

13. Birthplace Germany

MOTHER 14. Maiden Name Unknown

15. Birthplace Germany

16 (a) Informant Ferdinand Schwarz

(b) Address 536 Clement H

17 (a) (Burial, cremation, or removal) (b) Date thereof 9-7-39 (month) (day) (year)

(c) Cemetery or crematory York Penna.

Location

18 (a) Funeral director B C Harle

(b) Address 121 E. West St

(a) Filed 1939 (b) Registrar Huntington Williamsport

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 3 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 8 1939, to Sept 3 1939 and that I last saw h alive on Sept 2 1939.

Immediate cause of death Myocarditis — Duration 1 mo.

Due to Arterio Sclerosis — 3 mos.

Due to Hemiplegia partial — 1 mo.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature C B Hartle

Address 1279 Millard H Date signed 9/5/39 M D

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60982 — CERTIFICATE OF DEATH — F 60982

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3730 Tudor Arms Ave 3-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Talbott Zink

If U. S. Veteran specify WAR .....

(a) Residence: No. 3730 Tudor Arms Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Bertha Zink

6. DATE OF BIRTH (month, day, year) April 2nd 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Marriage License Bureau

10. Date deceased last worked at this occupation (month and year) Sept 2, 1939

11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (city or town) (State or country) Lutherville Maryland

FATHER

13. NAME John Zink

14. BIRTHPLACE (city or town) (State or country) Balto County Maryland

MOTHER

15. MAIDEN NAME Louisa Swerm

16. BIRTHPLACE (city or town) (State or country) Balto County Maryland

17. INFORMANT Mrs. Bertha Zink
(Address) 3730 Tudor Arms Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Sept 5th 1939

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul st

SEP 4 1939 Williams, M... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 2- 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 21 1939 to Sept 2 1939

I last saw h.. alive on Aug 25 1939. Death is said to have occurred on the date stated above, at 5:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-renal-Vascular Disease	??
Coronary Thrombosis	9/2/39
Other contributory causes of importance:	
Alveolar Abscesses	??

Was an operation performed? yes Date of .....

For what disease or injury? .....

Name of operation Dental Extractions

What test confirmed diagnosis? clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J N Wilson M. D.

(Address) 617 W. 40th St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

No. 60983

47-e

Registered No. 60983

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Gen'l St. 15-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles S Schaefer

(a) Residence: No. 2818 Grantley Rd. St., Ward S.S. # 218-01-7398

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of ~~her wife~~ Sadie A. Schaefer

6. DATE OF BIRTH (month, day, year) Dec 31st 1881

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
57	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Roofing

10. Date deceased last worked at this occupation (month and year) June 1939

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John C. Schaefer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Warnick

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Sadie A. Schaefer

(Address) 2818 Grantley Rd

18. BURIAL, CREMATION, OR REMOVAL.

Place London Park Date 9/5/ 1939

19. UNDERTAKER William Cook

(Address) 1217 E. Lexington St.

Filed 9/6 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 2 1939

22. I HEREBY CERTIFY, That I attended deceased from July 31 1939 to Sept 2 1939

I last saw him alive on Sept 2 1939 Death is said to have occurred on the date stated above, at 1:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchogenic Carcinoma of left main bronchus	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 60984

F 60984

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 124

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mth.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2461 Westport St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John W. Elliott

3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Marie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 16, 1891

8. AGE: Years	Months	Days	If less than one day
48	0	16	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Huckster
11. Industry or business

FATHER: 12. Name John T. Elliott
13. Birthplace Md.

MOTHER: 14. Maiden Name Lena Knout (Kunckle)
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 9/5/39 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Loudon Park
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 217 St. Paul St

SEP 4 - 1939 (Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 2 1939 . at 1-40 A M

21. I certify that death occurred on the date above stated, that I attended deceased from August 2 1939 . to September 2 1939 , and that I last saw h alive on September 2 1939 .

Immediate cause of death: Cirrhosis of the Liver — Duration unknown.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. McNaghten M. D.
Address Balto City Hosp Date signed

F 60985

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 60985 Registered No. 63-6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2402 Aranah Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2402 Aranah Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME Henry Joseph Kohnen Sr

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Frances L Kohnen
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec 12 1856
8. AGE: Years 82 Months 8 Days 20 If less than one day hr. min.
9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Manager, Cabinet Dept
11. Industry or business Glass Co

MOTHER / FATHER
12. Name Unknown
13. Birthplace Germany
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Henry J Kohnen Jr
(b) Address 2402 Aranah Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 5 1939 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cathedral
Location Baltimore Md
18 (a) Funeral director Pattison Bros
(b) Address 1219 E Cold St
19 (a) (Date rec'd by registrar) (b) Dr. T. Williams M.D. (registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 5 1939, at 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 23 1939, to Sept 5 1939, and that I last saw him alive on Sept 1 1939.

Immediate cause of death
Odema of Lungs — Duration 48 hrs.
Due to
Due to
Other Conditions Chr. Myocarditis Generalized arterio Sclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. L. Luckenbach M.D.
Address 1 W Madison St Date signed 9/6/39

F 60986

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B Registered No. F 60986

PLEASE WRITE PLAINLY. WITH UNFADING INK. Every item of information should be carefully supplied. The street age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5902 Smith Ave.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5902 Smith Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME James Henry Reilly

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Katherine A. Reilly
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 30-1880

8. AGE: Years 59 Months 4 Days 2 If less than one day hr. min.

9. Birthplace Baltimore Co. Md. (Town, county, and state)
10. Usual Occupation Plastering Contractor
11. Industry or business

MOTHER / FATHER
12. Name James T. Reilly
13. Birthplace Maryland
14. Maiden Name Annie E. Bailey
15. Birthplace Pennsylvania

16 (a) Informant Mrs. Katherine A. Reilly
(b) Address 5902 Smith Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 6-1939 (month) (day) (year)
(c) Cemetery or crematory St. Joseph's
Location Govans, Baltimore Co. Md.

18 (a) Funeral director Forace A. Burgee
(b) Address 3631 Falls Road

19 (a) (Date received by registrar) (b) Huntington Williams, M.D.

SEP 4 - 1939 VS

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 2 - 1939, at 12-05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-17 1939, to 9-2 1939.
and that I last saw h I M alive on 9-1 1939.

Immediate cause of death: Coronary Thrombosis — Duration: 7-8 mo.

Due to Arteriosclerotic Cardiovascular Disease.

Due to —

Other Conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lawrence J. Shumanke M. D.
Address 3711 Falls Rd Date signed 9-2-39

F 60987

F 60987

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 223 W Lanvale St

(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:

(a) State ____ (b) County ____

(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)

(d) Street No. 223 W Lanvale St (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Emily Stone Whiteley

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married Whiteley

6 (b) Name of husband or wife James Gustavus

6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) May 8 1868

8. AGE: Years	Months	Days	If less than one day: hr.	min.
71	3	25		

9. Birthplace Lee (Town, county, and state)

10. Usual Occupation at Home

11. Industry or business

FATHER

12. Name Issac Julein Stone

13. Birthplace Ky

MOTHER

14. Maiden Name Sarah Bainbridge

15. Birthplace Ky

16 (a) Informant James A Whiteley

(b) Address 223 W Lanvale St

17 (a) Burial (Burial, cremation or removal) (b) Date thereof Sept 6 1939 (month) (day) (year)

(c) Cemetery or crematory London Park Cem

Location Frederick Ave Balto Md

18 (a) Funeral director W J Jenkins & Co

(b) Address Richmond Mc Culloh St

19 (a) (Date rec'd by registrar) SEP 4 1939 (b) Huntington W. Va.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 3 1939, at 1:35 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 18 1939 to Sept 3 1939, and that I last saw h[illegible] alive on Sept 3 1939.

Immediate cause of death Cerebral Hemorrhage secondary to Chronic glomerular Nephritis — Duration 3 Days 4 Months

Due to Hypertension, Cardiac Hypertrophy & Cardiac Failure.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Ralph G. Hills M. D.

Address 18 E Eager St. Date signed 9/3/39

F 60988

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 60988

F 60988

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Hilkens & Caton Aves

(c) Hospital or institution: St Agnes Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2823 Georgetown Rd (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Thomas Noratel

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-12-1674

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Anna Noratel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/25-75

8. AGE: Years	Months	Days	If less than one day
64	5	9	hr. min.

9. Birthplace AUSTRIA (Town, county, and state)

10. Usual Occupation PLUMBER

11. Industry or business KRAUSE BROS.

FATHER 12. Name THOMAS NORATEL

FATHER 13. Birthplace AUSTRIA

MOTHER 14. Maiden Name THRESA. UNKNOWN

MOTHER 15. Birthplace UNKNOWN

16 (a) Informant THOMAS NORATEL JR

(b) Address 2823 GEORGETOWN ROAD

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT. 5, 1939 (month) (day) (year)

(c) Cemetery or crematory LOUDON PARK

Location FIR

18 (a) Funeral director C. Raymond Kaufman

(b) Address 927 Leeds Ave

(c) Date received SEP 4 - 1939 Harrington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 3, 1939, at 7:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 27 1939 to Sept. 3 1939. and that I last saw h im alive on Sept 3 1939.

Immediate cause of death Cachexia

Duration

Duodenal Fever

Gastric ulcer

Portal cirrhosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Ulcer in duod., cirrhosis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Charles H. Lenert M. D.

Address St Agnes' Hospital Date signed 9-13-39

VS 3

F 60989

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 F 60989 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1605-N. Caroline Street
(c) Hospital or institution: --
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1605-N. Caroline St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ------- years

3 (a) FULL NAME Thomas Walter Bromwell

3 (b) If veteran, name war: World War
3 (c) Social Security Account No. 217-01-0441

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife: Amy (Wells)
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) 12/10/1893

8. AGE: Years	Months	Days	If less than one day
45	8	23	hr. XXXXXX min.

9. Birthplace Dorchester Co. Md. (Town, county, and state)
10. Usual Occupation Crane operator
11. Industry or business Bethlehem Steel Co

FATHER
12. Name Thomas Walter Bromwell
13. Birthplace Dorchester Co. Md.

MOTHER
14. Maiden Name Helen (Sander)
15. Birthplace Dorchester Co. Md.

16 (a) Informant Mrs. Virginia Bond
(b) Address 1605-N. Caroline Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/5/39 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Baltimore Co. Md.

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735-Harford Ave.

SEP 7 1939 (Date received by registrar) (b) Huntington Williamsport P.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 2, 1939 at 5 30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 31 1937. to Sept 2 1939.
and that I last saw him alive on 19

Immediate cause of death	Duration
Coronary Thrombosis	1 day
Due to Hypertensive Cardiovascular Renal Disease	3 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Conrad Aeton, M. D.
Address 1331 E. North Ave Date signed 9-2-39.

F 60990

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60990

CERTIFICATE OF DEATH

1. PLACE OF DEATH Church Home and Infirmary — 130

CITY OF BALTIMORE: (No. North Broadway St. 6-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ..... mos. 23 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Master Andrew Shriver

(a) Residence: No. 405 E Strut Point St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) March 8, 1926

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
13	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. school. boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME albert Shriver

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME anna Brown

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Anna E Schriver

(Address) 405 E St Point Point

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Sept 5 1939

19. UNDERTAKER William M Mareck

(Address) 715 Light St

20. FILED SEP 4 - 1939 19.. Huntington Mith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-2, 1939

22. I HEREBY CERTIFY, That I attended deceased from 8-4, 1939 to 9-2, 1939

I last saw h[illegible] alive on 9-2, 1939. Death is said to have occurred on the date stated above, at 12:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcic septicemia	Aug 1939
Other contributory causes of importance:	April 1939
Uremia	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Blood chem. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Isabella Harrison M. D.

(Address) Church Home + Infirmary

VS 3

NOTE—WHEN FILLED, WITH CAPABLE INK—THIS IS A PERMANENT RECORD. Only one of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 60991

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

45-C

Registered No. F 60991

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 626 E. 31st Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) ~~County~~ Balto City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 626 E. 31st Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Minnie M. Anders

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	Married

6 (b) Name of husband or wife Jesse L.
6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) Jan 15 1880

8. AGE: Years	Months	Days	If less than one day hr.	min.
59	7	18		

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation House work
11. Industry or business Self

FATHER
12. Name Joseph Kremer
13. Birthplace Unknown

MOTHER
14. Maiden Name Marion Whitney
15. Birthplace Unknown

16 (a) Informant George C. Anders
(b) Address 6421 Glen Oak Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 5 1939 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Balto Co.

18 (a) Funeral director Wm Cook
(b) Address 1217 St Paul St

(a) [illegible] of Registrar [illegible]

SEP 4 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 3 1939. at 2:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1939. to Sept 3, 1939. and that I last saw h[illegible] alive on Sept. 3, 1939

Immediate cause of death
Squamous cell cancer
Duration 1 yr

Due to

Other Conditions [redacted]
(Include pregnancy within 3 months of death)

Major findings:
Of operations Biopsy — Squamous cell cancer.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work)
(Specify type of place)
(e) Means of injury

23. Signature E. Eugene Covington M. D.
Address 3301 N Charles St Date signed Sept 4, '39

421 - E. Fort ave.

F 60992

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

F 60992 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1912 E. Lafayette Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto

(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)

(d) Street No. 1912 E Lafayette Ave (If rural, give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Andrew Mc Williams

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-05-3984

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Annie V. Mc Williams

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 2 1875

8. AGE: Years	Months	Days	If less than one day hr.	min.
64.	7	1		

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Machinist

11. Industry or business Nat. Enameling & Stamping Co

FATHER 12. Name James H. Mc Williams

13. Birthplace Maryland

MOTHER 14. Maiden Name Sara Weidner

15. Birthplace Baltimore Md.

16 (a) Informant Annie V. Mc Williams

(b) Address 1912 E. Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 6-1939 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cem

Location Balto. Md

18 (a) Funeral director Jeannie Cook Syfer

(b) Address 1600 W. North Ave

19 (a) Huntington Williams M.D.

(Date received by registrar) SEP 4 - 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 3 1939. at 1.45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 31 1939. to Sept 3 1939. and that I last saw him alive on Sept 3 1939.

Immediate cause of death	Duration
Chronic Valvular Heart Disease	10 yrs
Due to	
Due to	
Other Conditions Chronic Nephritis	10 yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. H. Streett M. D.

Address 421 E Fort Ave Date signed 9/3/39

F 60993

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60993

CERTIFICATE OF DEATH

95-B

15-8

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. ..... Ward)

Length of residence in city or town where death occurred 65 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Walter C. Hayward

(a) Residence: No. 4 Troy Court Apts. Hilton St. Catonsville Md.
(Usual place of abode)

St., ... Ward. .....
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Walter C. Hayward

6. DATE OF BIRTH (month, day, year) Dec 3 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired B & O Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auditing Dept Clerk

10. Date deceased last worked at this occupation (month and year) 1/39

11. Total time (years) spent in this occupation 47 yrs

12. BIRTHPLACE (city or town) (State or country) Maryland Ft Meade

FATHER

13. NAME John T. Hayward

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Johnson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Wife - same.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Sept 5 1939

19. UNDERTAKER Fallon Sullivan & Sons
(Address) Light & Fremont Sts

20. FILED SEP 4 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 2 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 16 1939 to Sept 2 1939

I last saw him alive on Sept 2 1939 Death is said to have occurred on the date stated above, at 1:25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	12 days
Other contributory causes of importance: Hypertensive C.V. Disease	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Howard B. Kumamis M.D.

(Address) Mercy Hospital

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VO 8

F 60994

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 60994 137

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Fayette & Calhoun Sts.
(b) Street address 319 ~~Linn~~ St. Fairfield Md.
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Fairfield (If outside city or town limits, write RURAL and give town)
(d) Street No. 3119 Linn St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Richard A. Brady

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: widower
6 (b) Name of husband or wife: Mattie S Brady
6 (c) If alive, give age ✓ years
7. Birth date of deceased (mo., day, yr.) March 4, 1868
8. AGE: Years 71 | Months 5 | Days 29 | If less than one day: hr. min.
9. Birthplace Pulaski Co. Kentucky (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Coal Miner
FATHER 12. Name Joseph Brady
13. Birthplace Virginia
MOTHER 14. Maiden Name Unknown
15. Birthplace Unknown
16 (a) Informant Thomas Brady
(b) Address 3119 Linn St. Fairfield
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 6 1939 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Anne Arundel Co.
18 (a) Funeral director Thomas W. Pennington
(b) Address Glen Burnie, Md.
19 (a) Date received by registrar SEP 4 1939 (b) Registrar Thurlow Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-3 1939 at 9:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-26 1939 to 9-3 1939, and that I last saw him alive on 9-3 1939.

Immediate cause of death	Duration
Uremia	1 wk.
Due to Acute Retention Urine	2 days
Due to Benign Hypertrophied Prostate	?
Other Conditions Generalized Arteriosclerosis Chronic Myocarditis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert W. Johnson M. D.
Address Date signed

F 60995
361794

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

96 F 60995 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5037 N Glover st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louis Pazdera

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-07-6218

4. Sex: Male | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Ethel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-22-00

8. AGE: Years 38 | Months 9 | Days 11 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Chauffeur

11. Industry or business Fur + Feather Co

FATHER 12. Name Frank Pazdera
13. Birthplace Australia

MOTHER 14. Maiden Name Marie Fragel
15. Birthplace Australia

16 (a) Informant Records -
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof 9-5-39 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Druid Ridge
18 (a) Funeral director John F. Miller, Inc.
(b) Address 22-25 E Oliver St

19 (a) (b) Date rec'd by registrar SEP 6 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 2 1939 at 10:30 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1939 to Sept 2 1939, and that I last saw h(im)(er) alive on Sept 2 1939.

Immediate cause of death Intra Cranial hemorrhage from ruptured aneurysm Circle Willis — Duration: ave

Due to ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy aneurysm

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Kenneth L. Farrell M. D.
Address Johns Hopkins Date signed 8. 2. 39

F 60996

36776

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 60996 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County
(c) City or town Gettysburg (If outside city or town limits, write RURAL and give town)
(d) Street No. 317 N Stratton St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Bream

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-30-30

8. AGE: Years	Months	Days	If less than one day
9	4	4	hr. min.

9. Birthplace Pa. (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER 12. Name Henry Bream
13. Birthplace Pa.

MOTHER 14. Maiden Name Louise Dougherty
15. Birthplace Pa

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept 4 1939 (month) (day) (year)

(c) Cemetery or crematory
Location Gettysburg, Pa.

18 (a) Funeral director William F. Dukes & Son
(b) Address North & Penna Ave

19 (a) Gettysburg (Date rec'd by registrar) Williams (Registrar)

SEP 4 Vs 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 4 1939 at 7:15a M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 31 1939 to Sept 4 1939. and that I last saw him alive on Sept 4 1939.

Immediate cause of death	Duration
Acute anterior poliomyelitis	5 days
Polio-encephalitis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ethel Walker M. D.
Address Baltimore Date signed 9/14/39

F 60997

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B Registered No. F 60997

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1817 W Franklin St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1817 W Franklin St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

2 6-1

3 (a) FULL NAME ~~Henry Welsh~~ Samuel Walch

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-12-6435

4. Sex M | 5. Color or race Wh | 6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife Elizabeth T Walch

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years 64 | Months | Days | If less than one day hr. min.

9. Birthplace Unknown (Town, county, and state)

10. Usual Occupation Gardener

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden Name Unknown

15. Birthplace

16 (a) Informant Mrs Agnes C Barron

(b) Address 3818 Ivorym Ave Balto

17 (a) Burial Date thereof 9/5/39 (month) (day) (year)

(b) (Burial, cremation, or removal)

(c) Cemetery or crematory Catonsville

Location Baltimore Md

18 (a) Funeral director Jos A Fahey

(b) Address Fulton & Forrest

SEP 4 - 1939

(Date rec'd by registrar) Filing Top Williams M.D.

VS 6

MEDICAL CERTIFICATION 8 PM

20. DATE OF DEATH Sept. 2 1939 at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W Brandenburg M.D. Medical Examiner

Date signed 9/3/39

60998 HEALTH DEPARTMENT—CITY OF BALTIMORE F 60998

CERTIFICATE OF DEATH V 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 804 N. Castle St. St., 7-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Kruml

If U. S. Veteran specify WAR

(a) Residence: No. 804 N. Castle St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Kruml

6. DATE OF BIRTH (month, day, year) Oct 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	68	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Czeckoslovakia

FATHER

13. NAME Frank Kruml

14. BIRTHPLACE (city or town) (State or country) Czeckoslovakia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Josephine Kruml - wife

(Address) 804 N. Castle St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date 9/5/39 19

19. UNDERTAKER Charles E. Schimunek.

(Address) 2603 E. Madison St.

20. FILED SEP 4 - 1939 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 29 to Sept 1st 1939

I last saw him alive on Sept 1, 1939 Death is said to have occurred on the date stated above, at 9 50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach,	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Louis Kraus, M. D.

(Address) Medart Bldg

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should information in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH and OCCUPATION is very important. See instructions on back of certificate.

F 60999

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 C

F 60999 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1404 W Lexington

(c) Hospital or institution: Aged Womens + Aged Mens' Home

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimor (If outside city or town limits, write RURAL and give town)

(d) Street No. 1404 W. Lexington (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry Mortimer

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4 Sex: Male

5 Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 1st 1855

8. AGE: Years 84 | Months 8 | Days 2 | If less than one day hr. min.

9. Birthplace Baltimor Md (Town, county, and state)

10. Usual Occupation Inmate

11. Industry or business Home for Aged

FATHER

12. Name John Mortimer

13. Birthplace Balto Md

MOTHER

14. Maiden Name Maria Edsworth

15. Birthplace Maryland

16 (a) Informant Records Women+Men Aged Home

(b) Address 1404 W Lexington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/5/39 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet

Location Balto Md

18 (a) Funeral director Wellington Cook

(b) Address 1217 St Paul Street

SEP 5 - 1939 (Date rec'd by Registrar) (b) [illegible] Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 3 1939, at 12-25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from February 21 1927, to Sept, 3 1939, and that I last saw him alive on Sept 2 1939.

Immediate cause of death

Due to chronic myocarditis acute decompensation

Due to arterio sclerosis, senile dementia. Hemiplegia 5/16/39.

Other Conditions deafness

(Include pregnancy within 3 months of death)

Duration

several years

7 days

several years.

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Frank R. Smith, Jr M. D.

Address 1214 St. Paul St. Date signed 9/4/39

M. D. B. 1268-9

F 61000

F 61000 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2425 Denison St. 15-7 Ward)

Length of residence in city or town where death occurred 61 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 61 yrs. ... mos. ... d

2. FULL NAME Michael Francis Manning

(a) Residence: No. 2425 Denison St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bridget Manning

6. DATE OF BIRTH (month, day, year) March 3 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dry Docks

10. Date deceased last worked at this occupation (month and year) 10 years ago

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Limerick Ireland

FATHER

13. NAME Daniel Manning

14. BIRTHPLACE (city or town) (State or country) Limerick Ireland

MOTHER

15. MAIDEN NAME Ellen Carroll

16. BIRTHPLACE (city or town) (State or country) Limerick Ireland

17. INFORMANT Miss M. Stone (Daughter)
(Address) 2425 Denison St

18. BURIAL, [redacted]N, OR REMOVAL
Place Cathedral Date Sept 8, 1939

19. UNDERTAKER Margaret G. Flynn
(Address) 1822 Eight St.

20. FILED SEP 5 - 1939 Hilary for Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 13 1938 to Sept 4 1939

I last saw him alive on September 4, 1939. Death is said to have occurred on the date stated above, at 12:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerotic	
Cardio vascular disease	
myocardial degeneration	
Acute Cardiac Dilatation	Sept 3 39

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Typical signs Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Wm. J. Sullivan M. D.

(Address) 2911 Harrison Blvd

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

F 61001

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

34-E-134

4795

F 61001

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore Maryland

(c) Hospital or institution:

Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days

(e) Length of stay in Baltimore (yrs., mos., or days) 11 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 800 Leadenhall St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah Taylor

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-09-9733

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Alexander

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 8, 1907

8. AGE: Years	Months	Days	If less than one day
32	4	23	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name James Chapman

13. Birthplace Va.

MOTHER

14. Maiden Name Nannie

15. Birthplace Va.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 9-5-39 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location A. G. Co. Md

18 (a) Funeral director James A Hayes

(b) Address 842 W Fayette St

(c) (Signature of local registrar) (b) Burial permit issued

SEP 5 - 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 1 1939, at 2 PM

21. I certify that death occurred on the date above stated, that I attended deceased from August 29 1939, to September 1 1939, and that I last saw her alive on September 1 1939.

Immediate cause of death	Duration
Chronic nephritis	unknown
Due to	
Due to	
Other Conditions Cerebrospinal Syphilis	unknown

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible] M. D.

Address Balto City Hosp Date signed 9-2-39

F 61002

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B F 61002 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The MARGIN RESERVED FOR BINDING
Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Hebrew Home for the Aged + Infirm
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Months
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2717 Belvedere + Greenspring (If rural give location)
(e) If foreign born, how long in U. S. A.? 25 Years years

3 (a) FULL NAME Sarah Silverman

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: David
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10 1870

8. AGE: Years 69 | Months 1 | Days 25 | If less than one day: hr. min.

9. Birthplace: Rumania (Town, county, and state)
10. Usual Occupation: Home Work
11. Industry or business:

FATHER
12. Name: Berg Silverman
13. Birthplace: Russia

MOTHER
14. Maiden Name: Lillie ?
15. Birthplace: Rumania

16 (a) Informant: Sigmund Feinblatt
(b) Address: Belvedere + Greenspring Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory: Beth Tfiloh Cemetery
Location: Windsor Mill Road

18 (a) Funeral director: Sol. Levinson & Bros.
(b) Address: 1124-26 W. North ave.

19 (a) SEP 5 1939 (Date received by registrar) (b) Washington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 4 1939, at 1:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-20 1939, to 9-4 1939, and that I last saw h[illegible] alive on 9-4 1939.

Immediate cause of death: Hypertension — Duration
Ch. cardio vascular disease
Due to
Due to
Other Conditions: Ch. Bronchitis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: H Edmund Levin M.D.
Address: Levindale Date signed: 9/5/39

F 61003

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-BF 61003 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Hebrew Home for Aged & Infirm

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Months

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. Belvedere & Greenspring (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida Kessler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1866

8. AGE: Years 73 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business Home Wife

FATHER 12. Name Hyman Stanger

13. Birthplace Russia

MOTHER 14. Maiden Name Dora ?

15. Birthplace Russia

16 (a) Informant Sigmund Feinblatt

(b) Address Belvedere & Greenspring

17 (a) (Burial, cremation, or removal)

(b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Hebrew Mt Carmel

Location Fairmount Hill Road

18 (a) Funeral director Sol Levinson & Bro

(b) Address 1124-26 W North Ave

19 (a) (Date received by registrar) SEP 5 1939

(b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 4 1939, at 2:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-27 1939, to 9-4 1939, and that I last saw h alive on 9-1 1939.

Immediate cause of death Arteriosclerosis — Duration

Hypertension

Cardio-vascular disease

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature H Edmund Levin M. D.

Address Levindale Date signed 9/5/39

F 61004

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46676-RB

Registered No. F 61004

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos.

(e) Length of stay in Baltimore (yrs., mos., or days) 33 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1034 Argyle Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dorothy Turner

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex: F

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced. Married (Sep)

6 (b) Name of husband or wife Floyd Turner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 25, 1903

8. AGE: Years 36 | Months 7 | Days 9 | If less than one day: hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

MOTHER / FATHER

12. Name Albert Scott

13. Birthplace Virginia

14. Maiden Name Martha Taylor

15. Birthplace Virginia

16 (a) Informant Records

(b) Address BCH

17 (a) Left Burial (Burial, cremation, or removal) (b) Date thereof Sept 6 39 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location Hamilton Ave

18 (a) Funeral director Charles H. Burkett

(b) Address 528 Lemmon St

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

SEP 5 - 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 3 1939. at 5:05 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from July 19 1939. to Sept 3 1939. and that I last saw h alive on Sept 3 1939.

Immediate cause of death: Tuberculosis of lungs — Duration 9 mos

Due to Tuberculous Enteritis & ulceration & perforation

Due to Tuberculous salpingitis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature B Salesan

Address BCH Date signed 9/3/39

F 61005

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B F 61005 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U. S. Marine Hosp. Balto., Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 112 W. Henriette St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Garland Pelham

3 (b) If veteran, name war: World War
3 (c) Social Security Account No. 217-05-3671

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negroid	Married

6 (b) Name of husband or wife Annie Pelham
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. ? 1893

8. AGE: Years	Months	Days	If less than one day
46	7	?	hr. min.

9. Birthplace Norfolk, Va. (Town, county, and state)
10. Usual Occupation Stevedore
11. Industry or business United Fruit Co.

FATHER
12. Name Nathan Pelham
13. Birthplace Sarah Co., Va.

MOTHER
14. Maiden Name Rose ?
15. Birthplace Sarah Co., Va.

16 (a) Informant Annie Pelham
(b) Address 112 Henrietta St

17 (a) (Burial, cremation, or removal) (b) Date thereof Sept 5 1939 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location Balto Md

18 (a) Funeral director Isaiah L Brownstone
(b) Address 1688 Montgomery St

(Local registrar) Huntington Williams M.D.

SEP 5 - 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 1, 1939, at 1:00 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from Aug. 21, 1939, to Sept. 1, 1939, and that I last saw him alive on Sept. 1, 1939.

Immediate cause of death	Duration
Carcinoma, adeno stomach	10 days
Due to	
Due to	
Other Conditions Gangrene, gas, left chest wall (Include pregnancy within 3 months of death)	1 day

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. R. Nelson M. D.
Address U. S. Marine Hosp. Date signed 9-2-39

F 61006

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47975 ED 61006 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days

(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 629 Linnard Street (If rural give location)

(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Iry Hetrick (Iry Virginia Hetrick)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex W

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Arthur

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 12, 1875

8. AGE: Years 64 | Months 0 | Days 15 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name Valentine Cross

13. Birthplace Maryland

MOTHER

14. Maiden Name Susan McCullough

15. Birthplace Maryland

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) New Freedom Pa. (Burial, cremation, removal) (b) Date thereof 9/6/39 (month) (day) (year)

(c) Cemetery or crematory New Freedom - Pa.

Location Penna.

18 (a) Funeral director STEWART & MOWEN COMPANY

(b) Address (E. F. WOODEN SUC.) 108 W. NORTH AVENUE

(Date received) SEP 5 1939 (Registrar) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 4 1939, at 9 00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from August 31 1939, to September 4 1939, and that I last saw h er alive on September 4 1939.

Immediate cause of death

Hypertension cardio vascular Renal

Arteriolar nephro sclerosis

Due to

Due to

Other Conditions Generalized Arterio sclerosis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration
4 years
4 years
unknown

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. Murray Hebeler M. D.

Address Res. to City Hosp Date signed

F 61007

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 4667 F 61007

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Balto. City Hospitals
(b) Street address — 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) — 2 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) — 33 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State — Md (b) County
(c) City or town — Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. — 1521 N. Madeira St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME — George Brown (Geo. Byron Brown)
3 (b) If veteran, name war — no.
3 (c) Social Security Account No. — none

4. Sex — Male
5. Color or race — white
6 (a) Single, married, widowed, or divorced. — Married
6 (b) Name of husband or wife — Annie Brown
6 (c) If alive, give age — 46 years
7. Birth date of deceased (mo., day, yr.) — Oct. 1, 1891
8. AGE: Years — 47 (48) | Months — 11 | Days — 1 | If less than one day: hr. — min.
9. Birthplace — Tenn. (Town, county, and state)
10. Usual Occupation — Unemployed Painter
11. Industry or business — Painting

FATHER
12. Name — George Brown (d)
13. Birthplace — Rhode Island

MOTHER
14. Maiden Name — Margaret Morrison
15. Birthplace — England

16 (a) Informant — Wife -Records
(b) Address — Same BCH

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof — 9-5-39 (month) (day) (year)
(c) Cemetery or crematory — New Cathedral
Location — Balto. Md.

18 (a) Funeral director — STEWART & MOWEN COMPANY
(b) Address — (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

19 (a) SEP 5 - 1939 (Date received by registrar) (b) Registrar — Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH — Sept 2 1939, at 10:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 19 1939 to Sept 2 1939, and that I last saw h[illegible] alive on Sept 2 1939.

Immediate cause of death — Tuberculosis of Lungs — Duration — 7 mos.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy — no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature — [illegible] BCH
Address — Date signed — M. D. 9/2/39

F 61008

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61008

CERTIFICATE OF DEATH

Registered No. 107-W

1. PLACE OF DEATH Maryland General Hospital
CITY OF BALTIMORE: (No.) Room 421 St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. C. Edward Snyder
If U. S. Veteran specify WAR
(a) Residence: No. 855 Park Ave St., Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Carrie Snyder
6. DATE OF BIRTH (month, day, year): Apr 16 1873
7. AGE: Years 66 | Months 4 | Days 19 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER
13. NAME: Eli Snyder
14. BIRTHPLACE (city or town) (State or country): Penna

MOTHER
15. MAIDEN NAME: Emma Spangler
16. BIRTHPLACE (city or town) (State or country): Penna

17. INFORMANT: Mrs. Carrie Snyder (wife)
(Address) 855 Park Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Lorraine Cemetery Date: Sept 7/39

19. UNDERTAKER: Stewart & Mowen Co
(Address) 108 West North Ave

20. FILED ... 19... Registrar
Huntington Williams, M.D. SEP 5 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 9/5 1939
22. I HEREBY CERTIFY, That I attended deceased from 8/26 1939 to 9/5 1939
I last saw him alive on 9/4 1939 Death is said to have occurred on the date stated above, at 2:30 AM

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Congestive Heart Failure	
Other contributory causes of importance: Bronchopneumonia	

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward F. Hasenpflug M. D.
(Address) Md. Gen. Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F61009

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61009

CERTIFICATE OF DEATH

V34G-958

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1344 N. Calhoun St.) (15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Hundley

(a) Residence: No. 1344 N. Calhoun St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	Divorced

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Mariah

6. DATE OF BIRTH (month, day, year) October 16, 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship Docks

10. Date deceased last worked at this occupation (month and year) January '39

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) King & Queen Co. Va

FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Nancy Hundley

(Address) 1010 Mosher St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn cemetery Date Sept 6 39

19. UNDERTAKER Thos. E. Kelson

(Address) 1303 Presstman st.

20. FILED SEP 5 - 1939 Registrar. by Fillmore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9.2.39

22. I HEREBY CERTIFY, That I attended deceased from 6.10.39 to 9.2.39

I last saw h[im] alive on 9.2.39 Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
cardio vascular Disease	about Jan '39

Other contributory causes of importance: over

Name of operation none Date of —

What test confirmed diagnosis? Phys Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) James M. Lairy M. D.

(Address) 400 N Carrollton ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 61010

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F. 61010
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 701 Cumberland (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Agnes Howard

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Married

6 (b) Name of husband or wife David
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 18 - 1885

8. AGE: Years	Months	Days	If less than one day
54	3	14	hr. min.

9. Birthplace Md — (Town, county, and state)
10. Usual Occupation Launderess
11. Industry or business

FATHER
12. Name Charles Pursey
13. Birthplace Md

MOTHER
14. Maiden Name Isabel Freeman
15. Birthplace Md.

16 (a) Informant Records —
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof 9-5-39 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cemetery
Location Balto Md.

18 (a) Funeral director Thos. G. Kelson.
(b) Address 1303 Freetman St

19 (a) Date received by registrar 9 1939 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 2 1939, at 4.06 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 2 1939, to Sept 2 1939, and that I last saw her alive on Sept 2 1939.

Immediate cause of death	Duration
Diabetes Mellitus	1939
a Acidosis	
Due to	
Due to	
Other Conditions Bronchopneumonia	
Otitis Media + Externa	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Bronchopneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James H. Haviland M.D.
Address John Hopkins Hosp Date signed 9-7-39

F 61011

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 F 61011 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2510 Guilford Ave

(c) Hospital or institution: Southern Home Hosp

(d) Length of stay in hospital or inst. (yrs., mos., or days) 29

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3012 Royston Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lillie Schaffer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced? Widowed

6 (b) Name of husband or wife Chas L. Schaffer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 9/1860

8. AGE: Years 79 Months 3 Days 25 If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER

12. Name August Schaffer

13. Birthplace Germany

MOTHER

14. Maiden Name Minnie Giffom

15. Birthplace Germany

16 (a) Informant Mr Elmer Schaffer

(b) Address 3012 Royston Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 7/39 (month) (day) (year)

(c) Cemetery or crematory Baltimore

Location " Md

18 (a) Funeral director Philip Herring Sons

(b) Address 2016 Orland St

19 (a) Date received by Registrar SEP 5 1939 (b) Signature of Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 4 1939 at 6 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1934 to Sept 4 1939.

and that I last saw her alive on Aug 28 1939.

	Duration
Immediate cause of death: Chr. interstitial nephritis	Prior to 1934
Due to: Hypertension	
Due to:	
Other Conditions: Cerebral arteriosclerosis	1936

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature G. M. Bacon M. D.

Address 2810 Loyola Ave. Date signed 9/5/39

61012 HEALTH DEPARTMENT—CITY OF BALTIMORE F. 61012

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH Sinai Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Sinai Hospital St. 27-17 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Lewis — If U. S. Veteran specify WAR .....

(a) Residence: No. 3335 Ingleside Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sep. 4, 1939

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
6 Hs. Premature			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Nathan Lewis

14. BIRTHPLACE (city or town) (State or country) Pittsburgh, Pa.

MOTHER

15. MAIDEN NAME Sylvia Hoffman

16. BIRTHPLACE (city or town) (State or country) Norfolk, Va.

17. INFORMANT Nathan Lewis
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Rosedale Date Sept 5 1939

19. UNDERTAKER Jack Lewis
(Address) 1439 E Balto St

20. FILED 19 ..... Registrar.

SEP 5 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep. 4 , 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 4 , 1939 to Sept 4 , 1939

I last saw her alive on Sept 4 , 1939. Death is said to have occurred on the date stated above, at 6:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury? .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Leo F. Moldawsky , M. D.

(Address) Sinai Hospital

N. B.—WRITE PLAINLY WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 61013

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-c F 61013 Registered No.

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3502 Tanney Rd

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 39

(e) Length of stay in Baltimore (yrs., ~~mos. or days~~) 45 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

Street No. 3502 Tanney Rd. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 45 years

3 (a) FULL NAME Mollie Freedman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife George A Freedman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 59 Months Days If less than one day hr. min.

9. Birthplace Hungary (Town, county, and state)

10. Usual Occupation Home / Wife

11. Industry or business

FATHER 12. Name Jacob Hirsch

13. Birthplace Hungary

MOTHER 14. Maiden Name Freda Friedman

15. Birthplace Hungary

16 (a) Informant Mrs Ashton

(b) Address 3502 Tanney Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-5-39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Baltimore Hebrew

Location Belair Rd

18 (a) Funeral director Jack Levin Jr

(b) Address 1143 E Baltimore St

(c) Filed (Date received by Registrar) (b) Registrar

SEP 5 - 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 4- 1939, at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 15- 1939 to 9-4 1939 and that I last saw her alive on Sept 3 1939.

Immediate cause of death: Carcinoma of the Large Intestine — Duration: 2 yrs

Due to General metastases

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature James S Ashton M. D.

Address 3502 Tanney Rd Date signed 9-5-39

Harry W. Williams, M.D. Registrar

F 61014

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

16 1/2 a

F 61014 Registered No.

MARGIN RESERVED FOR BINDING. Every item of information should be carefully supplied. The correct age is especially important. Physicians, please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1216 St. Paul Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Kanne

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife | 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 20, 1870

8. AGE: Years	Months	Days	If less than one day
69	7	12	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Dressmaker
11. Industry or business Self

FATHER
12. Name William H. Kanne
13. Birthplace Germany

MOTHER
14. Maiden Name Fredericka Ahlendorf
15. Birthplace Germany

16 (a) Informant Mr. Johanna F. Klotsch
(b) Address 2205 E. Oliver Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 6th-39 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Balto Co. Md.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address Martha F. Parsons Funeral Director Hampton Baltimore Co. Md.

19 Sept 5th 1939 (Date received by registrar) Registrar

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 2nd 1939, at 5:35 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Illuminating gas poisoning	
Due to	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 9/2/39 Dr. Mercy Trostler & Mueller.

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence Aug. 31, 1939
(c) Where did injury occur? Baltimore (City or town) Maryland (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Kitchen of home (Specify type of place) While at work? XXX
(e) Means of injury open burners on gas range

23. Signature Howard J. Mueller M.D. Medical Examiner

Date signed 9-5-39

Or bond Brook Case

F 61015

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-E ✓ Registered No. F 61015

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2837 Winchester St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2837 Winchester St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Julia A. Stark

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Robert J. Stark 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 12-1865

8. AGE: Years	Months	Days	If less than one day
74		23 22	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name Patrick Butler
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Sullivan
15. Birthplace Ireland

16 (a) Informant Alice Stewart
(b) Address 3314 St Lukes Lane

17 (a) (Burial, cremation, or removal) (b) Date thereof 9/7/39 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Maryland

18 (a) Funeral director B. C. HARLE
(b) Address 121 E. WEST ST

SEP 8 1939 (Date received) Harrington Williams M.D. (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 4 1939, at 12:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 8-29 1939, to 9-4 1939, and that I last saw her alive on 9-4 1939.

Immediate cause of death
1. Arteriosclerosis
Chronic Myocardial Disease — Duration ?
Due to
Due to
Other Conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leon Ashman M. D.
Address 1201 Poplar Grove St Date signed 9-4-39

516 Chan.

F 61016

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-c

Registered No. F 61016

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN REQUIRED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4 MALLOW HILL AVE.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 39 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County —
(c) City or town BALTO. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4 MALLOW HILL AVE. (If rural give location)
(e) If foreign born, how long in U. S. All 39 years

3 (a) FULL NAME MICHAEL KRON

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of ~~husband~~ or wife MARIE DOTTERMAN
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) DEC. 20, 1877

8. AGE: Years	Months	Days	If less than one day
62 61	8	12	hr. min.

9. Birthplace HUNGARY (Town, county, and state)
10. Usual Occupation GROCER
11. Industry or business

FATHER
12. Name ANTONE KRON
13. Birthplace HUNGARY

MOTHER
14. Maiden Name KATHERINE ZENZ
15. Birthplace HUNGARY

16 (a) Informant MRS. MARIE KRON
(b) Address 4 MALLOW HILL AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT. 6. 1939 (month) (day) (year)
(c) Cemetery or crematory LORRAINE PARK
Location OAKES LANE

18 (a) Funeral director Wm. J. Liston Weidefeld
(b) Address 22nd & Greenmount Ave

19 (a) SEP 5 1939 Hennegan Williams, M. D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 2 1939, at 11.45 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 23 1939, to Sept 2 1939, and that I last saw h/ alive on Sept. 2 1939.

Immediate cause of death	Duration
Acute Congestion Lungs	1 day.
Due to Chronic Myocarditis with Acute Dilation.	8 mo Complic.
Due to Acute Cerebral Hemorrhage.	10 days
Other Conditions Hypertension Cortical Hemiplegia Left.	

(Include pregnancy within 3 months of death) 104.

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James Graham Marston M. D.
Address 516 Cathedral St Date signed 9-4-39

F 61017

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 B ✓ Registered No. F 61017

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BLANKS RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3621 Rogers Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 29 yrs 8 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL, and give town)
(d) Street No. 3621 Rogers Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Fleming Thiermann Jr

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-01-1897

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Grace Adelaide Dupel

6 (c) If alive, give age 29 years

7. Birth date of deceased (mo., day, yr.) Aug 26 1910

8. AGE: Years 29 | Months | Days 8 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Pharmacist

11. Industry or business

FATHER
12. Name Thomas F. Thiermann
13. Birthplace Richmond Va

MOTHER
14. Maiden Name Amelia Linneweber
15. Birthplace Richmond Va

16 (a) Informant Mrs George H. Vogel
(b) Address 4412 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 6 1939 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md.

18 (a) Funeral director Harry A. Arnaudet
(b) Address 4204 Ridgewood Ave

19 (Date received by local registrar) SEP 5 1939 (Registrar's signature) Washington Willis, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 3rd 1939, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1st 1939, to Sept 3rd 1939, and that I last saw him alive on Sept 3 1939.

Immediate cause of death — Coronary Thrombosis. — Duration 2 days

Due to —

Due to —

Other Conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos F Byerly M. D.

Address 3075 W North Ave Date signed 9/3/39

F 61018

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

Registered No. F 61018

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U. S. Marine Hosp., Balto., Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 404 S. Highland Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George John Tucholka

3 (b) If veteran, name war: World War
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife: Eva Frances Tucholka
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 28, 1891

8. AGE: Years	Months	Days	If less than one day
48	1	7	hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: Plumber
11. Industry or business:

FATHER
12. Name: Gustav Tucholka
13. Birthplace: Germany

MOTHER
14. Maiden Name: Barbara Bauman
15. Birthplace: Baltimore, Md.

16 (a) Informant: Miss Tucholka Daughter
(b) Address: 404 S. Highland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept 7, 1939 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer Cem
Location: Belair Road at Moravia Ave

18 (a) Funeral director: Jerome W. Conklin
(b) Address: 924 E. Eager Street

19 (Date received) SEP 5 1939 (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 3, 1939, at 7:20 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from May 19 1939 to Sept. 3, 1939, and that I last saw h im alive on Sept. 3, 1939.

Immediate cause of death	Duration
Coronary thrombosis	4-27-39
Due to Arteriosclerosis, general	Unknown
Due to	
Other Conditions Cardio renal vascular disease (Include pregnancy within 3 months of death)	Unknown

Major findings:
Of operations
Of autopsy No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. M. N. [illegible] M. D.
Address U. S. Marine Hosp. Date signed 9-5-39

HEALTH DEPARTMENT—CITY OF BALTIMORE

61019

CERTIFICATE OF DEATH

93-cF 61019

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2815 Echodale Avenue St. 45-b Ward)

Length of residence in city or town where death occurred 76 yrs. 6 mos. 0 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Maria Virginia Cromwell

(a) Residence: No. 2003 Dennison St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph Cromwell

6. DATE OF BIRTH (month, day, year) March 3, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	6	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Thomas Lewis

14. BIRTHPLACE (city or town) --------
(State or country) Virginia

MOTHER

15. MAIDEN NAME Maria Ellen Clark

16. BIRTHPLACE (city or town) St. Mary's County
(State or country) Maryland

17. INFORMANT Mrs. Lillian L. Davis
(Address) 2815 Echodale Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 9/7 1939

19. UNDERTAKER Henry W. Myers and Son
(Address) 505 N. Calvert St.

20. FILED SEP 5 - 1939 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 3. 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 15 1939 to Sept 3 1939

I last saw her alive on Sept 3 1939 Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio Vascular Disease	5 years
Chronic Myocarditis	5 years
Other contributory causes of importance: Acute Cystitis	Aug 15

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Luther E. Leitch M. D.

(Address) 918 N. Charles St.

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 61020

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C

Registered No. F 61020

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 324 N Paca St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County —

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 324 N Paca St (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME MARGARET JULIA GROENINGER

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Wm J. Groeninger

6 (c) If alive, give age 82 years

7. Birth date of deceased (mo., day, yr.) Dec 18 1856

8. AGE: Years 82 | Months 8 | Days 17 | If less than one day — hr. — min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name James McCormick

13. Birthplace Ireland

MOTHER 14. Maiden Name Margaret McDowell

15. Birthplace Ireland.

16 (a) Informant Wm J. Groeninger

(b) Address 324 N Paca St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 6 1939 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Balto Md.

18 (a) Funeral director Henry H. Jenkins Son Co.

(b) Address McCulloh & Richardson

19 SEP 5 - 1939 (Date received by Registrar) Huntington Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 4 1939, at 5 4 M

21. I certify that death occurred on the date above stated; that I attended deceased from August 27 1939 to Sept 4 1939, and that I last saw her alive on Sept 3 1939.

Immediate cause of death	Duration
Pulmonary Embolism	1 day
Due to Chronic hypertrophic with hypertension	5 yr
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible] M. D.

Address 711 W Lanvale St Date signed

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61021 — CERTIFICATE OF DEATH — 107-a — F 61021

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) So. Balto Genl Hospital (St., etc.)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 19 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Ella Price

If U. S. Veteran specify WAR

(a) Residence: No. 4100 Grace Court St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 4, 1938

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	19 7	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Denny Benton Price

14. BIRTHPLACE (city or town) Birmingham
(State or country) Alabama

MOTHER

15. MAIDEN NAME Amelia Damonowski

16. BIRTHPLACE (city or town) Balto
(State or country) Md

17. INFORMANT Amelia Price

(Address) 4100 Grace Court

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date Sept 6 1939

19. UNDERTAKER E. D. Fonnicht & Son

(Address) Washington & Lanvale Sts

20. Filed SEP 5 - 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from 9/2/39, 19 to 9/3/39, 19

I last saw her alive on 9/3/39, 19 Death is said to have occurred on the date stated above, at 7 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Rt. Upper	ovr
Pyelitis	
Severe Anemia	
Other contributory causes of importance:	
Rickets	
Scurvy	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel L. Fox M. D.

(Address) So Balto Genl Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61022

CERTIFICATE OF DEATH

127

F 61022

1. PLACE OF DEATH Church Home and Infirmary

CITY OF BALTIMORE: (No. N. Broadway St., E. or W.)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mr Richard Craig

If U. S. Veteran specify WAR

(a) Residence: No. 849 Park Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mrs Blanche Craig

6. DATE OF BIRTH (month, day, year) July 31, 1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Duster San. Section

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Harry Craig

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Martha McIntyre

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Mrs Blanche Craig

(Address) 849 Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Jews Cathedral Date Sept 6 1939

19. UNDERTAKER Harry A Wilhelm

(Address) 4114 Edmondson Ave

SEP 5 - 1939

20. FILED ... Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9.3, 1939

22. I HEREBY CERTIFY, That I attended deceased from 9.2, 1939 to 9.3, 1939

I last saw him alive on 9.3, 1939 Death is said to have occurred on the date stated above, at 8:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cholecystitis	8.31.39
Retroperitoneal Rupture of gall Bladder.	

Other contributory causes of importance:

Was an operation performed? Yes Date of 9.2.39

For what disease or injury? Acute Cholecystitis

Name of operation Drainage of gall Bladder.

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. B. Crampton M. D.

(Address) Church Home & Infirmary

V8 8

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 61023

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48 F 61023

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1045 Riverside St. 634 W. Ave)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie E Bayne

If U. S. Veteran specify WAR

(a) Residence: No. 1045 Riverside Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (HUSBAND) (or) WIFE of William C Bayne

6. DATE OF BIRTH (month, day, year) April 18 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Edwards

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Ann Cable

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Erma A Schechells

(Address) 1045 Riverside ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Sept 6 1939

19. UNDERTAKER William M Mareck

(Address) 1645 Light St

20. DATE RECEIVED SEP 5-1939 Registrar Huntington Williams, M.D. 9/6/39

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 3, 1939

22. I HEREBY CERTIFY, that I attended deceased from April 5, 1939, to Sept. 3, 1939

I last saw h.E.R alive on Sept. 2, 1939. Death is said to have occurred on the date stated above, at 1a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Carcinoma of Uterus	Indefinite
Other contributory causes of importance: Exhaustion	9/2/39

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If [illegible]

(Signed) R.C. Campbell M. D.

(Address) 1644 Hanover st

9/6/39

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 9

F 61024 HEALTH DEPARTMENT—CITY OF BALTIMORE F 61024

CERTIFICATE OF DEATH

1. PLACE OF DEATH Hospital for the Women of Maryland — Registered No. ____

CITY OF BALTIMORE: (No. ____ Street or Ward) 19 — (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ da. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.

2. FULL NAME Ella Virginia Smith — If U. S. Veteran specify WAR ____

(a) Residence: No. Woodbine Md. Ward. Carroll Co.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) June 25, 1910

7. AGE: Years 29 | Months 7 | Days 10 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) ____ | 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Frederick Co. Md

FATHER
13. NAME Marshall Smith
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER
15. MAIDEN NAME Bessie G. Warner
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Bessie G. Smith (Address) Woodbine Md

18. BURIAL, CREMATION, OR REMOVAL Place Morgan Chapel Date 9-7-39

19. UNDERTAKER C. M. Waltz (Address) Sykesville Md

20. FILED SEP 6-1939 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1939 to Sept 5, 1939

I last saw her alive on Sept 5, 1939. Death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gangrenous appendicitis	Sept 2, 39
with Perforation	
Acute diffuse peritonitis	Sept 2, 39

Other contributory causes of importance:

Was an operation performed? Yes Date of ____

For what disease or injury? ____

Name of operation ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) Richard W. Worthington M. D.

(Address) Hospital for the Women of Md.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 6-1939

F 61025

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 61025 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 227 E. Cross St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 227 E. Cross St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alphonse L. Herzog

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Margaret E. Herzog
6 (c) If alive, give age 70 years
7. Birth date of deceased (mo., day, yr.) Oct 6 1865
8. AGE: Years 73 | Months 10 | Days 28 | If less than one day: hr. min.
9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation Shirt Maker
11. Industry or business Bvld. Co

FATHER
12. Name John Herzog
13. Birthplace Germany

MOTHER
14. Maiden Name Josephine Schaeck
15. Birthplace Balto., Md.

16 (a) Informant Margaret E. Herzog
(b) Address 227 E. Cross St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 7, 1939 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto., Md.

18 (a) Funeral director Margaret F. Flynn
(b) Address 1422 Light St.

19 (a) SEP 7 1939 (Date rec'd by registrar) (b) [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 4 1939, at 1 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-27 1938, to Sept 4 1939, and that I last saw h alive on Sept 2 1939.

Immediate cause of death	Duration
Myocardial Insufficiency	1 wk.
Due to Cerebral Arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. A. Reynolds Under
Address 1040 Madison St Date signed 9-6-39 M. D.

F 61026

366031

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-B

F 61026 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 10 E Madison St — (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Nathaniel B. Hodotsin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Anna Walker

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 2-21-52

8. AGE: Years	Months	Days	If less than one day
37	6	12	hr. min.

9. Birthplace New York (Town, county, and state)

10. Usual Occupation Engineer

11. Industry or business

FATHER 12. Name Roswell Hodotsin
13. Birthplace N. Y.

MOTHER 14. Maiden Name Fannie Cohen
15. Birthplace N. Y.

16 (a) Informant Relends
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 9/6/39 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick Rd - Balto. Md.

18 (a) Funeral director H. U. Mears and Son
(b) Address 505 N. Calvert St.

19 (a) SEP 6 1939 (Date received by registrar) (b) [illegible] Williams M.D.

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 3 1939. at 2:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 24 1939. to Sept 3 1939. and that I last saw him alive on Sept 3 1939.

Immediate cause of death Purulent empyema — Duration 1 wk.

Due to Operation

Due to

Other Conditions Carcinoma left lung — 1 yr.

(Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma, left lung

Of autopsy Same - removed.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. F. Jonas Jr. M. D.
Address The Johns Hopkins Hospital Date signed 9-7-39

61027

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 59

F 61027

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wilkens & Caton Aves

(c) Hospital or institution: ST. Agnes Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days.

(e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1653 Normal Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Mrs. Florence Kaschner

3 (b) If veteran, name war ———

3 (c) Social Security Account No. ———

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Mr. Herman Kaschner

6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) Dec 9, 1884

8. AGE: Years	Months	Days	If less than one day: hr.	min.
54	8	24		

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business ———

FATHER

12. Name John Schamm

13. Birthplace Baltimore, Md (?).

MOTHER

14. Maiden Name Annie Bersecker

15. Birthplace Germany

16 (a) Informant Husband (Herman Kaschner)

(b) Address 1653 Normal Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 8, 1939 (month) (day) (year)

(c) Cemetery or crematory Lorraine Pk. Mausoleum

Location Woodlawn Md.

18 (a) Funeral director Harry H. Witzke

(b) Address 4101 Edmondson Ave

19 (a) ——— (b) ——— (Date rec'd by registrar) (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/14 1939, at 7:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/18 1939 to 9/14 1939; that I last saw her alive on 9/13 1939.

Immediate cause of death	Duration
(1) Septic Liver Abscess (2) Peritonitis (3) Paralytic Ileus (4) pneumothorax,	
Due to sepsis.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations Drainage Liver abscess & Pneumothorax

Of autopsy

PHYSICIAN

Underline the one to which liability should be charged statistically.

If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature James N. Ceanos M. D.

Address St. Agnes Hospital Date signed 9/15/39

SEP 1939

F 61028

COK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B 12747

Registered No. F 61028

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore Maryland

(c) Hospital or institution:

Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 660 W. Fayette St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louis Kershner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Elizabeth

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-21-1861

8. AGE: Years	Months	Days	If less than one day hr.	min.
77	11	12		

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Paper Hanger

11. Industry or business

MOTHER / FATHER

12. Name Louis

13. Birthplace Unknown

14. Maiden Name Elizabeth ?

15. Birthplace Germany

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/6/39. (month) (day) (year)

(c) Cemetery or ~~crematory~~ Baltimore

Location Forest Park + Gay St

18 (a) Funeral director Harry R. Mitzke

(b) Address 7101 Edmondson ave

19 (a) (b)

(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-3- 1939. at 9 30 M.

21. I certify that death occurred on the date above stated, that I attended deceased from 3-8- 1932, to 9-3- 1939. and that I last saw h~~im~~ alive on 9-3- 1939.

Immediate cause of death Coronary thrombosis

Due to Hypertension CVD

Due to Gen. arteriosclerosis

Other Conditions Syringomyelia

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration	
2 days.	
?	
?	
2 yrs.	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible] M. D.

Address Balto City Hosp Date signed 9-5-39

F 61029

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

45-B

F 61029 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Western Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 dys
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 407 Fonthill Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Kemp

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Charles (d)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 27, 1889

8. AGE: Years 50 Months 2 Days 7 If less than one day hr. min.

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER 12. Name Adam Hemler (d)

13. Birthplace Germany

MOTHER 14. Maiden Name Rosa Hoover

15. Birthplace Germany

16 (a) Informant Records

(b) Address BCH

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/7/39. (month) (day) (year)

(c) Cemetery or crematory Loudon Pk.

Location 3801 Frederick Rd.

18 (a) Funeral director Harry F. Mittle

(b) Address 4101 Edmondson Ave.

19 (a) (b)
(Date rec'd by registrar) (Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH September 4 1939, at 3:55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from August 10 1939, to September 4 1939, and that I last saw her alive on September 4 1939.

Immediate cause of death: Hypertensive Cardiovascular disease — Duration: unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Mavaghelotes M. D.

Address Balto City Hosp. Date signed 9-5-39

F 61030

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61030

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hosp. St. 8-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mr. William Schlutter

(a) Residence: No. 2220 Eadman Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 26 - 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John D. Schlutter

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Johanna Schweitzer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Chas. Schlutter

(Address) 2220 Eadman Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date 9/8/39 19

19. UNDERTAKER Francis Cook & Bro.

(Address) 1000 W. Fayette

20. FILED SEP 6 - 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 5 , 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 3rd 1939 to Sept 5 1939

I last saw him alive on Sept 5 1939. Death is said to have occurred on the date stated above, at 11:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	
Senility	
Other contributory causes of ...	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) M. R. Turnbull M. D.

(Address) St. Josephs Hosp.

V8 8

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 61031

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46397 - RB

Registered No. F 61031

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo. 12 dys
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 908 Pennsylvania Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Pearl Simons

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 28. 1896

8. AGE: Years	Months	Days	If less than one day hr.	min.
42	8	4		

9. Birthplace Tenn. (Town, county, and state)

10. Usual Occupation House Work

11. Industry or business

MOTHER / FATHER

12. Name Henry (d)
13. Birthplace S. C.
14. Maiden Name Mollie Branch
15. Birthplace Tenn.

16 (a) Informant Records
(b) Address BCH

17 (a) (Burial, cremation, or removal) (b) Date thereof 9-6-39 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Brooklyn

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) Jan 1930 (Date rec'd by registrar) (b) Huntingtown Wilmington MD

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 2 1939, at 2:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 10 1939, to September 2 1939, and that I last saw her alive on September 2 1939.

Immediate cause of death: Rheumatic Heart Disease — Duration unknown.

Due to

Due to

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

over

unknown

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 9-3-39

F 61032

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 61032 / 127 Registered No. F 61032

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1764 E. North Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph John Wirth Sr

3 (b) If veteran, name war: Retired
3 (c) Social Security Account No. 220-04-0381

4. Sex	5. Color or race	6 (a) Single, married, ~~widowed, or divorced~~
Male	White	Married

6 (b) Name of ~~husband or~~ wife Matilda Schaefer Wirth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 8th 1862

8. AGE: Years	Months	Days	If less than one day
77	5	27	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Shipping Clerk
11. Industry or business Arundel Corp.

FATHER
12. Name Wirth
13. Birthplace Germany

MOTHER
14. Maiden Name Not Known
15. Birthplace "

16 (a) Informant Matilda S. Wirth
(b) Address 1764 E. North Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 9/7/39 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Woodlawn
Location Balto. Co. Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) SEP 6 - 1939 (Date rec'd by registrar) Harrington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-5-39 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-1 1939 to 9-5 1939. and that I last saw h alive on 9-5 1939.

Immediate cause of death
Uremia — Duration 5 days
Due to Urinary retention
Prostatic hypertrophy
Due to
Other Conditions Cardiac decompensation
(Include pregnancy within 3 months of death)

Major findings:
Of operations Benign prostatic hypertrophy
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles H. Slaughter M. D.
Address University Hosp Date signed 9-5-39

VS 8

F 61033

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B F 61033 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wilkens & Caton Aves.

(c) Hospital or institution: St. Agnes' Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

Street No. 1722 W. Balto St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Ackerman,

3 (b) If veteran, name war No

3 (c) Social Security Account No. None

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Christine

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 6th 1867

8. AGE: Years 72 ~~73~~ Months 5 Days 28 If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Night Watchman

11. Industry or business Balto City Water Dept

FATHER 12. Name Edward F. Ackerman

13. Birthplace Germany

MOTHER 14. Maiden Name Mary Rice

15. Birthplace Germany

16 (a) Informant Christina D. Ackerman

(b) Address 1722 W. Balto St

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 9/7/39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ London Park

Location Balto Md

18 (a) Funeral director William Cook

(b) Address 127 St. Paul St

19 (a) 1939 (Date received by registrar) (b) Newton White, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-4 1939 at 5.10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-27 1939 to 9-4 1939 and that I last saw him alive on 9-4 1939.

Immediate cause of death Cardiac Decompensation Duration

Due to Benign Prostatic Hypertrophy

Due to Arteriosclerosis Cystitis.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible] Sodervz M. D.

Address St Agnes Hospital Balto Md Signed 9/7/39

E 61034

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 61034

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Balto Gen'l Hosp. Registered No.

CITY OF BALTIMORE: (No. ..... St., 16-b Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 15 mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alfred Lewis If U. S. Veteran specify WAR

(a) Residence: No. Stemmers Run; Md St., ... Ward. SS No 216-31-5283

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Dec 27 1881

7. AGE: Years 57 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Night Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Steel mill Lab

10. Date deceased last worked at this occupation (month and year): 1936

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Alfred Lewis

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Celia Lewis

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: Emma Lewis Wife

(Address): Stemmers Run Md

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Sept 6, 19 39

19. UNDERTAKER: Wm. H. Ford Co.

(Address): 1701 E. Fayette St.

20. FILED ..... 19 39 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1939 to Sept 4, 1939

I last saw h. alive on Sept 4 1939. Death is said to have occurred on the date stated above, at 8:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemogenic bladder.	
Pyburetes & Pyonephrosis (R)	
Perirenal abscess	
Peritonitis	

Other contributory causes of importance:

Coronary A. D.

Slight decompensation

Bronchopneumonia (Hypostatic)

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wm. Spear M. D.

(Address) 1701 E. Fayette St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V9 5

F 61035

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61035

CERTIFICATE OF DEATH

1. PLACE OF DEATH Md. General Hospital 46-F

CITY OF BALTIMORE: (No.) Room 201 St., (Ward) 15-8

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William C. Ballard

If U. S. Veteran specify WAR

(a) Residence: No. 3702 Clifton Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	

5a. If married, widowed, or divorced (or) WIFE of M Grace Ballard

6. DATE OF BIRTH (month, day, year) Sept 21 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Broker Self

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Lyman Ballard

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Eliz Leif

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs M Grace Ballard

(Address) 3702 Clifton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Sept 7 1939

19. UNDERTAKER Fullerton & Jenkins & Sons

(Address) North & Penna Ave

20. FILED 19

Registrar.

SEP 6 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-5- 1939

22. I HEREBY CERTIFY, That I attended deceased from 8/8 1939 to 9/5 1939

I last saw him alive on 9/4 1939 Death is said to have occurred on the date stated above, at 5:12 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ca of head of pancreas	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward H Glasmann M. D.

(Address) Md. Gen. Hosp.

INSTRUCTIONS: Fill in all items, with CAUTION—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 61036

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a F 61036 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1728 E Monument St.

(c) Hospital or institution: Sinai Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days

(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Baltimore City

(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)

(d) Street No. 21 Lloyd St. (If rural give location)

(e) If foreign born, how long in U. S. A.? 18 years

3 (a) FULL NAME Hinda Pollack

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Meyer

6 (c) If alive, give age 80 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
76	2	2	— hr. — min.

9. Birthplace Strobeschwy, Poland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER — 12. Name Jacob Hirsh

13. Birthplace Strobeschwy, Poland.

MOTHER — 14. Maiden Name Fanya Malka Farbman

15. Birthplace Strobeschwy, Poland.

16 (a) Informant Harry Farbman

(b) Address 57 1/2 N. Gay St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-6-39 (month) (day) (year)

(c) Cemetery or crematory Mt Carmel

Location Balto Md

18 (a) Funeral director Jos. Levinson

(b) Address 1738 E. Balto St

19 (a) (Dated) (b) Registrar

VS 8-333

MEDICAL CERTIFICATION

20. DATE OF DEATH September 5 1939, at 11:55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1 1939, to Sept 5 1939, and that I last saw her alive on Sept. 5 1939.

Immediate cause of death Peripheral vascular collapse

Due to Bronchopneumonia

Due to cerebral hemorrhage

Duration — 5 days

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —

(Specify type of place)

(e) Means of injury —

23. Signature Sidney Schenkler M. D.

Address Sinai Hospital Date signed 9-8-39

F 61037

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59

Registered No. F 61037

PLEASE WRITE PLAINLY. WITH UNFADING INK. Every item of information should be carefully supplied. The street age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1812 E. Dalto St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 30 yr

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1812 E. Dalto St (If rural give location)

(e) If foreign born, how long in U. S. A.? 30 years

3 (a) FULL NAME Esther Cohn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Ferdinand

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE — Years: 52 | Months | Days | If less than one day: hr. min.

9. Birthplace: Palestine (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business:

MOTHER | FATHER

12. Name: David Hershler

13. Birthplace: Palestine

14. Maiden Name: Bajla

15. Birthplace: Palestine

16 (a) Informant: Ferdinand Cohen

(b) Address: 1812 E Balto St

17 (a) (Burial, cremation, or removal)

(b) Date thereof 9-6-39 (month) (day) (year)

(c) Cemetery or crematory: Mt Sinai

Location

18 (a) Funeral director: Jack Lewis

(b) Address: 1439 E Balto St

(c) Date received in Registrar's Office: SEP 7 1939

(d) Registrar: Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 6 1939 at 12-15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1938 to Sept. 6 1939. and that I last saw her alive on Aug. 21, 1939.

	Duration
Immediate cause of death: Arteriosclerotic Cardio-vascular Disease	?
Due to: Acute Pulmonary Edema	30 minutes
Due to:	
Other Conditions: Diabetes Mellitus	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature A. A. Swanson M. D.

Address 340 Eutaw Place Date signed Sept. 6 1939

F 61038

F 61038

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 401 S. Payson St., 20-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. 2 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie Rube Graff

(a) Residence: No. 4015 Payson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) ~~Wife~~ William F. Graff

6. DATE OF BIRTH (month, day, year) July 3, 1888 ~~1888~~

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51. 52	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

13. NAME Frederick Rube

14. BIRTHPLACE (city or town) (State or country) Germany

FATHER

15. MAIDEN NAME Bernhardt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT William F. Graff

(Address) 401 S. Payson St.

18. BURIAL, CREMATION, OR REMOVAL.

Place London Park Date Sept. 8, 1939

19. UNDERTAKER Geo. L. Schwab

(Address) 2101 Frederick Ave

20. FILED SEP 6 - 1939 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1939 to Sept 5, 1939.

I last saw her alive on Sept 4, 1939 Death is said to have occurred on the date stated above, at 2A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9/4/39
Other contributory causes of importance: Essential Hypertension	
Acute Cholecystitis	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Alec Kerman M. D.

(Address) 1934 Wilkens Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 61039

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

107-w F 61039 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Grenspring & Belvedere
(c) Hospital or institution:
Hebrew Home For Aged
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 mo.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State ..... (b) County .....
(c) City or town Balto Md (If outside city or town limits, write RURAL and give town)
(d) Street No. Lyndale Home (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME Anna Gesin

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) [illegible]

8. AGE: Years	Months	Days	If less than one day hr.	min.
66				

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Barney Spielberg
13. Birthplace Russia.

MOTHER
14. Maiden Name Gitel Fagen
15. Birthplace Austria

16 (a) Informant Henrietta Schwartz
(b) Address 3707 Beechlawn Ave

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Philadelphia Rd.

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-26 W. North Ave

19 (a) 9-7-1939 (Date received by registrar) (b) Thornton M. Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-5 1939, at 6.a.m. P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-6- 1935, to 9-5 1939, and that I last saw her alive on 9-5 1939.

Immediate cause of death Broncho pneumonia — Duration 2 days

Arterio sclerosis, hypertension

Due to .....

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury .....

23. Signature Edmund Levin M. D.

Address Lyndale Date signed 9/6/39

F 61040 HEALTH DEPARTMENT—CITY OF BALTIMORE F 61040

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH Home Home For aged — Registered No. ____
CITY OF BALTIMORE: (No. Greenspring & Belvidere 27-17 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 15 yrs. ____ mos. ____ da. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.
If U. S. Veteran specify WAR ____
2. FULL NAME Esther Guberman
(a) Residence: No. ____ (Usual place of abode) St., ____ Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Harry
6. DATE OF BIRTH (month, day, year) 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	76			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER
13. NAME Israel Chaitman
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER
15. MAIDEN NAME Sadie ?
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT David Cohen
(Address) 2119 Eagle St.
18. BURIAL, CREMATION, OR REMOVAL Hebrew Rodeph Shalom Cem Date Sept 6 1939
19. UNDERTAKER Sol Levinson & Bro
(Address) 1124-26 N Gaston Ave
20. FILED SEP 7 - 1939 H. J. Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-6 1939
22. I HEREBY CERTIFY, That I attended deceased from 6-20 1930 to 9-6 1939
I last saw her alive on 9-5 1939. Death is said to have occurred on the date stated above, at 12:05 A.M.

The principal cause of death and related causes of importance were as follows: — Date of onset

Chr. cardio-vascular disease
Arteriosclerosis
Hypertension.

Other contributory causes of importance:
Chr. Bronchitis

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Edmund Levin, M. D.
(Address) Levindale

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 61041 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 F 61041

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 518 S. Bethel Street St., ... Ward) 23

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Eva Poremski

(a) Residence: No. 518 S. Bethel Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~DAUGHTER OF~~ WIFE of Frank Poremski

6. DATE OF BIRTH (month, day, year) 1896

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NO

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME Martin Cegielski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Victoria Kedzierski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Frank Poremski (Husband)
(Address) 518 S. Bethel Street

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date Sept. 7th 39

19. UNDERTAKER George A Weber
(Address) 705 South Ann Street

20. FILED SEP 6 - 1939 Huntington Hill Registrar
Howard D. Bradshaw M.D. Health Commissioner

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 4th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1939 to Aug 28, 1939

I last saw h.. alive on Aug 28, 1939 Death is said to have occurred on the date stated above, at 8 15 P.m. on 9/4/39

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	?
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Isaac Gerwitz M. D.

(Address) 1007 E. Baltimore St.

Howard D. Bradshaw M.D. Health Commissioner

U. S. Med. Exam. Secretary

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 61042

F 61042

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1038 N. Eutaw St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 40yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1038 N. Eutaw St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ella Waters Bowen

3 (b) If veteran, name war

3 (c) Social Security Account No. None.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col.	Widowed

6 (b) Name of husband or wife Joseph. Bowen.

6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) 3-26-1874

8. AGE: Years	Months	Days	If less than one day
65	5	8	hr. min.

9. Birthplace Baltimore Md.. (Town, county, and state)

10. Usual Occupation Home.. 0097

11. Industry or business —

FATHER

12. Name Henry Waters.

13. Birthplace Md.

MOTHER

14. Maiden Name Sarah Doubn.

15. Birthplace Md..

16 (a) Informant Edward Bowen.

(b) Address 1033 Edmondson Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 9-7-39 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvery

Location Balto. Co. Md

18 (a) Funeral director Irgueen A. Hensley

(b) Address 578 N. Biddle St Huntingtor Pubaile, Md.

19 (a) SEP 6 — 1939 (Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9 - 4 - 1939. at 1230 A.M

21. I certify that death occurred on the date above stated, that I attended deceased from 6 - 2 - 1939, to 9 - 4 - 1939. and that I last saw h.e alive on 9 - 2 - 1939.

Immediate cause of death	Duration
Chronic Valvulitis	unknown
Due to Unknown.	
Due to —	
Other Conditions Chronic Nephritis	unknown

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature M. D.

Address 611 N. Carolina Date signed 9-6 39

F 61043

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a

F 61043 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 4833 Park Heights Ave
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4833 Park Heights Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Sarah C. Elliott

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: William E. Elliott Sr.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 10 1851

8. AGE: Years 87 | Months 8 | Days 25 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: Housework
11. Industry or business:

MOTHER | FATHER

12. Name: Samuel Hitchew
13. Birthplace: Unknown
14. Maiden Name: Elizabeth Key
15. Birthplace: Unknown

16 (a) Informant: Mrs. A. Elliott
(b) Address: 4833 Park Heights Ave

17 (a) Burial: (Burial, cremation, or removal)
(b) Date thereof 9/7/39 (month) (day) (year)
(c) Cemetery or crematory: London Park
Location: Frederick Ave

18 (a) Funeral director: Geo. Weber & Son
(b) Address: 2503 Edmondson Ave

19 (a) (Filed by registrar) 6—1939
(b) [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 4th 1939, at 6:20 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from July 13 1939 to Sept 4 1939, and that I last saw h[illegible] alive on Sept 4 1939.

Immediate cause of death: Cerebral Hemorrhage — Duration: 2 days
Due to: Arteriosclerosis — ?
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State) —
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place) —
(e) Means of injury —

23. Signature John D. Bubert M. D.
Address 4833 Park Heights Ave Date signed Sept 5/39

F 61044

F 61044

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 6411 Sefton ave (If Hanford Rd)

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 6411 Sefton ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Julia A. Apple or Apple

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife George

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 28 1873

8. AGE: Years 66 Months 6 Days 7 If less than one day hr. min.

9. Birthplace Balto. (Town, county, and state) (not)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name Bryney Redmond

13. Birthplace Ireland.

MOTHER 14. Maiden Name Mary Breland ?

15. Birthplace

16 (a) Informant Alice Carey

(b) Address 6411 Sefton ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 9/8/39 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Baltimore Md.

18 (a) Funeral director Martin F. E. Purcell

(b) Address 7110 Belair Rd.

19 (a) (Date received by registrar) Thursday, Sept 7, 1939

SEP 6 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 5 1939. at 8 A.M.

21. I certify that death occurred on the date above stated, that I attended deceased from July 15 1939. to Sept. 5, 1939. and that I last saw her alive on Sept. 4, 1939.

Immediate cause of death	Duration
Cerebral embolus	one day
Due to (primary) multiple abscess	50 days
Due to	
Other Conditions Arteriosclerosis	?

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Maurice E. Shamer M. D.

Address 3300 W. North ave Date signed 9/6/39

F 61045

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

49-a 17223-pb F 61045 Registered No.

The following items of information should be carefully supplied. Every item of information should be carefully supplied. PRINT PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
1123
(d) Street No. 412 Orchard St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Effie Parker

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Pud (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1887

8. AGE: Years 52 | Months 8 | Days 9 | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state) no

10. Usual Occupation Cook

11. Industry or business

FATHER
12. Name Isaah Booze
13. Birthplace Md

MOTHER
14. Maiden Name Eleanor Hendley
15. Birthplace Md.

16 (a) Informant Records
(b) Address BCH

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) Sept (day) 7, (year) 37

(c) Cemetery or crematory Mt. Zion
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (a) (Date received by registrar) (b) Registrar

SEP 8 1937

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-4 1937, at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-7 1937, to 9-4 1937, and that I last saw her alive on 9-4 1937.

Immediate cause of death
Carcinoma of Breast with metastases

Duration: ?

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lt. Edwards M. D.
Address Balt City Hosp. Date signed 9-7-37

F 61046

CCK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48 ✓4729 F 61046 Registered No.

PLEASE WRITE PLAINLY, WITH INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 53 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1107 W. Lexington St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Gasseway

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-16-1874

8. AGE: Years	Months	Days	If less than one day hr.	min.
65	3	16		

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

MOTHER / FATHER

12. Name Owen Gasseway

13. Birthplace Md.

14. Maiden Name Annabell Bluebottom

15. Birthplace Md.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof Sept 6, 1939 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location

18 (a) Funeral director Mr Katie R. Williams

(b) Address 322 N. Schroder St.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3-37S

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-2 1939, at 7:? M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-9 1937 to 9-2 1939, and that I last saw her alive on 9-2 1937.

Immediate cause of death Carcinoma uteri

Duration ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. Blackwood Jr. M. D.

Address Balto City Hosp. Date signed 9-3 37

F 61047

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 122-BF 61047

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Johns Hopkins Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo.

(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 715 W. Fayette St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret A. Gallion

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife June 26 1890

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 25, 1890

8. AGE: Years 49 Months 2 Days 4 If less than one day hr. min.

9. Birthplace Maryland (town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Jos. Massel

13. Birthplace Md.

MOTHER 14. Maiden Name Mary Winkler

15. Birthplace Md.

16 (a) Informant Jos. J. Gallion

(b) Address 715 W. Fayette

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-7-39 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Balto Md

18 (a) Funeral director Joseph Leading

(b) Address Fulton Ave & Fayette

19 (a) (Date file day first duly) SEP 8 1939 (b) Huntington Williamsport Md.

VS 3

E Steman

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-7-39 19—, at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-5-39 19 , to 9-7-39 19 , and that I last saw h[illegible] alive on 9-7-39 19 .

Immediate cause of death Cerebral Hemorrhage — **Duration**

Due to

Due to

Other Conditions Uremia

(Include pregnancy within 3 months of death)

Major findings:

Of operations Cerebral Hemorrhage

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. M. Collins M. D.

Address Bon Secours Hospital Date signed 9-8-39

Howard J. Maddux, M. D. Asst. Examiner
per B. Brannan Secty

61048 61048

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 7-6 Ward)

Length of residence in city or town where death occurred 75 yrs. 7 mos. 16 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Eva Lanahan

(a) Residence: No. 2715 Louise Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) Jan. 20, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) September 1939

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Zenft

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John F. Lanahan
(Address) 2715 Louise Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 9-8 1939

19. UNDERTAKER Leonard F. Keck
(Address) 5305 Reisterstown Rd

20. FILED ..... 19..... Registrar.

SEP 6 - 1939 Hunting for Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September ✓, 1939

22. I HEREBY CERTIFY, That I attended deceased from September 4, 1939 to September ✓, 1939

I last saw her alive on September ✓, 1939 Death is said to have occurred on the date stated above, at ✓ 0.5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio-Vascular Disease	?
(a) Cardiac Decompensation	Sept. 4

Other contributory causes of importance:

(b) Cerebral Vascular Accident. (c) Hypostatic Pneumonia (d) Paralytic Ileus.	(b) 3 days (c) 24 hrs (d) 3 days

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Wm. H. Kammer M. D.

(Address) Mercy Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

No. 1

Spec.—8-16-29—L. F. S.—100 Blks.

F 61049

HEALTH DEPARTMENT—CITY OF BALTIMORE

61049

CERTIFICATE OF DEATH

1—PLACE OF DEATH 1153 N. Carey St

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE, (No. _____ ST., 16-1 WARD)

2—FULL NAME Sarah Octavia Washington

(a) RESIDENCE NO. 1153 N. Carey St ST., _____ WARD 16 (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 66 yrs. _____ mos. _____ ds. How long in U. S., if foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Widowed

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	Oct 10	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housemaid

(b) General nature of industry, business, or establishment in which employed (or employer): [illegible] Housemaid

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Balt.

PARENTS

10 NAME OF FATHER: Thomas Lomax

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Emily Armstrong

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Almira E. Davis

(Address) 1153 N. Carey St

15 Filed _____, 19 [illegible] Registrar

1939

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-5-39

17 I HEREBY CERTIFY, That I attended deceased from July 10, 1939, to Sept 5th, 1939, that I last saw h[illegible] alive on Sept 5th, 1939, and that death occurred, on the date stated above, at 6:45 m.

The CAUSE OF DEATH* was as follows:

Nephritis & Endocarditis

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Senility

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Balto.

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) Jas C Carter, M. D.

19 (Address) 1722 Madison Ave

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion

DATE OF BURIAL: 9/9 1939

20 UNDERTAKER: J. E. Nelson

ADDRESS: [illegible] Freedman

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 61050 17506-fs

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107-6 F 61050 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1830 Harlem Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME
Mico Rogers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-6-1867

8. AGE: Years 71 | Months 8 | Days 26 | If less than one day hr. min.

9. Birthplace Holland
(Town, county, and state)

10. Usual Occupation Jewelry Salesman

11. Industry or business Jobber

FATHER
12. Name Mico
13. Birthplace Holland

MOTHER
14. Maiden Name Minnie ?
15. Birthplace Holland

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Sept 7. 1939 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md.

18 (a) Funeral director Mrs. Mary John W. Teufelsdorf Son
(b) Address 611 W. Fayette St

19 Date received by registrar SEP 8 1939 Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-7 1939, at 6 A.M.

21. I certify that death occurred on the date above stated, that I attended deceased from 8-16 1939, to 9-7 1939, and that I last saw h[illegible] alive on 9-7 1939.

Immediate cause of death: Bronchio pneumonia — Duration: few days

Due to Benign prostatic hypertrophy with chronic retention ?

Due to uremia

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Kubalowski M. D.
Address Balto City Hosp. Date signed 9-5-39

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 61051

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

210-M

F 61051

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Penna. (b) County
(c) City or town Philadelphia (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George M. Riefler

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) If single, married, widowed, or divorced Married

6 (b) Name of husband or wife Elizabeth Peyton Riefler

6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) July 14, 1882

8. AGE: Years 57 | Months 1 | Days 20 | If less than one day hr. min.

9. Birthplace Springfield Ill.
(town, county, and state)

10. Usual Occupation Salesman

11. Industry or business Office Supplies

MOTHER FATHER

12. Name Michael Riefler

13. Birthplace N. Y. State

14. Maiden Name Elizabeth Lutz

15. Birthplace Germany

16 (a) Informant Mrs. Eliz. Riefler

(b) Address 5334 Chestnut St. Phila.

17 (a) Burial, cremation, or removal

(b) Date thereof Sept 7 39 (month) (day) (year)

(c) Cemetery or crematory Arlington National Cem.

Location Arlington, Va.

18 (a) Funeral director John A. Mitchell Sons

(b) Address 1300 Eutaw Place

19 (Date received by Registrar) SEP 8 1939

(Signature of Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 3, 1939, at 5:25 P M

21. I HEREBY CERTIFY, That I took charge of the remains described thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Hemorrhage

Due to: Compound fracture both legs (tibia and fibula) — Duration: 33 hrs.

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident ??
(b) Date of occurrence 9/2/39
(c) Where did injury occur? 6000 block Phila Rd. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Roadside While at work? no (Specify type of place)
(e) Means of injury Standing behind car, struck by autobus

23. Signature Conrad Reitzel M.D.

Date signed 9/4/39

F 61052

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 B F 61052 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1619 Patapsco st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1619 Patapsco st (If rural give location)
(e) If foreign born, how long in U. S. A.? 55 years

3 (a) **FULL NAME** Maria Demma

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	Widow

6 (b) Name of husband or wife Anthony Demma
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 3 63.

8. AGE: Years	Months	Days	If less than one day hr.	min.
76	8	2		

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Vincent Corso
13. Birthplace Italy

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Pasquale Campanaro
(b) Address 1203 N. Montford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/8/39 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Frank V. Pepetone
(b) Address 2818 E. Balto st

19 Filed SEP 6 - 1939 (Date rec'd by registrar) by [illegible] Williams Registrar.

VS 2

MEDICAL CERTIFICATION

20. **DATE OF DEATH** Sept 5 1939, at 12.10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1937, to Sept 5 1939, and that I last saw her alive on Sept 5 1939.

Immediate cause of death — Duration

Coronary Disease

Due to Cardiac Dilatation

Due to Generalized Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. **Signature** Vincent M Mesoma M. D.
Address 1403 S. Charles St Date signed 9/6/39

F 61053 47673

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106-B F 61053 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 522 Oldham (If rural give location)
(e) If foreign born, how long in U. S. A.? 25 yrs. years

3 (a) FULL NAME Mike (Tapalis) Papalis
3 (b) If veteran, name war
3 (c) Social Security Account No. NONE
4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan. 1, 1891
8. AGE: Years 48 Months 8 Days 3 If less than one day hr. min.
9. Birthplace Greece (Town, county, and state)
10. Usual Occupation shooter
11. Industry or business Beth. Steel Co.

MOTHER / FATHER
12. Name Sam
13. Birthplace Greece
14. Maiden Name Pulmenia ?
15. Birthplace -

16 (a) Informant Records
(b) Address ~~Baltimore City Hospitals~~
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof SEPT 7 1939 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Woodlawn
Location nr Baltimore
18 (a) Funeral director John R. Byers
(b) Address Westminster Md
19 (a) (Date rec'd by registrar) (b) Registrar
SEP 8 - 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-4- 1939, at 5 05 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 8-21- 1939 to 9-4- 1939.
and that I last saw he was alive on 9-4- 1939.
Immediate cause of death Cardiac failure
Due to Chronic bronchitis Pulm. emphysema
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
Duration 3 a-h 1
?
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 9-5-39

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 61054

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

F 61054 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2519 W. Baltimore St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 67 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2519 W. Baltimore St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Emma S. Sipes.

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex: Female

5. Color or race: White.

6 (a) Single, married, widowed, or divorced: Widowed.

6 (b) Name of husband or wife: John T. Sipes.

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept. 26-1857.

8. AGE: Years 81. Months 11 Days 9 If less than one day hr. — min.

9. Birthplace Accomac Co. Va. (Town, county, and state)

10. Usual Occupation Housewife. 0037

11. Industry or business At home.

FATHER 12. Name John T. Fisher.

13. Birthplace Unknown.

MOTHER 14. Maiden Name Emma Fisher.

15. Birthplace Accomac Co. Va.

16 (a) Informant Mrs. George S. Cutler.

(b) Address 2519 W. Balto. St.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof 9-7-39. (month) (day) (year)

(c) Cemetery or crematory London Park.

Location Baltimore - Md.

18 (a) Funeral director Charles J. Schwab.

(b) Address 505 N. Monroe St.

19 (Date received by the registrar) SEP 8 1939 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 4 1939. at 9.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1929. to Sept 4 1939. and that I last saw her alive on Aug 20 1939.

Immediate cause of death	Duration
Cardiac insufficiency	3 weeks
Due to Chronic myocarditis	2 years
Due to Arterio - Sclerosis	
Other Conditions Chronic Nephritis	2 years.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide none
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? at home (Specify type of place) While at work?
(e) Means of injury

23. Signature J. A. Buchness M. D.

Address 1651 Ceddox St. Date signed 9/5/39

Give age in years, months, days if under 1 year. Physicians: please write the causes of death clearly and legibly.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61055

CERTIFICATE OF DEATH

159

F 61055

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 203 N. Eden St. 5-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 0 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Wortham

If U. S. Veteran specify WAR

(a) Residence: No. 203 N. Eden St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced: HUSBAND of / (or) WIFE of —

6. DATE OF BIRTH (month, day, year) August 6, 1939

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or 20 min.
	—	—	—	5

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newborn

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Preston Wortham

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Stella Mae Williams

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Stella Mae Wortham

(Address) 203 N. Eden St.

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date SEP 6 1939, 19

19. UNDERTAKER Commissioner of Health

(Address) [illegible]

20. FILED SEP 6 1939, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from August 6, 1939 to August 6, 1939

I last saw him alive on August 6, 1939 Death is said to have occurred on the date stated above, at 11 00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? History, Autopsy, & Exam. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) E. W. Quarstrel, M. D.

(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 3

5027

F 61056

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61056

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Johns Hopkins Hospital St., 16-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Loftin

(a) Residence: No. 705 N. Calhoun St. St., Ward. B2
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) June 20, 1939

7. AGE	Years	Months	Days	If LESS than 1 day, 18 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Bryant Loftin

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Marie McCoy

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date 6 1939

City Department of Health

19. UNDERTAKER

(Address)

20. FILED ..... 19 ..... Registrar.

Permit for Burial or Removal

SEP 6 = 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUNE 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from 6-20-39, 19..., to June 21, 1939

I last saw her alive on June 21, 1939 Death is said to have occurred on the date stated above, at 5 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
prematurity	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) E. W. Overstreet M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

V 8 3

5025

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61057

CERTIFICATE OF DEATH

157-PF 61057

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Ls Johns Hopkins Hospital 7 E-2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 0 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME BABY JOYCE If U. S. Veteran specify WAR

(a) Residence: No. 4411 Wentworth Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) September 2, 1939

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or 15 min.
	0	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newborn

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — good

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME J. Mortimer Joyce

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Gladys Pickens

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Gladys Joyce

(Address) 4411 Wentworth Road.

18. BURIAL, CREMATION, OR REMOVAL

Place ... Date SEP 6 1939 19

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Moore

20. FILED SEP 6 - 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 2. 1939

22. I HEREBY CERTIFY, That I attended deceased from September 2, 1939 to September 2, 1939

I last saw h.e.r. alive on September 2, 1939 Death is said to have occurred on the date stated above, at 10 35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Erythroblastosis foetalis, Hydrops type.	
Other contributory causes of importance:	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Examination Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) I. E. W. Overstreet M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

5026

F 61058

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 61058

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dead on arrival Mercy
(c) Hospital or institution: Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) ? 4d
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State New Jersey (b) County Essex
(c) City or town Nutley (If outside city or town limits, write RURAL and give town)
(d) Street No. 24 Enclosure St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Endicott D. Rich

3 (b) If veteran, name war NO

3 (c) Social Security Account No. 091-05-3797

4. Sex M | 5. Color or race wh | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Hazel Rich

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 17, 1885

8. AGE: Years 52 | Months 6 | Days 19 | If less than one day hr min

9. Birthplace Boston Mass (Town, county, and state)

10. Usual Occupation Public Relations Counsel

11. Industry or business Home maker & Associates

FATHER 12. Name Charles Edmond Rich

13. Birthplace Mass

MOTHER 14. Maiden Name Eliza Howe

15. Birthplace Salem Mass

16 (a) Informant Carlton Rich

(b) Address Nutley N J

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Sept 7 1939 (month) (day) (year)

(c) Cemetery or crematory Fresh Pond Crematory

Location Linden N J

18 (a) Funeral director Hyman Rich

(b) Address 126 E 59th St

19 (a) SEP 6 - 1939 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/6/39 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence No
Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Huntington Williams Medical Examiner M.D.

Date signed 9/6/39

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Kushner

F 61059

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48 Registered No. F 61059

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 23 N. West St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 51
(e) Length of stay in Baltimore (yrs., mos., or days) 91

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 23 N West St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Myrtle M Kushner
3 (b) If veteran, name war no
3 (c) Social Security Account No. none
4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Benjamin S
6 (c) If alive, give age 57 years
7. Birth date of deceased (mo., day, yr.) Dec 21. 1906
8. AGE: Years 32 Months 8 Days 14 If less than one day hr. min.
9. Birthplace Calverport Pa (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

MOTHER / FATHER
12. Name Conrad Lentzbach
13. Birthplace Baltimore Md
14. Maiden Name Emma Eagon
15. Birthplace Baltimore Md

16 (a) Informant Benjamin S Kushner
(b) Address 23 N. West St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 8. 1939 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Md
Location Baltimore Co

18 (a) Funeral director Fulton & Gordon
(b) Address 1217 Eutaw St

SEP 8 1939

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 5 1939, at 1:30 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 31 1937, to Sept 5 1939, and that I last saw h alive on Sept 5 1939.

Immediate cause of death Uremia — Duration 4 days
Due to Carcinoma of Cervix — 17 months
Due to
Other Conditions Generalized carcinomatosis
(Include pregnancy within 3 months of death)
Major findings: Sum. 238 - albumen -
Of operations hysterectomy Feb 21-39 Biopsy Ca Cx - Ca of Cx
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Malcolm Rademan M. D.
Address 2246 Eutaw Pl Date signed 9/5/39

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

F 61060

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 61060 Registered No. 50

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2207 Aiken Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or Town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2207 Aiken Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 30 yrs years

3 (a) FULL NAME Bessie Levy

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Benjamin

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 56 | Months | Days | If less than one day hr. min.

9. Birthplace Austria (Town, county and state)

10. Usual Occupation House Work

11. Industry or business

MOTHER / FATHER

12. Name Isaac Hohberger

13. Birthplace Austria

14. Maiden Name Rosa

15. Birthplace Austria

16 (a) Informant Benj. Levy

(b) Address 2207 Aiken Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-7-39 (month) (day) (year)

(c) Cemetery or crematory Herring Run

Location Phila. Rd. & Harford Lane

18 (a) Funeral director Jos. Levi & Son

(b) Address 1459 E. Balto St

19 (a) Huntington Williams M.D. Registrar

(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-6-39 19 at 7:30 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10, 1938 to Sept 6, 1939.
and that I last saw her alive on Sept 5, 1939

Immediate cause of death Carcinoma of Left Breast — Duration 2 yrs

Due to

Due to

Other Conditions Metastatic Carcinoma of Liver and Skin (Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma of Breast

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel L. Wolfe M. D.
Address 1331 E. North Ave Date signed 9-6-39

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 61061 HEALTH DEPARTMENT—CITY OF BALTIMORE F 61061

CERTIFICATE OF DEATH

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital, 416 Ward)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME James B. McVey

If U. S. Veteran specify WAR ____

(a) Residence: No. 1112 W. Sixth Street, Wilmington, Del. Ward. ____

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of ____

6. DATE OF BIRTH (month, day, year) May 14 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	46	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Wilmington Del.

FATHER

13. NAME James McVey

14. BIRTHPLACE (city or town) (State or country) Del.

MOTHER

15. MAIDEN NAME Kath Jordan

16. BIRTHPLACE (city or town) (State or country) Del.

17. INFORMANT Wm J. McVey

(Address) 1112 W. 6th St. Wilm. Del.

18. BURIAL, CREMATION, OR REMOVAL

Place Wilmington Del. Date Sept. 9 1939

19. UNDERTAKER John A. Phelan

(Address) 3202 E. Baltimore St.

20. FILED ____ 19 ____ Registrar. ____

SEP 7 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 6 1939

22. I HEREBY CERTIFY, That I attended deceased from April 4 1939 to Sept 6 1939

I last saw h— alive on Sept 6 1939 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Advanced Pulmonary Tuberculosis	
Other contributory causes of importance: Chronic myocarditis	

Was an operation performed? No Date of ____

For what disease or injury? ____

Name of operation ____

What test confirmed diagnosis? X Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____ 19 ____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) M. R. Tennant M. D.

(Address) St. Joseph Hosp.

GIVE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

61062

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61062

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) West Baltimore General Hospital St., 17 Ward

Length of residence in city or town where death occurred ? yrs. ? mos. ? ds. How long in U. S. If of foreign birth? ? yrs. — mos. — ds.

2. FULL NAME Mr. Arthur Gray

If U. S. Veteran specify WAR .....

(a) Residence: No. 707 George St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Betty Gray

6. DATE OF BIRTH (month, day, year) 1893

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montgomery Co. Md.

FATHER

13. NAME George Gray.

14. BIRTHPLACE (city or town) (State or country) Montgomery Co. Md.

MOTHER

15. MAIDEN NAME Molly ?

16. BIRTHPLACE (city or town) (State or country) Montgomery Co. Md.

17. INFORMANT Mrs Betty Gray Wife

(Address) 707 E George St

18. BURIAL, CREMATION, OR REMOVAL Place Montgomery Co. Md. Date Sept 8th 1939

19. UNDERTAKER Chas A Wilson

(Address) 1000 Brantley

FILED ..... 19.....

Registrar.

SEP 7 — 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1939, to Sept 5, 1939

I last saw him alive on Sept. 5, 1939. Death is said to have occurred on the date stated above, at 8 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	9/5/39
Other contributory causes of importance:	
none	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical history & Physical Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Howard J. Healdis M. D.

(Address) 1 W Saratoga

Howard J. Healdis, M. D. - Med. Examiner
per D. Brannan, Secretary

Vol. 1

BE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 61063

61063

CERTIFICATE OF DEATH

V 46-D

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St. 15-7 Ward)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Vernon Reese

(a) Residence: No. 3011 Gwynn Falls Parkway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Estate Reese

6. DATE OF BIRTH (month, day, year) Dec 22, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Westminster
(State or country) Maryland

FATHER

13. NAME William Reese

14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER

15. MAIDEN NAME Sarah Yingling

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Mrs. Etta J. Reese Balto
(Address) 3011 Gwynn Fall Parkway

18. BURIAL, CREMATION, OR REMOVAL
Place Westminster Cem. Date Sept. 9 1939

19. UNDERTAKER John R. Byers
(Address) Westminster, Md.

20. FILED SEP 7 1939 Huntington Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1939 to Sept 6, 1939

I last saw him alive on Sept 6, 1939 Death is said to have occurred on the date stated above, at 10½ a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	?
Generalized Carcinomatosis	?

Other contributory causes of importance:

Was an operation performed? Yes Date of 4/6/39

For what disease or injury? Carcinoma Rectum

Name of operation Colostomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No? If so, specify

(Signed) Robert J. Coffman M. D.

(Address) Maryland General Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 8

F 61064

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1119 Registered No. 61064

Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 wks

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 28 S. Schroeder St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Delores Olson

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 16, 1939
8. AGE: Years 1 Months Days 20 If less than one day hr. min.
9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Carlyle M. Olson
13. Birthplace Elkpoint S. D.

MOTHER
14. Maiden Name Mary Costello
15. Birthplace Greece

16 (a) Informant Carlyle M. Olson
(b) Address 28 S. Schroeder St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 7 1939 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cemetery
Location
18 (a) Funeral director Frederick A. Dole
(b) Address 1700 W. Lombard St.
19 (a) [illegible] Registrar
(Date received by registrar) SEP 7 1939
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 5, 1939, at 2:20 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 29, 1939, to Sept 5, 1939, and that I last saw her alive on Sept 5 1939.

Immediate cause of death Circulatory failure — Duration: aver

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed 9/7/39

F 61065

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 61065
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State
(b) County
(c) City or town: Leesport Pa
(If outside city limits, write RURAL and give town)
(d) Street No. ?
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Heene

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced ?

6 (b) Name of husband or wife Ada L.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years ? 40 | Months | Days | If less than one day: hr | min

9. Birthplace Penna
(Town, county, and state)

10. Usual Occupation Store Manager

11. Industry or business

FATHER 12. Name John Heene
13. Birthplace Va

MOTHER 14. Maiden Name Kate Rock
15. Birthplace Va

16 (a) Informant Johns Hopkins-Records
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-7-39 (month) (day) (year)

(c) Cemetery or crematory
Location Leesport Pa

18 (a) Funeral director John O. Miller & Sons
(b) Address 1900 Eutaw St

(Date received by registrar) SEP 7 1939

(b) Signature of registrar Thornton Williams M.D.

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/6/39 19 , at 9:45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Pneumonia	3 days
Due to cystitis, pyelitis	"
Due to Ruptured bladder - Cerebral hemorrhage Arteriosclerosis, cerebral	"
Other Conditions Fractured L. Thigh (Include pregnancy within 3 months of death)	

Major findings of operations

Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident ?
(b) Date of occurrence 9/3/39
(c) Where did injury occur? Aberdeen, Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ? (Specify type of place) While at work? ?
(e) Means of injury ?

23. Signature Conrad Acton Jr M.D.
Medical Examiner

Date signed 9/7/39

F 61066

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 94-B F 61066

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Res London around
(c) Hospital or institution South Baltimore General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5 Franklin Town Rd Govans Fall Park (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Wockenfuss

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-07-1562

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Wh	Married

6 (b) Name of husband or wife Margaret C. Wockenfuss

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 23, 1894

8. AGE: Years	Months	Days	If less than one day: hr	min
45	5	16		

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Welder + Burner

11. Industry or business Ind Dry Docks

FATHER
12. Name Emil Wockenfuss
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Margaret C. Wockenfuss
(b) Address Franklin Town Rd. Govans Fall Park

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/8/39 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Frederick Rd

18 (a) Funeral director S. Walter Mayo
(b) Address 619 N. Bouldin St.

19 SEP 7 - 1939 Huntington Williams, M.D.
(Date received by registrar)

MEDICAL CERTIFICATION 1030 A

20. DATE OF DEATH 8/5/39 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to h death on the day stated above.

Immediate cause of death — Duration

Coronary occlusion

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Williams M.D. Medical Examiner

Date signed 9/6/39

Correct all errors carefully. Physicians, please write the causes of death clearly and legibly. Especially important.

V# 6

61067 61067

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 89-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 18-2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Norman Johnson If U. S. Veteran specify WAR

(a) Residence: No. 303 N. Carey St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 11, 1939

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Lonnie Johnson

14. BIRTHPLACE (city or town) (State or country) Camden, S. C.

MOTHER

15. MAIDEN NAME Mattie Lawson

16. BIRTHPLACE (city or town) (State or country) Camden S. C.

17. INFORMANT Mattie Johnson

(Address) 303 N. Carey St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Sept 7 1939

19. UNDERTAKER Mrs Katie R. Williams

(Address) 323 N. Schroeder Ave. Huntington Wilmington, N.C.

20. FILED SEP 7 - 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9 - 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from 8-28, 1939 to 9-6, 1939

I last saw him alive on 9-6, 1939. Death is said to have occurred on the date stated above, at 2¾ A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute upper Respiratory infection	7-30-39
Otitis Media	8-10-39

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C. T. Maloney M. D.

(Address) Provident Hospital

SEE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

61068 ✓ F 61068

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 755 McHenry St. 21-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eva L. Walker

If U. S. Veteran specify WAR .....

(a) Residence: No. 755 McHenry St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Earl Walker

6. DATE OF BIRTH (month, day, year) Dec. 18, 1908

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Blanche Lloyd

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Ida M. Phelps

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Everett M. Harvey

(Address) 755 McHenry St

18. BURIAL, CREMATION, OR REMOVAL

Place Odenton, Md Date Sept 7 1939

19. UNDERTAKER Lloyd Kaiser

(Address) Laurel, Md.

20. FILED SEP 7 1939 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 4 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 21 1939 to Sept. 4 1939

I last saw her alive on Sept. 4 1939. Death is said to have occurred on the date stated above, at 10:25 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	8/21/39
Other contributory causes of importance: Exhaustion	9/3/39

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If ... Yes ... D.

Signed R. R. Campbell M.D.

9/5/39 (Address) 1644 Hanover St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 61069 47905-Ia

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-P ✓ F 61069 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution:

Balto. City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 509 N. Lusarne Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Beck

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-30-70

8. AGE: Years	Months	Days	If less than one day
68	5	5	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER

12. Name Anton

13. Birthplace Germany

MOTHER

14. Maiden Name Mary Wolfe

15. Birthplace Germany

16 (a) Informant B.C.H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 8/39 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn

Location Baltimore

18 (a) Funeral director John Ulrich

(b) Address 200 N. Milton Ave.

19 (a) (b) Registrar

(Date rec'd by registrar)

SEP 7 — 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 5 1939, at 8⁵⁵ P M

21. I certify that death occurred on the date above stated, that I attended deceased from August 29 1939, to September 5 1939, and that I last saw h im alive on September 5 1939.

Immediate cause of death	Duration
Hypertensive cardiovascular disease	unknown
Due to	
Due to	
Other Conditions B enign prostatic hypertrophy	unknown

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Enlarged heart and prostate.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Jos. Neugebauer M. D.

Address Balto City Hosp Date signed 9-6-39

F 61970
366-477

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

92-a ✓ Registered No. F 61970

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2674 Huron St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Walter Saunders
3 (b) If veteran, name war
3 (c) Social Security Account No. 216-10-3341

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-23-97

8. AGE: Years 42 | Months 6 | Days 13 | If less than one day: hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Iverson Saunders
13. Birthplace Va

MOTHER
14. Maiden Name Eliza Bushrod
15. Birthplace Va

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-9-39 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A. A. County Md
18 (a) Funeral director William A Jackson
(b) Address 916 Pennsylvania ave
19 (a) Date received by local registrar SEP 7 1939 (b) Registrar Wilkinson

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 5 1939 at 6 58 P M

21. I certify that death occurred on the date above stated, that I attended deceased from July 12 1939 to Sept 5 1939. and that I last saw h-im alive on Sept 5 1939.

Immediate cause of death: Congestive Heart Failure — Duration: from July 12, 1939 to Death
Due to Rheumatic Heart Disease
Due to
Other Conditions Latent syphilis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Mitral stenosis & insuff.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature WB McCallister Jr. M. D.
Address
Date signed 9-6-39

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 61071
36213

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46-B

Registered No. F 61071

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 d
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2616 N. Charles St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Gwynn (John Francis Gwynn)
3 (b) If veteran, name war
3 (c) Social Security Account No. ?

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Gertrude Zollinger
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) July 31, 1863
8. AGE: Years 76 | Months 1 | Days 2 | If less than one day — hr. — min.
9. Birthplace Maryland (Town, county, and state) 0066
10. Usual Occupation Shoe Salesman
11. Industry or business

FATHER 12. Name William McGwynn
13. Birthplace Md.
MOTHER 14. Maiden Name Christian-Summers
15. Birthplace Md - Records

16 (a) Informant
(b) Address

17 (a) (Burial, ~~cremation, or removal~~) (b) Date thereof 9/8/39 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Cathedral
Location Frederick Road & Augusta Ave.

18 (a) Funeral director H. U. Meakins and Son
(b) Address 500 N. Eutaw St.

19 (a) SEP 7 - 1939 (b) Date rec'd (by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 6 1939, at 5:55 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Aug 18 1939, to Sept 6 1939, and that I last saw him alive on Sept 6 1939.

Immediate cause of death: Cachexia — Duration: @ 1 yr.
Due to: Carcinoma of Stomach
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations: \
Of autopsy: \

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. F. Jonas Jr. M. D.
Address The Johns Hopkins Hospital Date signed 9-6-39

367595

F 61072

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54-F

F 61072 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 7-5
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County
(c) City or town Red Lion (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARY FERREE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: JOHN

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-10-86

8. AGE: Years 53 | Months 7 | Days 27 | If less than one day hr. min.

9. Birthplace Adams Co. PA (Town, county, and state)

10. Usual Occupation H. Wife

11. Industry or business —

FATHER 12. Name CHAS HAFER

13. Birthplace PA.

MOTHER 14. Maiden Name ELLA KEENEY

15. Birthplace PA

16 (a) Informant RECORDS

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 9 9 39 (Month) (Day) (Year)

(c) Cemetery or crematory

Location Gettysburg Pa.

18 (a) Funeral director C. W. Stamgaugh

(b) Address 203 W. Balto St

19 (a) SEP 7 - 1939 (Date rec'd by registrar) Thurston Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 7 1939. at 1.22 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 28 1939. to Sept 7 1939. and that I last saw he Ralive on Sept 7 1939.

Immediate cause of death: Surgical Shock — Duration: 12 hrs.

Due to: Operation (Partial removal of mediastinal tumor) — 1 yr.

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operation: Mediastinal Tumor benign / Spinal Cord Tumor

Of autopsy same

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. F. Jonas Jr. M. D.

Address The Johns Hopkins Hospital Date signed 9-7-39

Age, if under one year, months, days. Occupation, especially important. Physicians: please write the causes of death clearly and legibly.

F 61073

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53-E

Registered No. F 61073

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address: 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days): 6 days

(e) Length of stay in Baltimore (yrs., mos., or days): Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Maryland (b) County:

(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No.: 1437 N. Charles Street (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Bernardi

3 (b) If veteran, name war:

3 (c) Social Security Account No.: -none-

4. Sex: M

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Lydia

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct. 8, 1867

8. AGE: Years: 71 | Months: 10 | Days: 28 | If less than one day: hr. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual Occupation: O.A.P.

11. Industry or business:

FATHER 12. Name: Charles Bernardi

13. Birthplace: Germany

MOTHER 14. Maiden Name: Caroline Rabberger

15. Birthplace: Germany

16 (a) Informant: Records

(b) Address: Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept 8, 1939 (month) (day) (year)

(c) Cemetery or crematory: Baltimore

Location: Baltimore, Md.

18 (a) Funeral director: William Cook

(b) Address: 1217 St. Paul St.

19 (a) SEP 7 - 1939 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 9 6 1939 at 1 50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-31 1939, to 9-6 1939, and that I last saw h/m alive on 9-6 1939.

Immediate cause of death: Angio endothelioma of head with metastasis

Duration: ?

Due to:

Due to:

Other Conditions: (Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury:

23. Signature: [illegible] M. D.

Address: Balto City Hosp. Date signed: 9-6-39

VS 3

F 61074

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

Registered No. F 61074

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address ..... St James Apartments

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 3 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 530 North Charles St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Fanny K Browning

3 (b) If veteran, name war: No

3 (c) Social Security Account No.: None

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: ---

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 76 | Months | Days | If less than one day: hr. min.

9. Birthplace Mississippi (Town, county, and state) 1863

10. Usual Occupation None

11. Industry or business

MOTHER / FATHER

12. Name: Unknown

13. Birthplace: Unknown

14. Maiden Name: Unknown

15. Birthplace: Unknown

16 (a) Informant Mrs Sothern

(b) Address Baltimore, Md.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Sept 8, 1939 (month) (day) (year)

(c) Cemetery or crematory Greenmount

Location Baltimore, Md.

18 (a) Funeral director William Cook

(b) Address 1217 St. Paul St.

19 (a) SEP 7 - 1939 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-7 1939, at 8.00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-10 1938, to 9-7 1939, and that I last saw h[illegible] alive on 9-6 1939.

Immediate cause of death: ARTERIOSCLEROTIC HEART DISEASE — Duration: 1 Yrs.

Due to

Due to

Other Conditions CEREBRAL ARTERIOSCL.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature John L. Sothern M. D.

Address 1129 ST. PAUL ST Date signed 9-7

F 61075

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131

Registered No. F 61075

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2125 Ridgehill Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County .....
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 2125 Ridgehill Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME .....MARY F. MAGANN .....

3 (b) If veteran, name war: No.
3 (c) Social Security Account No. No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Arthur J. Magann
6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Aug. 12, 1886

8. AGE: Years 53 | Months .... | Days 23 | If less than one day: hr. ... min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Carl Krahn
13. Birthplace Germany

MOTHER
14. Maiden Name Fredericka Derro
15. Birthplace Germany

16 (a) Informant Arthur J. Magann
(b) Address 2125 Ridgehill Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 8. 39 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Edmondson Ave. & Longwood St

18 (a) Funeral director F. B. Ulshafer & Son
(b) Address 1300 EUTAW PLACE...c

19 SEP 7 - 1939 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 5 1939, at M

21. I certify that death occurred on the date above stated, that I attended deceased from July 1938, to Sept 5 1939 and that I last saw her alive on Sept 3 1939.

Immediate cause of death: Chronic Myocarditis and / Chronic Interstitial Nephritis — Duration: Two years
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Fred C Jewett M. D.
Address 2516 Penna. Ave. Date signed 9/7/39
Dr. F. C. Jewett

365811 F 61076

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91-a F 61076

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 50 days
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Del (b) County .....
(c) City or town Wilmington (If outside city or town limits, write RURAL and give town)
(d) Street No. 2009 Monroe Place (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) **FULL NAME** Hilda Arlene Brodsky

3 (b) If veteran, name war .....
3 (c) Social Security Account No. .....

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 12-19-23

8. AGE: Years 15 | Months 8 | Days 18 | If less than one day ..... hr. ..... min.

9. Birthplace Del. (Town, county, and state)
10. Usual Occupation Student
11. Industry or business .....

FATHER
12. Name Harry Brodsky
13. Birthplace Russia

MOTHER
14. Maiden Name Rose Astrin
15. Birthplace Russia

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 10/39 (month) (day) (year)
(c) Cemetery or crematory Lombardi Fem.
Location Wilmington Del

18 (a) Funeral director Mr. John A. Miller
(b) Address 1334 Jefferson St. Wilm. Del.

19 (a) Date received by Registrar SEP 8 1939 (b) ..... Registrar

VS 3

MEDICAL CERTIFICATION

20. **DATE OF DEATH** Sept. 7 1939, at 9:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 19 1939, to Sep 7 1939, and that I last saw her alive on Sept 7 1939.

Immediate cause of death subacute bacterial endocarditis — **Duration** 3 mo.

Due to congenital heart disease

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury .....

23. **Signature** Sidney Thayer Jr. M. D.
Address John Hopkins Hosp. Date signed 9/7/39

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 61077

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61077

CERTIFICATE OF DEATH

F 123

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-1 Ward)

Length of residence in city or town where death occurred 22 yrs. ..... mos. 17 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Mary Kelly

(a) Residence: No. 632 E. St Lucas Pl St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wife of Mr Joseph Kelly

6. DATE OF BIRTH (month, day, year) Aug 15, 1867.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	-	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 8-12-39

11. Total time (years) spent in this occupation 32

12. BIRTHPLACE (city or town) (State or country) Pottsville Penna

FATHER

13. NAME Albert O'Neill

14. BIRTHPLACE (city or town) (State or country) Pottsville Penna

MOTHER

15. MAIDEN NAME Catherine O'Neill

16. BIRTHPLACE (city or town) (State or country) Pottsville Penna

17. INFORMANT Joseph F Kelly

(Address) 632 E. St. Lucas Pl.

18. BURIAL, CREMATION, OR REMOVAL Place New Cath. Date Sept 1-39

19. UNDERTAKER John A. Horan

(Address) 800 E. Baltimore St

20. FILED Aug 31 1939 D. de Haros Registrar.

SEP 8 - 1939

Hamilton Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 13 1939 to Aug 30 1939

I last saw her alive on Aug 30 1939. Death is said to have occurred on the date stated above, at 9.40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Meckle's Diverticula	8-13-39.
Acute Tubular Nephritis secondary to hemoglobin.	

Other contributory causes of importance:

Was an operation performed? Yes Date of 8-12-39.

For what disease or injury? Ruptured Meckle's Diverticula

Name of operation Resection of Ileum.

What test confirmed diagnosis? Op. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harold H Burns. M. D.

(Address) Mercy Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 61078

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 61078
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4301 Pimlico Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4301 Pimlico Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

15-13

3 (a) FULL NAME Sophia Greenfeld

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Simon
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 63 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation House Work

11. Industry or business

MOTHER / FATHER

12. Name Moses Lipschitz
13. Birthplace Russia
14. Maiden Name Hannah
15. Birthplace Russia

16 (a) Informant Simon Greenfeld
(b) Address 4301 Pimlico Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-8-39 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Phila. Pike + Hamilton Ave.

18 (a) Funeral director Jack Levy Inc.
(b) Address 1439 E. Balto St

SEP 19 8-1939 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-7-39 19 28 at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/16 1931 to 9/7 1939.
and that I last saw h alive on 9/7 1939.

Immediate cause of death Acute Cardiac dilatation
Due to Acute pulmonary Edema
Due to Chronic Myocarditis
Due to Hypertension

Duration a few days

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State) —
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. H. Klepner, M.D.
Address 2310 Garland Pl. Date signed 9/7/39 (M.D.)

VS 2

Please write the causes of death clearly and legibly. Physicians, please write the causes of death clearly and legibly.

61079 LB 47991

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-P F 61079 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 61 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 314 Myrtle Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Lee

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-07-4996

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Brown	married

6 (b) Name of husband or wife Elizabeth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1, 1878

8. AGE: Years	Months	Days	If less than one day: hr.	min.
61	5	5		

9. Birthplace Pa. (Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business unemployed 1 yr.

FATHER
12. Name John Lee (d)
13. Birthplace Md.

MOTHER
14. Maiden Name Susie Fuller (d)
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 9-9-39 (month) (day) (year)
(c) Cemetery or crematory Lincoln
Location Harrisburg Pa.

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

SEP 8 - 1939 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 6 1939, at 6 29 P M

21. I certify that death occurred on the date above stated, that I attended deceased from Sept 1 1939, to Sept 6 1939, and that I last saw h[illegible] alive on Sept 6 1939.

Immediate cause of death	Duration
Hypertensive cardiovascular disease	Unknown
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No Post

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed

VS 8

F 61080

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

62-a F 61080

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1511 William St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 45yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto c

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1511 William St

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

2-4-4

3 (a) FULL NAME Sarah Catherine Rodgers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Stephen J Rodgers

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 26, 1866

8. AGE: Years 73 Months 6 Days 10 If less than one day hr. min.

9. Birthplace A. a bo Md (Town, county, state)

10. Usual Occupation Retired Housewife

11. Industry or business

FATHER

12. Name Theo. Wash. Upton

13. Birthplace A. A. bo Md

MOTHER

14. Maiden Name Emilie Burnett

15. Birthplace A. A. bo Md

16 (a) Informant Miss Elsie Rodgers

(b) Address 1513 William St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 9 1939 (month) (day) (year)

(c) Cemetery or crematory Loudon Pk.

Location 38th & Fredericka ave

18 (a) Funeral director A. Howard Eyers

(b) Address 1400 ac St Charles St

19 (a) (Date received by registrar) (b) Registrar

SEP 8 1939

SEP 8 3 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 6, 1939 at 11 A.M

21. I certify that death occurred on the date above stated, that I attended deceased from Aug. 26 1939 to Sept. 6 1939 and that I last saw HER alive on Sept. 6 1939

Immediate cause of death

Exhaustion — Duration 2 days

Due to Cerebral Hemorrhage — 8/26/39

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature H. C. Campbell M. D.

Address 1644 Hanover St Date signed 9.7.39

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly.

F 61081

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 61081

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3200 Keswick Road (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William H. James

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Alice (d)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 26, 1870

8. AGE: Years 69 | Months 5 | Days 1 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name John

13. Birthplace Maryland

MOTHER

14. Maiden Name Susan Schaffer

15. Birthplace Maryland

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 9, 1939 (month) (day) (year)

(c) Cemetery or crematory Woodlawn.

Location

18 (a) Funeral director Thanhouser Son.

(b) Address 3615-17 Chestnut Ave.

19 (a) SEP (Date received by registrar) (b) Burton Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH September 7 1939, at 6.45 AM

21. I certify that death occurred on the date above stated, that I attended deceased from August 29 1939, to Sept 7 1939, and that I last saw him alive on Sept 7 1939.

Immediate cause of death: Cerebral hemorrhage — Duration: 11 days.

Due to

Due to

Other Conditions Hypertension — unknown.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. McCaghey Cotter M. D.

Address Balto City Hosp Date signed

61082

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131 Registered No. ✓ F 61082

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4675 Park Hyts Ave
(c) Hospital or institution:

27-16

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 4675 Park Hyts Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louis E. Dailey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Flornce Dailey

6 (c) If alive, give age: 60? years

7. Birth date of deceased (mo., day, yr.): October 22, 1868

8. AGE: Years 70 | Months 10 | Days 16 | If less than one day: hr. min.

9. Birthplace: Baltimore Maryland (Town, county, and state)

6045

10. Usual Occupation: Retired

11. Industry or business: Ice Business.

MOTHER / FATHER

12. Name: Henry Dailey

13. Birthplace: Baltimore Maryland

14. Maiden Name: Unknown

15. Birthplace: Unknown

16 (a) Informant: Sarah A. Carr

(b) Address: 4675 Park Hyts Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept 11, 1939 (month) (day) (year)

(c) Cemetery or crematory: New Cathedral Cem.
Location: Baltimore Maryland

18 (a) Funeral director: Bal X C & B M Watters

(b) Address: Pratt & Stricker Sts.

19 (a) Date received (by registrar): SEP 8 - 1939

(b) Hunterton Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 7 1939, at 9.10 AM

21. I certify that death occurred on the date above stated, that I attended deceased from 1935 to Sept 7 1939.
and that I last saw him alive on Sept 6 1939.

Immediate cause of death: Pulmonary Edema — Duration: 2 wks.

Due to Myocarditis - Essential Cardiac — 5 yrs.

Due to

Other Conditions: Chronic Nephritis — 5 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Fred L. De Barthes, M. D.
Address: 4723 Park Heights Ave Date signed: Sept 7 1939

Correct age is especially important. Physicians please write the causes of death clearly and legibly.

61083 F 61083

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

463

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) So. Balto Genl. Hospital St., Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Thomas Bakalik Jr.

(a) Residence: No. 1631 Cherry St., 25-E Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 9, 1939

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. boy

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Thomas Bakalik

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Agatha Baurowski

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT (Address) Thomas Bakalik 1631 Cherry St.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Cross. A.A.Co. Date Sept 8. 1939

19. UNDERTAKER (Address) Wm. S. Fiallowski 1617 Eastern Ave

SEP 8 - 1939 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/7/39 19

22. I HEREBY CERTIFY, That I Attended deceased from 8/19/39 19... to 9/7/39 19... I last saw alive on 9/7/39 19... Death is said to have occurred on the date stated above, at 3 55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignancy of Stomach	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 8/21 & 8/30

For what disease or injury? Pyloric Stenosis

Name of operation Resection; gastroenterostomy

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel L. Fox M. D.

(Address) So Balto Genl Hosp.

SHA CAUSE OF DEATH must be filled in. See instructions on back of certificate. OCCUPATION is very important.

61084

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

121 Registered No. E 61084

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1210 N. Potomac Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Marie Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-05-2436

4. Sex F | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Divorced

6 (b) Name of husband or wife Robert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 3, 1909

8. AGE: Years 30 | Months | Days 3 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Hat Trimmer 6086
11. Industry or business M. S. Levy & Sons Inc.

FATHER
12. Name Charles Lemone (Lananna)
13. Birthplace Italy

MOTHER
14. Maiden Name Cecelia Clifford
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 9. 1939 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location 4430 Belair Rd.

18 (a) Funeral director Geo. W. Zoller
(b) Address 1737 E. Eager St.

19 (a) (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 6 1939, at 7 55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from August 31 1939, to Sept 6 1939, and that I last saw her alive on Sept 6 1939.

Immediate cause of death: Chronic glomerulo nephritis — Duration: 15 years

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address City Hosp Date signed 9-6-39

F 61085

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

F 61085 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 308 S Bond St
(c) Hospital or institution:
3-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 8 days

2. USUAL RESIDENCE OF DECEASED: a.a. Co.
(a) State Md. (b) County Balto County
(c) City or town Pasadena Md.
(If outside city or town limits write RURAL and give town)
(d) Street No. Green Haven
(If rural give location)
(e) If foreign born, how long in U. S. A.? 45 yrs years

3 (a) FULL NAME Anna M. Batsching
3 (b) If veteran, name war no.
3 (c) Social Security Account No. none

4. Sex female 5. Color or race White 6 (a) Single, married, widowed, or divorced Widow
6 (b) Name of husband or wife Henry L Batsching
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug 10/57
8. AGE: Years 82. Months - Days 26 If less than one day hr. min.
9. Birthplace Germany (Town, county, state)
10. Usual Occupation Domestic Wife
11. Industry or business none

FATHER
12. Name Laurence Batsching
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Bentka
15. Birthplace Germany

16 (a) Informant Phillip Batsching
(b) Address 305 S Bond St.
17 (a) (Burial, cremation, or removal) (b) Date thereof 9/9/39 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location North ave ext.
18 (a) Funeral director Wendell & Hupp
(b) Address 1405 Eager St
19 (a) (Date rec'd by registrar) (b) Registered No.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 6 1939, at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 28 1939 to Sept. 6 1939.
and that I last saw h[illegible] alive on Sept 6 1939.

Immediate cause of death: Carcinoma of Stomach — Duration 7 days
Due to: Gastric Hemorrhage — 1 day
Due to: —
Other Conditions: —
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Isaac Stenglos
Address 7002 E. Rattlin Ave Date signed 9/

F 61086

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 61086 Registered No.

94-B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 926 Madison ave
(c) Hospital or institution:

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 926 Madison Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

3 (a) FULL NAME Sarah Brady

3 (b) If veteran, name war: No

3 (c) Social Security Account No. No

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 30-1861

8. AGE: Years 78 | Months 4 | Days 7 | If less than one day: hr. min

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER 12. Name Patrick Brady
13. Birthplace Ireland

MOTHER 14. Maiden Name Julia Kavanaugh
15. Birthplace Ireland

16 (a) Informant Elizabeth Brady
(b) Address 926 Madison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 9 1939 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location Baltimore Md

18 (a) Funeral director Chas H. Kraus & Son Inc.
(b) Address 118 W. Mt Royal Ave

19 SEP 8 1939 (b) Huntington Williams, M.D. Registrar
(Date received by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/7/39 19 , at 9:50 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary Sclerosis — Duration: ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Conrad Autopsy M.D.
Medical Examiner.
Date signed 9/7/39

61087

HEALTH DEPARTMENT—CITY OF BALTIMORE

F. 61087

CERTIFICATE OF DEATH

✓95-B

1. PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No. 16 Broadway St. 21st Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mr John Milton Griffith

(a) Residence: No. 516 Willow Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of Mrs Mary Griffith

6. DATE OF BIRTH (month, day, year) Jan. 11 1875

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
64	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Secy to Adj

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired U.S. Army

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

FATHER

13. NAME John J Griffith

14. BIRTHPLACE (city or town) Balt. Co.
(State or country) Md.

MOTHER

15. MAIDEN NAME Emma Reigart

16. BIRTHPLACE (city or town) Balt. Co.
(State or country) Md.

17. INFORMANT Mary C. Griffith
(Address) 516 Willow Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Sept 11 1939

19. UNDERTAKER Chas. C. Craig & Son Inc
(Address) 118 W. Mt Royal Ave

Filed SEP 8 — 1939 Thurlington Williams M.D. Registrar

GKG

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9.7, 1939

22. I HEREBY CERTIFY, That I attended deceased from 9.6, 1939 to 9.7, 1939

I last saw him alive on 9.7, 1939. Death is said to have occurred on the date stated above, at 8.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease	1881
Art. sclerotic heart disease	1930

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John F. Coolahan M. D.

(Address) Church Home & Infirmary

OCCUPATION is very important. See instructions on back of certificate.

VS 8

Grave #of F 61088

F 61088

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 195

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Harbor:
(c) Hospital or institution Pratt & Frederick Sts
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 - 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Unknown - 9/4/39

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race C

6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr)

8. AGE: Years about 35 Months Days If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Public Cemetery

Location

18 (a) Funeral director Commissioner of Health
Per H. A. Moore

(b) Address

19 (a) 9/5/39 (b) Huntington Williams, M.D.
(Date received by registrar) (Registrar)

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH about 8-25-39 19 , at ? M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy) or Inquest find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Not determined -

Due to Probably not drowned -

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide ?
(b) Date of occurrence 10 days ago
(c) Where did injury occur? ? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ? While at work? ?
(Specify type of place)
(e) Means of injury found in harbor

23. Signature Conrad Actons M.D.
Medical Examiner.

Date signed 9/4/39

F 61089

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91-a

Registered No. F 61089

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wilkens + Caton ave

(c) Hospital or institution: St Agnes' Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days

(e) Length of stay in Baltimore (yrs., mos., or days) 20

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1241 N Bentalou St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Albert Goldstone

3 (b) If veteran, name war

3 (c) Social Security Account No. NONE

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Fay Yonkins

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 21st 1883

8. AGE: Years 56 ~~54~~ Months 0 Days 16 If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Salesman of bb

11. Industry or business

FATHER 12. Name Jacob Goldstone

13. Birthplace Philadelphia Pa

MOTHER 14. Maiden Name Margaret Dehan

15. Birthplace Philadelphia Pa

16 (a) Informant Mrs Albert Goldstone

(b) Address 1241 N. Bentalou St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 11th 39 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Baltimore Co.

18 (a) Funeral director Milligan & Tucker + Sons

(b) Address North + Penna Ave

Registered SEP 8 — 1939 Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-7 1939. at 4:34 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-28 1939. to 9-7 1939. and that I last saw him alive on 9-7 1939.

Immediate cause of death Acute Bacterial Endocarditis + Septicemia — Duration

Due to Pulmonary infection (staph. aureus)

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Thomas V. Lucas M. D.

Address St Agnes Hosp Date signed 9-7-39

F 61090

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61090

CERTIFICATE OF DEATH

131

Registered No. 2503

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4810 Curtis Ave., Curtis Bay) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U.S. Veteran specify WAR ...

2. FULL NAME George A. Runge

(a) Residence: No. 4810 Curtis Ave, Curtis Bay, Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Runge (Mother)

6. DATE OF BIRTH (month, day, year) Sept 25, 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. General Merchandise Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME Frank J. Runge

14. BIRTHPLACE (city or town) (State or country) Czeckoslovakia

MOTHER

15. MAIDEN NAME Matejovic

16. BIRTHPLACE (city or town) (State or country) Czeckoslovakia

17. INFORMANT Maries Runge - Mother

(Address) 4810 Curtis Ave- Curtis Bay

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Sept 9, 1939

19. UNDERTAKER Charles E. Schimunek.

(Address) 2603 E. Madison St. Baltimore, Md.

20. SEP 8 - 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1939, to Sept 6, 1939

I last saw him alive on Sept 6, 1939 Death is said to have occurred on the date stated above, at 1 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	1934
Chronic Nephritis	1936
Cardiac Failure	1936
Cerebral Accident +	9/6/1939

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. Bayne-Jones M. D.

(Address) 4305 Hayward Rd.

OCCUPATION is very important. See instructions on back of certificate.

F 61091

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 61091

107-a

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balt. Gen. Hosp. 21-L Ward)

Length of residence in city or town where death occurred 69 yrs. ____ mos. ____ da. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.

If U. S. Veteran ____ specify WAR ____

2. FULL NAME Mrs. Elizabeth Balzanna

(a) Residence: No. 719 Ramsey St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Samuel Balzanna

6. DATE OF BIRTH (month, day, year) 1885

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
54	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) Sept. 1, 1939

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Balt., Md.

FATHER

13. NAME Thomas Justice

14. BIRTHPLACE (city or town) (State or country) Balt., Md

MOTHER

15. MAIDEN NAME Mary Shipley

16. BIRTHPLACE (city or town) (State or country) Balt., Md.

17. INFORMANT Samuel Balzanna

(Address) 719 Ramsey St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Sept 8 1939

19. UNDERTAKER William Cook

(Address) 2429 E. Lanvale St

20. FILED SEP 8 - 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 4, 1939 to Sept. 7, 1939

I last saw her alive on Sept. 6, 1939 Death is said to have occurred on the date stated above, at 4:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Agranulocytosis	
Pneumonia	

Other contributory causes of importance:

Was an operation performed? no Date of ____

For what disease or injury? ____

Name of operation ____

What test confirmed diagnosis? Lab Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ____

(Signed) H. C. Leuland Hunley Jr. M. D.

(Address) So. Balt. Gen. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

V8 2

F 61092

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C

Registered No. F 61092

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2623 Violet Ave.

(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life...

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)

(d) Street No. 2623 Violet Ave. (If rural give location)

15th

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME .....WILLIAM SCHAAL .....

3 (b) If veteran, name war No....

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Madeline Schaal

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Apr. 18, 1882

8. AGE: Years	Months	Days	If less than one day hr.	min.
57	4	19		

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Engineer

11. Industry or business P.R.R.

FATHER

12. Name Charles Schaal

13. Birthplace Baltimore, Maryland

MOTHER

14. Maiden Name Amelia Geipe

15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. Madeline Schaal

(b) Address 2623 Violet Ave...

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 9.39. (month) (day) (year)

(c) Cemetery or crematory Baltimore..Cemetery

Location East North Ave. City.

18 (a) Funeral director C. B. Shubert & Son

(b) Address 1300 EUTAW PLACE.....C.

19 (a) SEP 8 - 1939 Huntington Williams, M.D. Registrar

(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept..6.... 1939, at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 10 1939 to Sept 6 1939.

and that I last saw him alive on 9-6-1939.

Immediate cause of death: Dilatation of heart — Duration 36 hrs

Due to Chronic Myocarditis — Duration years

Due to — Duration

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature James S. Akehurst M. D.

Address 4012 Parkheights Date signed 9/7/39

Dr. J. S. Akehurst...

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61093

CERTIFICATE OF DEATH

13 F 61093

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 954 Forrest St. St., 25-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Grant Williams

If U. S. Veteran specify WAR

(a) Residence: No. Md. Penitentiary Hospital St., Ward, Baltimore Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced WIFE of HUSBAND of

6. DATE OF BIRTH (month, day, year) Feb. 2, 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. book

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Beltsville, Md

FATHER

13. NAME John Williams

14. BIRTHPLACE (city or town) (State or country) Beltsville, Md

MOTHER

15. MAIDEN NAME Julia Johnson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date SEP 8 1939

Commissioner of Health

19. UNDERTAKER

(Address) Per H. A. Moore

20. FILED SEP 8 - 1939 Huntington Williams M.D.

5029

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from August 4th 1939 to August 24th 1939

I last saw him alive on August 24th, 1939. Death is said to have occurred on the date stated above, at 4:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular-renal disease	
Other contributory causes of importance: Hypertension	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John F. Ambrey M. D.

(Address) Temple Court Apts 3rd & Guilford Ave

OCCUPATION is very important. See instructions on back of certificate.

VS 8

31164-fs

F 61094

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 34-1-95-P F 61094

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Balto. City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr. 7m.

(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 533 Canal St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mack Green

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	colored	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 12-6-1892

8. AGE: Years	Months	Days	If less than one day
39	9	0	hr. min.

9. Birthplace Pa. (Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER 12. Name Calvin

13. Birthplace Pa.

MOTHER 14. Maiden Name Jessie Jackson

15. Birthplace Pa.

16 (a) Informant B.C.H. Records

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 9-11-39 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location Westport

18 (a) Funeral director Adolphus Halstead

(b) Address 918 Linden Ave.

19 (a) (b) (Registrar)

SEP 8 – 1939

VR 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-4- 1939, at 9 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-11- 1938, to 9-4- 1939 and that I last saw him alive on 9-4- 1939

Immediate cause of death: Cerebral Hemorrhage

Due to: Cardiac failure

Due to: Hypertension CVD

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration: 18 hrs. ? — ?—

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. Murray Lehmann

Address Balto. City Hosp. Date signed 9-5-39

F 61095

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 61095

1. PLACE OF DEATH: Baltimore City Hospitals
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. ~~622 W. Lexington St.~~ 1669 W. Fayette St. (Rural route location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Fox

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced Separated

6 (b) Name of husband or wife Blanche

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years ±60 Months Days If less than one day hr. min

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Baker

11. Industry or business

FATHER
12. Name George Fox
13. Birthplace Virginia

MOTHER
14. Maiden Name Mary Ellen
15. Birthplace Virginia

16 (a) Informant Records
(b) Address Baltimore City Hospitals

Cremated and buried at Richland Va. 9/20/39
Lifted to Richland Va
E W Shaw

18 (a) Funeral director
(b) Address

19 SEP 8 - 1939 (Date rec'd by registrar)

Per H. A. Moore
Huntington Williams, M.D. Registrar

5028

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/23/39 19 , at 9:40 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Hemorrhage — Duration

Due to Laceration of neck

Due to

Other Conditions Mental depression post. alcoholic
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide ?
(b) Date of occurrence 8/23/39
(c) Where did injury occur? Balto City Hosp (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Hospital While at work? no (Specify type of place)
(e) Means of injury Razor

23. Signature Conrad Aelion M.D. Medical Examiner
Date signed 8/23/39

F 61096

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-P Registered No. F 61096

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Calhoun & Fayette

(c) Hospital or institution: Franklin Square Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)

(d) Street No. 2321 William St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Hayward Jr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 6 1863

8. AGE: Years 75 | Months 11 | Days 30 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name William Hayward

13. Birthplace Md

MOTHER 14. Maiden Name Susan E Wooten

15. Birthplace Md

16 (a) Informant Mrs Emily Brown

(b) Address 2321 Riverside Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 9/939 (month) (day) (year)

Cemetery or crematory Mt Olivet

Location Frederick Ave

18 (a) Funeral director William M Marech

(b) Address 715 Light St

19 (a) SEP 8 - 1939 (Date rec'd by registrar) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9 - 6 1939, at 8 10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-2 1939, to 9-6 1939, and that I last saw him alive on 9-6 1939.

	Duration
Immediate cause of death Cardiac Insufficiency	
Due to Arteriosclerotic Heart Disease.	2 mos.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Nathan Wolf M. D.

Address Franklin Sq Hosp Date signed

F 61097

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

216-H Registered No. F 61097

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes ~~St. Josephs~~
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2604 N. Calvert St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Otto Preston Wenzing
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Dec. 8 1922

8. AGE: Years 16 | Months 8 | Days 29 | If less than one day hr min

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER 12. Name Otto Wenzing
13. Birthplace Germany

MOTHER 14. Maiden Name Carrie Betz
15. Birthplace Baltimore Md.

16 (a) Informant Albert Wenzing - Brother
(b) Address 2419 Lauretta Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 9 1939 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 350 Frederick Ave. Balto. Md.

18 (a) Funeral director L. Howard Strong
(b) Address 715 Light St.

19 (a) SEP 8 - 1939 (Date rec'd by registrar) Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/6/39 19 , at 10:10 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Electrocution — Duration: —
Due to high tension wire
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 9-6-39
(c) Where did injury occur? Hillen Rd + Northern Pkwy (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Street While at work? no (Specify type of place)
(e) Means of injury Driving Auto, knocked down pole, reached wire to doorknob of door

23. Signature Conrad Acton M.D. Medical Examiner
Date signed 9/7/39

18 6

F 61098

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-6

Registered No. F 61098

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 120 S. Chapel St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 120 S. Chapel St. (If rural give location)

(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Catherine Squires

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F.

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or ~~wife~~ Joseph

6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) Dec 24 1868

8. AGE: Years 70 | Months 5 | Days 12 | If less than one day hr. ... min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name James McMon

FATHER 13. Birthplace Ireland

MOTHER 14. Maiden Name Mary ? Ireland

MOTHER 15. Birthplace

16 (a) Informant James Squires

(b) Address 120 S. Chapel St.

17 (a) (Burial, cremation, or removal)

(b) Date thereof (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Old Frederick Rd.

18 (a) Funeral director Martin K. G. Deppel

(b) Address 31 S. Ann St.

19 (a) SEP 8 - 1939 (Date rec'd by registrar) Washington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 6 1939. at 11 45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from August 7 1939. to Sept 6 1939. and that I last saw her alive on Sept 4 1939.

Immediate cause of death Cerebrosclerosis generalized

Chronic myocarditis

Due to

Due to

Other Conditions Pulmonary oedema

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration: ? / 3 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Michael J. Daneck M. D.

Address 2530 E. Baltimore St. Date signed 9-6-39

VS 3

F 61099

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

44-B Registered No. F 61099

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1404 W Lexington St.
(c) Hospital or institution: Aged Women's + Aged Mens
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1400 W. Lexington St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Miss Lopanna J. Graham

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: white | 6 (a) Single, ~~married, widowed, or divorced~~: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 7, 1862

8. AGE: Years 77 | Months 3 | Days 0 | If less than one day: hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Inmate
11. Industry or business Home for Aged

FATHER
12. Name William Graham
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Records Aged Women's + Aged Mens Home
(b) Address 1400 W. Lexington St

17 (a) Burial (Burial, cremation, or removal) Date thereof 9/9/39 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Location Lorraine Balto. Co. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 SEP 9 - 1939 (Date rec'd by registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 7 1939, at 4:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/21 1935, to 9/7 1939, and that I last saw h[illegible] alive on 9/6 1939.

Immediate cause of death: inanition and dehydration — Duration: 2 weeks

Due to carcinomatous metastases (multiple) — 6 months

Due to primary carcinoma vulva — 5 years

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harold K. Smith, Jr M.D.
Address 1014 St. Paul St Date signed 9/8/39.

VS 3

F 61100

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-P

Registered No. F 61100

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Monument and Rutland

(c) Hospital or institution: Sinai Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1242 Riverside Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME James A. Damon

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Cora May Damon

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 26-1875.

8. AGE: Years	Months	Days	If less than one day hr.	min.
64	6	10	12	

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Not known

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant Mr. James Damon

(b) Address 1242 Riverside Blvd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 11, 1939 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill Cemt.

Location Annapolis Blvd.

18 (a) Funeral director Geo. W. Zirkler.

(b) Address 737 E. Eager St.

19 (a) SEP 9 - 1939 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-8-39 at 8:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-5 1939 to 9-8 1939 and that I last saw him alive on 9-8 1939.

Immediate cause of death Bronchopneumonia

Due to Hypostasis

Due to Ca of lung

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. Irvin Lamber M. D.

Address 3003 Garrison Blvd Date signed 9-8-39

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61101

CERTIFICATE OF DEATH

160-B F 61101

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St. 18-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Robert Paznekas

If U. S. Veteran specify WAR

(a) Residence: No. 26 S. Poppleton St. St., ___ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 8, 1939

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
			8½

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Paznekas

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Eugenia Kissell

16. BIRTHPLACE (city or town) (State or country) Charleroi, Pa.

17. INFORMANT Mr. John Paznekas
(Address) 26 S. Poppleton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 9/9/1939

19. UNDERTAKER John J. Coyne & Son
(Address) 901 Hollins St.

20. Date received SEP 9 - 1939 Huntington Williams, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1939 to Sept 8, 1939

I last saw him alive on Sept. 8, 1939 Death is said to have occurred on the date stated above, at 9 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (35 wks)	
Intracranial Hemorrhage	9-5-39

Other contributory causes of importance:
Breech extraction.

Was an operation performed? — Date of —

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. M. Collins M. D.

(Address) Bon Secours Hospital

61102

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59

✓F 61102

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 6000 Belair Road

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 6000 Belair Road (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary E. Bien

3 (b) If veteran, name war ----------

3 (c) Social Security Account No. ----------

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife John Bien

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 19th. 1861

8. AGE	Years	Months	Days	If less than one day
	77	11	18	hr. min.

9. Birthplace Baltimore. Maryland (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business At Home

FATHER

12. Name Chris Thoms

13. Birthplace Germany

MOTHER

14. Maiden Name Wilhelmina Severn

15. Birthplace Germany

16 (a) Informant Miss Mary Bien

(b) Address 6000 Belair Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 11 1939 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location Baltimore, Maryland

18 (a) Funeral director Linda Lansdowne

(b) Address 7401 Belair Road

19 SEP 9 - 1939 (Date rec'd by registrar) Huntington Mayhugh, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 7th. 1939, at 7.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 8, 1939, to Sept 7, 1939, and that I last saw her alive on Sept 7, 1939.

Immediate cause of death Myocarditis — Duration 1 yrs.

Due to

Due to

Other Conditions Diabetes Mellitus — 9 yrs.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature A. L. Wilkinson, M. D.

A. L. Wilkinson

Address 5713 Belair Rd. Date signed

61103

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C ✓ F 61103 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2448 Callow Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2442 Callow Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CHARLES ROSE

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband ~~or wife~~ Lizzie G. Rose
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 18, 1858

8. AGE: Years 80 | Months 9 | Days 22 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Retired Shoe Salesman
11. Industry or business

FATHER
12. Name Meyer Rose,
13. Birthplace Germany

MOTHER
14. Maiden Name Rachel Lippman,
15. Birthplace Germany

16 (a) Informant Mr. E. Rose,
(b) Address 2442 Callow Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/10/39. (month) (day) (year)
(c) Cemetery ~~or crematory~~ Oheb Shalom
Location Balto. Md.

18 (a) Funeral director Ward Undertaking Co.
(b) Address 1902 Eutaw Place.

SEP 9 - 1939 (b) Huntington Williams M.D.
(Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 7th. 1939. at 10-45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 11 1939. to Sept 7 1939. and that I last saw h~~im~~ alive on Sept 7 1939.

Immediate cause of death: Coronary occlusion
Duration: about 3 hrs.
Due to: Cerebro-pulmonary
Due to: Arterio-sclerosis
Due to: Myocarditis

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

P Feb 11/39

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury none

23. Signature Walter E. Tibbett M. D
Address 2220 Garrison Blvd Date signed

VS 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61104

CERTIFICATE OF DEATH

92-aF 61104

Registered No.

1. PLACE OF DEATH: Provident Hospital

CITY OF BALTIMORE: (No. 1514 Uhrsion St. 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME: Carrie Foote

If U. S. Veteran specify WAR

(a) Residence: No. 1033 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	C	Married.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: William Foote

6. DATE OF BIRTH (month, day, year): 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	yrs		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Calvert Co. Md.

FATHER

13. NAME: John Seales

14. BIRTHPLACE (city or town) (State or country): Calvert Co. Md.

MOTHER

15. MAIDEN NAME: Rachel

16. BIRTHPLACE (city or town) (State or country): Calvert Co. Md

17. INFORMANT (Address): William Foote 1033 McCulloh St.

18. BURIAL, CREMATION, OR REMOVAL. Place: Arbutus Park Sept 11 1939

19. UNDERTAKER (Address): Adolphus Halstead 918 Druid Hill Ave Baltimore, Md.

SEP 9 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 9-7-39 19

22. I HEREBY CERTIFY, That I attended deceased from 9-7-39, 19 , to 9-7-39, 19

I last saw h alive on 9-7-39 19 Death is said to have occurred on the date stated above, at 5.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis. Mitral Insufficiency	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) C. T. Maloney M. D.

(Address) Provident Hospital

V8 8

F 61105

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B

Registered No. F 61105

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 14 W. Hamburg St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 d

(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 14 W. Hamburg St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas F Bridges

3 (b) If veteran, name war NONE

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mary E. Bridges

6 (c) If dive, give age 62 years

7. Birth date of deceased (mo., day, yr.) May 21st 1882

8. AGE: Years 57 Months 3 Days 17 If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Wagon Works

MOTHER / FATHER

12. Name Thos. F. Bridges

13. Birthplace Va.

14. Maiden Name Mary E. Atherton

15. Birthplace Va.

16 (a) Informant Mary E. Bridges

(b) Address Va.

17 (a) Matthews Co. Va. (Burial, cremation, or removal) (b) Date thereof Sept 11th 1939 (month) (day) (year)

(c) Cemetery or crematory

Location

18 (a) Funeral director E. Schulman & Son

(b) Address 1039 Hanover St.

19 (a) SEP 9 - 1939 (Date rec'd by registrar) Huntington Williams M.D. (Registrar)

(Male)

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/8/1939 at 11:30 A.M.

21. I certify that death occurred on the date above stated, that I attended deceased from Aug 24 1939 to 9/8 1939. and that I last saw h alive on 9/8 1939.

Immediate cause of death: Coronary occlusion

Due to Arteriosclerosis (very marked in radial)

Due to Arteritis

Other Conditions Hypotension

(Include pregnancy within 3 months of death)

Duration: 2 weeks

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Isaac Miller

Address 1225 N Charles St Date signed 9/8/39

V8 3

61106

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

23

Registered No. F 61106

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2638 Hardford Rd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-7

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Balto City (If outside city or town limits, write RURAL and give town)
(d) Street No. 2638 Hardford Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Eddie Fallon

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 1/1868

8. AGE: Years 70 | Months 11 | Days 17 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Salon Keeper

FATHER
12. Name Malachy Fallon
13. Birthplace Ireland

MOTHER
14. Maiden Name Hanora Mahoney
15. Birthplace Ireland

16 (a) Informant Mary Fallon
(b) Address 2638 Hardford Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 11/39 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Edmonson Ave

18 (a) Funeral director Lilly & Zeiler Inc.
(b) Address 403 S. Wolfe St

19 (a) SEP 9 1939 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 8 1939, at 5A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-5-1937 to 9-8-1939 and that I last saw him alive on 9-6-1939.

Immediate cause of death: Pulmonary Hemorrhage
Pulmonary Tuberculosis — Duration 1932

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jno. B. Lyford M. D.
Address 2402 Harford Ave Date signed 9/9/39

F 61107

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 112

F 61107

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1724 Montpelier St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-7
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County B alto.
(c) City or town B alto. City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1724 Montpeleir st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie M. Ruckle

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-03-2928

4. Sex Femal e

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Charles Ruckle

6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Jan. 13/1891

8. AGE: Years 48 | Months 7 | Days 25 | If less than one day: hr. min.

9. Birthplace B alto. Md (Town, county, and state)

10. Usual Occupation B utton Hole Oper.

11. Industry or business At Marlbo Co.

FATHER
12. Name George M. Weaver
13. Birthplace B alto. Md.

MOTHER
14. Maiden Name Barh Houghton
15. Birthplace Pa.

16 (a) Informant Charles Ruckle
(b) Address 1724 Montpleir St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 11/39 (month) (day) (year)
(c) Cemetery or crematory Moreland Park
Location Taylor Ave. B alto. Co

18 (a) Funeral director Lilly & Zeller
(b) Address 403 S. Wolfe st

19 (a) Filed SEP 9 1939 (Date filed by registrar) (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept/7 1939 at 5/30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 26 1939, to Sept. 7 1939, and that I last saw her alive on Sept. 7 1939.

Immediate cause of death: Bronchial Asthma — Duration: 13 days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Philip D Ryan M. D.
Address 423 E. North Ave Date signed 9-8-39

VS 3

44169 SD

F 61108

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

45-C Registered No. F 61108

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: 4940 Eastern Avenue
(c) Hospital or institution: Baltimore, City Hospitals 2-1
(d) Length of stay in hospital or inst. (yrs., mos., or days): 4 mo.
(e) Length of stay in Baltimore (yrs., mos., or days): 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Maryland (b) County:
(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No.: 122 S. Castle Street (If rural give location)
(e) If foreign born, how long in U. S. A.? 45 yrs. years

3 (a) FULL NAME: Frank Rachuba

3 (b) If veteran, name war:
3 (c) Social Security Account No.:

4. Sex: M
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Victoria
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): ?

8. AGE: Years: 70 ? Months: Days: If less than one day: hr. min.

9. Birthplace: Poland (Town, county, and state)

10. Usual Occupation:
11. Industry or business:

FATHER
12. Name: Henry
13. Birthplace: Poland

MOTHER
14. Maiden Name: ?
15. Birthplace:

16 (a) Informant: Records
(b) Address: Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 11-39 (month) (day) (year)
(c) Cemetery or crematory: St. Stanislaus
Location: Baltimore

18 (a) Funeral director: Fred W Ozazewski
(b) Address: 1930 Eastern Ave Huntington Williams, M

19 (a) SEP 9-1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 9-8 1939, at 7:5 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-25 1939, to 9-8 1939.
and that I last saw h[illegible] alive on 7-7 1939.

Immediate cause of death: Carcinoma mouth with metastasis — Duration: ?
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations: none
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: [illegible] M. D.
Address: [illegible] Date signed 9-8-39

VS 3

61109

✓F 61109

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

184 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 4-2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 713 W Fayette (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Vincent Cammarata

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 27 1937

8. AGE: Years 2 Months 3 Days 11 If less than one day hr. min.

9. Birthplace Baltimore City (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Vincent Cammarata
13. Birthplace Balto 2nd

MOTHER 14. Maiden Name Anna Imbrey
15. Birthplace Baltimore 2nd

16 (a) Informant Vincent Cammarata
(b) Address 713 W. Fayette St

17 (a) (Burial, cremation, or removal) (b) Date thereof 9/9/39 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Harford Road

18 (a) Funeral director Frank V. Pepistone
(b) Address 281 S E. Balto St

SEP 9 1939 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/8/39 19 . at 5:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Meningitis	14 days
Due to Bullet wound of head	21 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 8/18/39
(c) Where did injury occur? Mt. Airy Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? house (Specify type of place) While at work? no
(e) Means of injury .22 cal rifle

23. Signature Conrad Autopsy M.D. Medical Examiner.
Date signed 9/8/39

F 61110

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 71-aF 61110

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1830 McHenry St.

(c) Hospital or institution: 19-4

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in Baltimore (yrs., mos., or days) 3 wks.

2. USUAL RESIDENCE OF DECEASED:

(a) State Virginia (b) County Norfolk

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. 4300 Calloway Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Margaret A. Hayes

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, (widowed) or divorced.

6 (b) Name of husband or wife William Hayes

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5-1874

8. AGE: Years 65 | Months 4 | Days 3 | If less than one day: hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation at Home

11. Industry or business " "

FATHER

12. Name Harry Reed

13. Birthplace Virginia

MOTHER

14. Maiden Name Unknown

15. Birthplace Virginia

16 (a) Informant Mrs Laura Anderson

(b) Address 1907 Wilkens Ave

17 (a) Interment (Burial, cremation, or removal) (b) Date thereof 9-12-39 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Norfolk, Va.

18 (a) Funeral director F. B. Herbert

(b) Address 130 Eudora Place

19 SEP 9 - 1939 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 8 - 1939, at 11:5 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 5 1939 to Sept. 8 1939, and that I last saw h[illegible] alive on Sept. 8 1939.

Immediate cause of death: Senile anemia — Duration: 2 yrs.

Due to — Duration: over

Due to —

Other Conditions Acute cardiac dilatation — Duration: 1 day

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Benjamin Miller M. D.

Address 2030 Wilkens Ave Date signed 9/12/39

VS 8

346555 F 61111

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH V 90

Registered No. F 61111

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 M.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 300 E 20½ St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mattie Teasley

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	MARRIED

6 (b) Name of husband or wife Seabon
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-18-16

8. AGE: Years	Months	Days	If less than one day
23	1	16	hr. min.

9. Birthplace Ga. (Town, county, and state)
10. Usual Occupation H W
11. Industry or business

FATHER 12. Name Willie Swilling
13. Birthplace Ga

MOTHER 14. Maiden Name Lonie Thornton
15. Birthplace Ga

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 9/39 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location R. R Co.

18 (a) Funeral director Payne Sanders
(b) Address 1412 E. Preston St

19 (a) SEP 9 - 1939 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 4 1939. at 11:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 4 1939. to Sept 4 1939 and that I last saw h e K alive on Sept 4 1939.

Immediate cause of death	Duration
PERICARDITIS; ATELECTASIS RLL, LLL	1 week
Due to UNKNOWN ETIOLOGY ? PNEUMOCOCCUS	1 Month
Due to	
Other Conditions LATENT SYPHILIS	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy PERICARDITIS, ATELECTASIS

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W B McAllister Jr M. D.
Address Date signed 9-5-39

F 61112

OGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

23

47226

Registered No. F 61112

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 202 Pearl St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Cubid

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years 65 | Months ? | Days ? | If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Has Old Age Pension

11. Industry or business

MOTHER / FATHER

12. Name Unknown

13. Birthplace Unknown

14. Maiden Name Fannie ?

15. Birthplace Va.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal)

(b) Date thereof Sept 9, 1939 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location

18 (a) Funeral director Mrs Katie R Williams

(b) Address 322 N Schroeder St

19 (a) SEP 9 1939 (Filed record) (b) Huntington Williamsburg Va.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 1 1939, at 5:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 8 1939, to Sept 1 1939, and that I last saw h alive on Sept 1 1939.

Immediate cause of death Tuberculosis of Lungs — Duration 7 Yr

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature B C [illegible]

Address

Date signed 9/1/39

VS 3

61113

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 119 F 61113

1. PLACE OF DEATH Provident Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1514 Division St. 21st Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Vivian Shorts

If U. S. Veteran specify WAR .....

(a) Residence: No. 515 West St- 2nd Fl. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 2, 1939

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Robert Shorts

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Annie Thomas

16. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md

17. INFORMANT Annie Shorts

(Address) 515 West St

18. BURIAL, CREMATION, OR REMOVAL

Place Ft Anthony Date Sept 9 1939

19. UNDERTAKER Mrs Katy R Williams

(Address) 322 N Schroeder St

20. Filed SEP 9 - 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-7-39 19

22. I HEREBY CERTIFY, That I attended deceased from 9-5-39, 19, to 9-7-39, 19

I last saw her alive on 9-7-39, 19. Death is said to have occurred on the date stated above, at 3.40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gastro-Intestinal Disease (Summer Diarrhea)	7-1-39
Other contributory causes of importance: Malnutrition Rickets	8-39

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. F. Maloney M. D.

(Address) Provident Hospital

F 61114

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 61114

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3822 Barrington Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3822 Barrington Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alberta Parrish

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W.	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 3 1876

8. AGE: Years	Months	Days	If less than one day
62	11	5	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Practical Nurse
11. Industry or business

FATHER
12. Name George J Parrish
13. Birthplace Baltimore

MOTHER
14. Maiden Name Sarah Emma Beyers
15. Birthplace Baltimore

16 (a) Informant Mrs Frank J Munroe
(b) Address 3822 Barrington Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 10 39 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Baltimore Co.

18 (a) Funeral director Hallum Jackson & Sons
(b) Address Md & Pennsylvania Ave

19 (a) (Date rec'd by registrar) (b) Registrar

SEP 10 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 8 1939. at 1 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1934. to Sept 8 1939.
and that I last saw him alive on Sept 7 1939.

Immediate cause of death	Duration
Chronic Myocarditis	2 years
Due to Arteriosclerosis	2 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert L. Mortimer Jr M.D.
Address 2706 St Paul St Date signed 9/9/39

F 61115

F 61115

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

45-3 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Union Memorial Hospital.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 hrs 40 - 17
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 114 W. University Parkway (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John L. May

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex Male | 5. Color or Race White | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Mrs Anne F. May

6 (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) July 7, 1875

8. AGE: Years 64 | Months 2 | Days 2 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Manufacturing

11. Industry or business Proprietor, Machine Shop

MOTHER / FATHER

12. Name Charles L. May

13. Birthplace Germany

14. Maiden Name Louise Mahr

15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Anne F. May

(b) Address 114 W. University Parkway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/9/39 (month) (day) (year)

(c) Cemetery or crematory Mt. Carmel

Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons

(b) Address North & Penna. Avenues

19 (a) (Date received by registrar) (b) Registrar

SEP 10 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/9 1939. at 2:30 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from 2:40 Pm 9/8 1939. to 1:55 Pm 9/9 1939.
and that I last saw him alive on 9/8/1939 - at 11:30 Pm

Immediate cause of death: Circulatory Failure — Duration: 36 hrs

Due to Bronchial Obstruction — Duration: 10 days

Due to Carcinoma of Tongue — Duration: 8 months

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Stuart D Benson M. D.

Address Union Memorial Hospital Date signed 9/9/39

F 61116

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1941 Registered No. F 61116

F 61116

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 609 N. North Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James C. Riley

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-09-0537

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Margaret A.

6 (c) If alive, give age 34 years

7. Birth date of deceased (mo., day, yr) March 29, 1905

8. AGE: Years	Months	Days	If less than one day
34	5	10	hr. min.

9. Birthplace Baltimore Md (City, county, and state)

10. Usual Occupation Checker

11. Industry or business Bethlehem Steel

FATHER 12. Name Herbert Riley

13. Birthplace Unknown

MOTHER 14. Maiden Name Gertrude Paca

15. Birthplace Unknown

16 (a) Informant Mrs Margaret A. Riley

(b) Address 822 N. Appleton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 12 39 (month, day) (year)

(c) Cemetery or crematory London Park

Location Frederick Ave Balto City

18 (a) Funeral director Wm. Preston Yates

(b) Address North & Pennsylvania Ave

19 (a) [illegible] (b) [illegible] (Date received by registrar) [illegible] Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/8/39 19 , at 10 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Heat Exhaustion	
Due to Acute adrenal insufficiency	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial Place (Specify type of place) While at work? yes
(e) Means of injury hot weather

23. Signature Conrad Acton M.D.
Medical Examiner

Date signed 9/9/39

F 61117

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 13-

F 61117

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Redwood & Greene Sts

(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days

(e) Length of stay in Baltimore (yrs., mos., or days) 11 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town Cockeysville (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Stella Chilcoat.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Charles Chilcoat

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 15, 1884

8. AGE: Years 55 | Months 11 | Days 24 | If less than one day: hr. min.

9. Birthplace Sparks, Md. (Town, county, and state)

10. Usual Occupation Home wife

11. Industry or business

FATHER

12. Name Joseph Ensor

13. Birthplace Sparks, Md

MOTHER

14. Maiden Name Mary E. Gracy

15. Birthplace Sparks Md

16 (a) Informant Ed. Chilcoat

(b) Address Sparks, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 17, 1939 (month) (day) (year)

(c) Cemetery or crematory Black Rock

Location Butler Balto. Co., Md

18 (a) Funeral director Landon M. Brooks

(b) Address Sparks, Md

19 (a) (Registered by Registrar) (b) Registrar

SEP 12 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 9 1939, at 6 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 30 1939, to Sept 9 1939, and that I last saw him alive on Sept 9 1939.

Immediate cause of death Bronchopneumonia with Circulatory Collapse — Duration 1 day

Due to Dysentery — 21 days over

Due to Causes unknown (Cultures & Smears negative)

Other Conditions Atherosclerotic Cardiovascular disease (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None permitted

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Allen Alexander

Address University Hospital Date signed Sept. 9, 1939

F 61118

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61118

CERTIFICATE OF DEATH

46-3

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No. Broadway St., 4 Ward)

Length of residence in city or town where death occurred 47 yrs. 1 mos. ds. How long in U. S. If of foreign birth? 47 yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jacob Brenner

(a) Residence: No. 4830 Seventh N. W. St., Washington, D.C.
(Usual place of abode) (If not resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 29, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Raul Brenner

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Rachel Spierling

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Pearl Nedle

(Address) 4830 7th N.W. St., Washington, D.C.

18. BURIAL, CREMATION, OR REMOVAL

Place Washington D.C. Date 9/9/39, 19

19. UNDERTAKER Jos. Semmelhack

(Address) 1438 E. Preston St.

20. FILED ....., 19.... Registrar.

SEP 10 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-9, 1939

22. I HEREBY CERTIFY, That I attended deceased from 8-9-39, 19.... to 9-9-39, 19....

I last saw h[illegible] alive on 9-9-, 19 9. Death is said to have occurred on the date stated above, at 1.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Carcinoma	?
Other contributory causes of importance: Generalized arteriosclerosis	?

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Howard Sapp Jones, M. D.

(Address) Temple Hospital, Baltimore, Md.

F 61119

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 61119 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. Gen Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1618 Park Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Stephen S. Lee III
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M
5. Color or race W
6 (a) Single, married, widowed, or divorced
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 20th 1935

8. AGE: Years (4) Months 4½ Days (6) (18) If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER 12. Name Stephen S. Lee
13. Birthplace Balto. Md

MOTHER 14. Maiden Name Brookie Davis Hibbard
15. Birthplace Va.

16 (a) Informant Stephen S. Lee
(b) Address 1618 Park Ave

17 (a) Burial (Burial, cremation, or removal)
(b) Date thereof Sept 11th 1939 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.

19 (a) Date received by Registrar SEP 10 1939
(b) Registrar's No.

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/8/39 19 , at 4:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) I find that said deceased came to his death on the day stated above.

Immediate cause of death: Fractured skull — Duration

Due to

Due to

Other Conditions (Including pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 9-8-39
(c) Where did injury occur? 1600 block Bolton St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? street (Specify type of place) While at work? no
(e) Means of injury Ran into by auto

23. Signature Conrad Aeton M.D. Medical Examiner
Date signed 9/8/39

VS 6

F 61120

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 131

F 61120

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2211 Rogers Ave

(c) Hospital or institution: Pimlico

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 yrs

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2211 Rogers Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bella K Schultz

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	White	married

6 (b) Name ~~of husband~~ or wife Arthur H.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 13-1864

8. AGE: Years	Months	Days	If less than one day: hr.	min.
75	0	26		

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Thos H King.

13. Birthplace Balto Md.

MOTHER 14. Maiden Name Rebecca A Boos

15. Birthplace Balto Md.

16 (a) Informant Etta Cuddy

(b) Address 2211 Rogers Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 9-11-39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Druid Ridge Maryland

Location

18 (a) Funeral director Wm Cook

(b) Address 1217 St Paul St

19 (a) (b) Registrar

(Date rec'd by registrar) Sept 9 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 9 1939 at 8 15 A. M

21. I certify that death occurred on the date above stated, that I attended deceased from Aug 1, 1939 to Sept 9 1939.

and that I last saw her alive on Sept 8 1939.

Immediate cause of death Chr. Myocarditis

Due to

Due to

Other Conditions Chr. Nephritis.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Roger E. Shannon M.D.

Address 700 N Fulton Ave Date signed 9/9/39 (M. D.)

F 61121

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131

F 61121 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Hanover
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 531 Willow Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 60 years

3 (a) FULL NAME Michael Buchuss

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: MARTHA. BUCHUSS
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov 20 - 1860
8. AGE: Years 78 | Months 9 | Days 14 | If less than one day: hr. min.
9. Birthplace Lithuania (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Lithuania

MOTHER
14. Maiden Name Martha Simon
15. Birthplace Lithuania

16 (a) Informant Anna O Connell
(b) Address 531 Willow Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 12 1939 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baldwin Rd
18 (a) Funeral director Joseph Kaminskas Inc
(b) Address 602 Work. Blvd.
19 (a) (Date received by Registrar) (b) Registrar

SEP 10 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-9 1939, at 2.25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 9-2 1939, to 9-9 1939, and that I last saw him alive on 9-9 1939.

Immediate cause of death
Uremia
Pulmonary oedema.
Due to Cardio-vascular Renal disease.
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature. Leo E Woodward M.D.
Address Union Hosp. Date signed 9/9/39

HEALTH DEPARTMENT—CITY OF BALTIMORE

61122

CERTIFICATE OF DEATH

61122

72-W

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 41 Ward)

Length of residence in city or town where death occurred 8 yrs. 1 mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William D. Drummey S. S. No. 214-01-8375

(a) Residence: No. Kingsville, Md St., ... Ward. Baltimore
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced RUSBAND of (or WIFE of) Frances Drummey

6. DATE OF BIRTH (month, day, year) June 8, 1903

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
36	3	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. truck driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) 1938

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) Kingsville (State or country) Md

MOTHER FATHER

13. NAME Wuliam Dammney

14. BIRTHPLACE (city or town) Md (State or country)

MOTHER

15. MAIDEN NAME Josephine Schwartz

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT William Drummey
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loraine Cem Date Sept 11-39 19

19. UNDERTAKER J. J. Stevenson Son
(Address) 3001 Eutaw

20. FILED ... Registrar. by Wilt Asst. Registrar.

SEP 10 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept Aug 4, 1939 to Sept 8, 1939
I last saw h... alive on Sept 5, 1939 Death is said to have occurred on the date stated above, at 8.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myeloid Leukemia	?
Other contributory causes of importance: Hemorrhage and Spinal cord	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Joseph E. Schenthal M. D.
(Address) Mercy Hospital

F 61123

44088 BB

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-13

Registered No. F 61123

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution:
Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4½ mos

(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 318 20½ Street
(If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Delilah Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Black	Widowed

6 (b) Name of husband or wife Philip

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) April 6, 1871

8. AGE: Years	Months	Days	If less than one day
68	5	2	..... hr. ..... min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Roomers

11. Industry or business

FATHER
12. Name Wilby Martin
13. Birthplace Virginia

MOTHER
14. Maiden Name Mary Tracy
15. Birthplace Virginia

16 (a) Informant Records
(b) Address B. C. H.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 9-11-39 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn
Location Balto. Co.

18 (a) Funeral director Saml. W. Chase & Son
(b) Address 638 N. Gilmor St.

SEP 10 1939

(a) Local registrar (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 8 1939, at 9⁰⁰ AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 23 1939, to Sept 8 1939, and that I last saw h er alive on Sept 8 1939.

Immediate cause of death Hypertensive cardiovascular disease — Duration unknown

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature [illegible] M. D.

Address Balto City Hosp. Date signed 9-8-39

F 61124

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107 - 37820 F 61124 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside City or town limits, write RURAL and give town)
(d) Street No. 1725 Gwynns Falls Parkway (If rural give location)
(e) If foreign born, how long in U. S. A.? years

X

3 (a) FULL NAME Jacob Morris

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Bessie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 2, 1872

8. AGE: Years	Months	Days	If less than one day
67	4	7	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Adolph
13. Birthplace Germany

MOTHER
14. Maiden Name Sarah ?
15. Birthplace Germany

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 10 39 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Balto & Third st

18 (a) Funeral director Sol Simpson & Bros
(b) Address 1124-26 W. North ave

19 (a) (b)

SEP 10 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 9 1939, at 3 23 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 18 1938 to Sept. 9 1939, and that I last saw him alive on Sept 9 1939.

Immediate cause of death Bronchopneumonia

Due to

Due to

Other Conditions Paget's disease of Bone

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
2 days

unknown

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 9-9-39

F 61125

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

23 F 61125 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 384 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2304 McCulloh St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Geraldine Hines (36304)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 31, 1918

8. AGE: Years 21 | Months 4 3 | Days 8 | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

MOTHER / FATHER

12. Name Clarence

13. Birthplace Md.

14. Maiden Name Violet Brooks

15. Birthplace Md.

16 (a) Informant Hospital Records

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 9-11-39 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cem

Location A A Co Md

18 (a) Funeral director Arminda Gaddes

(b) Address 2101 McCulloh St

19 (a) 9-9-1939 (b) [illegible] Williams, Registrar
(Date received by registrar)

VS 8

MEDICAL CERTIFICATION P.

20. DATE OF DEATH September 8, 1939, at 11:15M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 20, 1938 to Sept. 8, 1939 and that I last saw her alive on Sept. 8, 1939.

Immediate cause of death: Tuberculosis of Lungs — Duration 16 mos

Due to

Due to

Other Conditions: Therapeutic pneumothorax
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.

Address Balto. City Hospitals Date signed 9-8-39

F 61126

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 61126 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens + Caton Aves.
(c) Hospital or institution: Saint Agnes' Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 39 yrs 10 mos 10 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 609 Granby St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Edna Willis

3 (b) If veteran, name war —
3 (c) Social Security Account No. 212-05-0026

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Ivan
6 (c) If alive, give age 36 years
7. Birth date of deceased (mo., day, yr.) Oct. 29, 1899
8. AGE: Years 39 | Months 10 | Days 10 | If less than one day: hr. min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Supervisor
11. Industry or business Telephone Co.

FATHER
12. Name Leonard Lentz
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Mamie McCabe
15. Birthplace Baltimore, Md

16 (a) Informant Ivan Willis
(b) Address 609 Granby St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 11, 1939 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem.
Location

18 (a) Funeral director Margaret A. Flynn
(b) Address 1432 Eutaw St.

19 (a) (Date received by local registrar) (b) Thursday, Sept. 7, 1939

SEP 10 1939
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-8 1939, at 1045 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-2 1939, to 9-8 1939, and that I last saw her alive on 9-8 1939.

	Duration
Immediate cause of death Respiratory failure	
Due to Acute epidemic encephalitis	8 days
Due to	over
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles V. Lewis M. D.
Address St Agnes Hosp. Date signed 9-9-39

F 61127

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

48 ✓ F 61127 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2510 Greenmount Ave.
(c) Hospital or institution: Southern Home & Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 3 Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Southern Home & Hospital (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Bello Crouse

3 (b) If veteran, name war
3 (c) Social Security Account No. ----

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced. Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov. 5.1860
8. AGE: Years 78 | Months 10 | Days 4 | If less than one day hr. min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business ?

FATHER
12. Name Isaac Crouse
13. Birthplace ?

MOTHER
14. Maiden Name Rebecca Cullisson
15. Birthplace ?

16 (a) Informant John Elmer
(b) Address 733 E. 20th Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 11-1939 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location East North Ave.

18 (a) Funeral director Wm. O. Mitchell & Son, Inc.
(b) Address 1900 Eutaw Place Baltimore, Md.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 9, 1939, at 7.30 M

21. I certify that death occurred on the date above stated, that I attended deceased from July 15 1939 to Sept 9 1939 and that I last saw h alive on Sept 8. 1939.

Immediate cause of death	Duration
Carcinoma Uterus	6 Mo
Due to	
Due to Exhaustion.	1 Mo.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hubert C. Wade M. D.
Address Medical Arts Bldg. Date signed

61128

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47 F 61128 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1320 W. Lexington St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 1320 W. Lexington St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Katherine E. Price

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Luther Price
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Jan. 2, 1865

8. AGE: Years: 74 | Months: 8 | Days: 6 | If less than one day: hr. min.

9. Birthplace: Balto. Co. Md. (Town, county, and state)

10. Usual Occupation: none

11. Industry or business:

FATHER
12. Name: Owen McIntire
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Catherine Tunney
15. Birthplace: Ireland

16 (a) Informant: Kathleen E. Price
(b) Address: 1320 W. Lexington St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 11, 1939 (month) (day) (year)
(c) Cemetery or crematory: Druid Ridge Cemy.
Location: Pikesville, Balto. Co. Md.

18 (a) Funeral director: John O'Mitchell & Sons Inc.
(b) Address: 1900 Eutaw Place

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 8, 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/19 1934 to 9/8 1939.
and that I last saw h er alive on 9/7 1939

Immediate cause of death: Arterio-sclerosis

Due to: unknown

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

Duration: 5 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature William A. Tripoli M. D.
Address 1326 W. Lombard St. Date signed

F 61129
367829

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131 Registered No. F 61129

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 218 S Caroline (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Patsy or Pacifico Ciaffone
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct 3-1870-1884

8. AGE: Years	Months	Days	If less than one day
54 69	11	5	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Joseph Ciaffone
13. Birthplace Italy

MOTHER
14. Maiden Name Domenica
15. Birthplace Italy

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Holy Redeemer (Burial, cremation, or removal) (b) Date thereof Sept. 11-39 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Holy Redeemer Cem
Location Baltimore Md
18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Morley St.
19 (a) (Date rec'd by registrar) SEP 16 1939 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 8 1939, at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 2 1939, to Sept 8 1939, and that I last saw him alive on Sept 8 1939.

Duration
Immediate cause of death: Cerebral Thrombosis — 2 weeks
Due to: Bronchopneumonia — 2 days
Due to: Arteriosclerosis —
Due to: Chronic Glomerular Nephritis — 12 years
Other Conditions

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature B. M. Welty M. D.
Address Johns Hopkins Date signed 9-8-39

F 61130

61130 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St Joseph Hosp St. 26-E Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? 23 yrs. mos. ds.
If U. S. Veteran specify WAR
2. FULL NAME Mrs Anna Marconi
(a) Residence: No. 3907 E Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Maried

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Diego Marconi

6. DATE OF BIRTH (month, day, year) March 25 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
59		5	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tossicia Italy

FATHER
13. NAME Alberto Cambelli
14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER
15. MAIDEN NAME Anna M. di Bonaventura
16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Diego Marconi (Husband)
(Address) 3907 E. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus C Date Sept. 12 1939

19. UNDERTAKER Frank Della Rocca
(Address) 52 N. Morley St

20. FILED 19 [illegible]

SEP 10 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-9-39

22. I HEREBY CERTIFY, That I attended deceased from 9-5-39, 19, to 9-9-39, 19
I last saw h[illegible] alive on 9-9-39, 19. Death is said to have occurred on the date stated above, at 3:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cholecystitis	9-1-39
Gangrenous Fever	
Acute Obstruction	?
Other contributory causes of importance	
Myocarditis	
Hypostatic pneumonia	9-7-39

Was an operation performed? Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. P. Cunniff M. D.
(Address) St. Joseph Hosp

F 61131

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 131 F 61131

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3524 Hayward Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State D.C. (b) County
(c) City or town Washington (If outside city or town limits, write RURAL and give town)
(d) Street No. 2718 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mattie E. Morrison

3 (b) If veteran, name war:
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	White	Married

6 (b) Name of husband ~~or wife~~ John F. Morrison
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 28, 1871

8. AGE: Years	Months	Days	If less than one day hr.	min.
68	2	11	0	

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant John F. Morrison
(b) Address Washington D. C.

17 (a) Burial (Burial, cremation, or removal)
(b) Date thereof Sept. 11, 1939 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director Martin Fahrbach
(b) Address 1827 W. North Ave.

19 (a) (b) Hunter & Williams N.Y.

(Date rec'd by registrar) SEP 10 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/8 1939 at 10:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1939 to 9/8 1939 and that I last saw h er alive on 9/8 1939.

Immediate cause of death Uraemia

Due to Arteriosclerotic Vascular renal disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. J. Hetrick M. D.
Address 710 Liberty Ht. Date signed 9/9/39

F 61132

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 ✓ F 61132 Registered No.

F 61132

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1744 E. Lanvale St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1744 E. Lanvale St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hugh J. Carroll
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of ~~husband or~~ wife Mabel McNulty
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Nov. 28, 1876

8. AGE: Years	Months	Days	If less than one day
62	9	11	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Accountant
11. Industry or business

FATHER
12. Name Thomas C. Carroll
13. Birthplace Va.

MOTHER
14. Maiden Name Margaret Orem
15. Birthplace Baltimore Md.

16 (a) Informant Mrs Mabel Carroll
(b) Address 1744 E. Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 11, 1939. (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md.

18 (a) Funeral director Martin Fahey Sons
(b) Address 1827 W. North Ave.

19 (a) SEP 10 1939 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 8, 1939 at 2:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 6 1939 to Sept 8 1939.
and that I last saw h alive on Sept 7 1939.

Immediate cause of death: Cardio-vasculo-renal disease — Duration: 11 days

Due to

Due to

Other Conditions Uremia

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo. B. Lyle M.D.
Address 2802 Harford Date signed 9-9-39

VS 3

M. D. B. 1268-9

F 61133

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61133

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No. 1211

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4100 Underwood Road St.) (Ward)

Length of residence in city or town where death occurred About 70 yrs. --mos. --ds. How long in U. S. If of foreign birth --yrs. --mos. --ds.

2. FULL NAME Theresa Lynch

(a) Residence: No. 4100 Underwood Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of --------

6. DATE OF BIRTH (month, day, year) --------

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 70	---	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Dennis Lynch

14. BIRTHPLACE (city or town) (State or country) -------- Ireland

MOTHER

15. MAIDEN NAME Ellen McTague

16. BIRTHPLACE (city or town) (State or country) -------- Ireland

17. INFORMANT Mrs. Winifred N. Franks

(Address) 208 Goodwood Gardens

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery 9/12 1939

19. UNDERTAKER Henry H. Meats my Son

(Address) 505 N. Gilmor St.

FILED SEP 10 1939 Thurlington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 9 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 4, 1939 to Sept 9, 1939

I last saw her alive on Sept. 9, 1939 Death is said to have occurred on the date stated above, at 10:50A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance: Acute Cardiac Dilatation	Sept 8 '39

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1939

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lloyd E. Taylor M. D.

(Address) 3902 Greenmount Ave.

F 61134

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

89-a F 61134 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens at Caton Aves
(c) Hospital or institution: St. Agnes' Hospital,
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 1813 468 Schroeder St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dorothy Eisenbaugh

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 16 1936

8. AGE: Years 3 | Months — | Days — | If less than one day hr. min.

9. Birthplace Balt. Md. (Town, county, and state)

10. Usual Occupation None
11. Industry or business

FATHER 12. Name John Eisenbaugh
13. Birthplace Balt. Md.

MOTHER 14. Maiden Name Mildred J. Lester,
15. Birthplace Balt. Md.

16 (a) Informant Mrs. Mildred Eisenbaugh,
(b) Address 468 Schroeder St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 11" 39 (month, day, year)
(c) Cemetery or ~~crematory~~ Mt. Olivet Cem.
Location Baltimore City.

18 (a) Funeral director E. F. Ammerman
(b) Address 1003 W. Baltimore St.

19 (a) (Date received by Registrar) (b) Registrar's signature

SEP 13 1939
VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-9 1939, at 3.10 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-7 1939, to 9-9 1939, and that I last saw her alive on 9-9 1939.

Immediate cause of death

Due to Respiratory failure Pulmonary edema in Acute nephritis.

Due to Chr. otitis media

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: 9 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles V. Lewis M. D.
Address St. Agnes' Hosp. Date signed 9-9-39

61135 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 61135

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH Womens Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... 27-3 ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Stella Cole

(a) Residence: No. 5008 Grindon Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thos R Cole

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
abt	62	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Fenwick Russell

14. BIRTHPLACE (city or town) (State or country) Maine

MOTHER

15. MAIDEN NAME Anna Ritter

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mr Thomas Cole

(Address) 5008 Lindowave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 9/11/39 19

19. UNDERTAKER J. J. Foley & Bro

(Address) 1218 Light St

20. FILED ..... 19.....

SEP 10 1939 — Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/8 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 2 1939 to Sept 8 1939

I last saw her alive on Sept 8 1939 Death is said to have occurred on the date stated above, at 3:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute, suppurated, perforated appendicitis	
Peritonitis	
Pyelophlebitis	
Other contributory causes of importance:	

Was an operation performed? Yes Date of Sept 2

For what disease or injury? appendicitis

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Richard W. Wallbrunn M. D.

(Address) Womans Hospital

48092-fs

61136

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-13 F 61136 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3825 Philadelphia Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lillian Wells

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Harry

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 9-22-90

8. AGE: Years 48 Months 11 Days 15 If less than one day hr. min.

9. Birthplace: Balto. (Town, county, and state)

10. Usual Occupation: housewife

11. Industry or business:

FATHER 12. Name: Benjamin Evans

13. Birthplace: Balto.

MOTHER 14. Maiden Name: Elizabeth Benner

15. Birthplace: Balto.

16 (a) Informant: B.C.H. Records

(b) Address:

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 11/39 (month) (day) (year)

(c) Cemetery or crematory: Mt. Carmel Cem

Location: Dundalk

18 (a) Funeral director: John A. Miller

(b) Address: 136 Jefferson St.

19 (a) (b) Registrar

SEP 10 1939

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 7 1939, at 4.40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 5 1939, to Sept 7 1939, and that I last saw her alive on Sept 7 1939.

Immediate cause of death: Hypertensive Cardiovascular disease — Duration unknown

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Baltimore City Hospitals Date signed 9-7-39

F 61137

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B F 61137 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wolfe & Caton Ave.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 9 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Fetos Baltimore
(c) City or town Texas (If outside city or town limits, write RURAL and give town)
(d) Street No. Balto. Co. Almshouse (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME James J Eagan Sr. (James J. Eagan, Sr.)

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Mary E. Farley
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Mar. 25, 1860

8. AGE: Years	Months	Days	If less than one day: hr.	min.
79	5	16		

9. Birthplace Fort Wheeling, W. Va (Town, county, and state)
10. Usual Occupation Home
11. Industry or business Laborer

FATHER
12. Name Patrick Eagan
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget Gorucle
15. Birthplace Ireland

16 (a) Informant James J. Eagan, Jr.
(b) Address 205 S. Monroe St, Balto

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 12 1939 (month) (day) (year)
(c) Cemetery or crematory Texas - St. Josephs
Location Texas, Balto Co., Md.

18 (a) Funeral director Landon M. Bowles
(b) Address Sparks, Md

19 (a) Embalmer (b) Date of embalming

Sep 10 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/10 1939, at 9:10 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-1 1939 to 9-10-1939, and that I last saw h 1M alive on 9/10 1939.

Immediate cause of death Hypostatic pneumonia
Cerebral vascular collapse — Duration

Due to Arteriosclerotic gangrene
of left foot

Due to Mid thigh Amputation
of left leg.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Daniel Fredkin M. D.
Address St Agnes Hosp. Date signed 9/10/39

F 61138

Weiskaitis

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B F 61138 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 410 Burgundy St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 214 S. Sharp St (If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME Stanley Wenskaitis

3 (b) If veteran, name war none

3 (c) Social Security Account No. 212-14-0954

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Eustacia

6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) May 8 1880

8. AGE: Years 59 | Months 4 | Days | If less than one day: hr. | min 0

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Tailor
11. Industry or business Clothing Industry

FATHER
12. Name Joseph Wenskaitis
13. Birthplace Lithuania

MOTHER
14. Maiden Name unknown
15. Birthplace Lithuania

16 (a) Informant Joseph J. Wenskaitis
(b) Address 352 Marigold St

17 (a) [illegible] (Burial, cremation, or removal) Date thereof Sept 11 1939 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd. Balto Md.

18 (a) Funeral director Charles B. Kuchenmeister
(b) Address 637 Washington Blvd.

19 [illegible] 10 1939 [illegible] Registrar

VS 6

MEDICAL CERTIFICATION

P

20. DATE OF DEATH 9/8/39 19 . at 12:50 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary Sclerosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Conrad Acton, M.D.
Medical Examiner

Date signed 9/8/39

3654-25

F 61139

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B F 61139

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 516 St. Paul St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Martha Keith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Harry Keith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-26-11

8. AGE: Years 27 | Months 10 | Days 12 | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Samuel Chase

13. Birthplace ?

MOTHER 14. Maiden Name Hannah Fleming

15. Birthplace ?

16 (a) Informant Ricardo (JOHNS HOPKINS HOSPITAL)

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 9-12-39 (month) (day) (year)

(c) Cemetery or crematory Greenlawn

Location Baltimore Co. Md.

18 (a) Funeral director Chas H. Lloyd

(b) Address 12 or succeeding

19 SEP 11 1939 (Date mo. day yr.) (b) Huntington, West Virginia Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 8 1939. at 8 05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 11 1939. to Sept 8 1939. and that I last saw her alive on Sept 8 1939.

Immediate cause of death: Hypertensive Cardio-vascular Disease and Nephritis of Kidneys

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Nephritis of Kidneys

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature James A. Haviland M. D.

Address Johns Hopkins Hospital Date signed Sept 1939

VS 3

61140

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

146-B

F 61140 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1309 N. Gilmor
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3-0 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1309 N. Gilmor st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lewis Matthews

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race C

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years 53 Months Days If less than one day hr. min

9. Birthplace East New Market Md
(Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown.

16 (a) Informant Mary Dean.
(b) Address 1309 N. Gilmor st

17 (a) Balto Co (Burial, cremation, or removal) (b) Date thereof 9-11-39 (month) (day) (year)

(c) Cemetery or crematory Douglass Mem
Location Balto Co

18 (a) Funeral director James. H. Skinner
(b) Address 927 N. Mount St

19 (a) Date received by registrar (b) Filed by Volunteer

SEP 11 1939
VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/8/39 19 , at 2:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Carcinoma of Stomach — Duration: ?

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Conrad Acton M.D
Medical Examiner

Date signed 9/8/39

F 61141

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61141

CERTIFICATE OF DEATH

93-e

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 406 Folsom St. 24-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. 2 mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frederick Herzog

(a) Residence: No. 406 Folsom St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma Herzog

6. DATE OF BIRTH (month, day, year) June 21, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Thomas T. Herzog

14. BIRTHPLACE (city or town) (State or country) Berlin, Germany

MOTHER

15. MAIDEN NAME Catherine C. Hocker

16. BIRTHPLACE (city or town) (State or country) York, Pa.

17. INFORMANT Mrs. Emma Herzog

(Address) 406 Folsom St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Sept. 11 1939

19. UNDERTAKER J. Howard Strong

(Address) 715 Light St.

20. FILED 11 1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from August 5 1939 to Sept 8 1939

I last saw him alive on Sept 8 1939. Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	1 day.
Arterial Sclerosis	1 mo.
Myocarditis	1 mo.

Was an operation performed? No Date of —

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, ...

(Signed) C. B. Peterson M. D.

(Address) 1279 Fulham St.

F 61142

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

F 61142

Registered No. .....

1. PLACE OF DEATH:

(a) Baltimore City, Maryland Franklin Square Hospital

(b) Street address .....

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days

(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County .....

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 5 W Lee st (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mrs Joseph C. Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Laura A Williams

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Sept 18 1869

8. AGE: Years	Months	Days	If less than one day hr.	min.
69	11	21	20	

9. Birthplace Elizabeth N. C. (Town, county, and state)

10. Usual Occupation Steam boat Engineer

11. Industry or business

FATHER

12. Name Samuel Williams

13. Birthplace N C

MOTHER

14. Maiden Name Dont Know

15. Birthplace N C

16 (a) Informant Mrs Laura A Williams

(b) Address 5 W Lee St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 12/39 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Frederick Ave

18 (a) Funeral director William M Mareck

(b) Address 715 Light St

19 (a) ..... (Date received by registrar) ..... (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/8 1939, at 4 40 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 6 1939, to Sept 8 1939, and that I last saw h/m alive on Sept 8 1939.

Immediate cause of death Carcinoma of stomach Esophagus. — Duration .....

Due to .....

Due to .....

Other Conditions possible lobular pneumonia, Lt lung. (Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy Carcinoma of stomach Esophagus

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury .....

23. Signature James J Kalodner M. D.

Address Franklin Square Hosp Date signed 9/5/39.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61143 F 61143 95-BF 61143

CERTIFICATE OF DEATH

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Division St., or W'ard) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Nellie Forrest

(a) Residence: No. 1401 Druid Hill Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Floyd Forrest

6. DATE OF BIRTH (month, day, year) 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mt. Vernon Ohio

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Floyd Forrest
(Address) 1401 Druid Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Sept. 11, 1939

19. UNDERTAKER Mrs. Ewd. H. Holland
(Address) 1631 Druid Hill Ave.

SEP 11 1939 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-8-39 19

22. I HEREBY CERTIFY, That I attended deceased from 6-27-39 19 ... to 9-8-39 19 ...

I last saw her alive on 9-8-39 19 ... Death is said to have occurred on the date stated above, at 9.17 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-vascular Disease	6-22-39
Cerebral Hemorrhage	6-27-39
Left hemiplegia	8-30-39
Other contributory causes of importance: Hypertrophic Arthritis	P.

Was an operation performed? — Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lt. Maloney M. D.

(Address) Provident Hospital Balto. Md.

F 61144 HEALTH DEPARTMENT—CITY OF BALTIMORE F 61144

CERTIFICATE OF DEATH ✓ 93-C

Registered No.

1. PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No. 7 St., B Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Ruoff

If U. S. Veteran specify WAR

(a) Residence: No. 621 Dumbarton Court St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Ruoff

6. DATE OF BIRTH (month, day, year) June ? 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME Charles Ruoff

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Shore

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Roy Ruoff

(Address) 1208 N. Caroline St

18. BURIAL, CREMATION, OR REMOVAL

Place Ht H Cemetery Date Sept 11 - 1939

19. UNDERTAKER John Ellicott

(Address) 2002 Arlington

20. FILED 19 Registrar.

Hearing in Patients, M.D.

11 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1939 to Sept 8, 1939

I last saw h[illegible] alive on Sept 8, 1939 Death is said to have occurred on the date stated above, at 6:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Generalized Arteriosclerosis	
Cerebral Hemorrhage	
Hypostatic Pneumonia	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If answer is "Yes," state nature of relationship

(Signed) John H Galabey M. D.

(Address) Church Home & Infirmary

F 61145 37102-PS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a F 61145 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1014 E. 20th St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Waldron

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: married-sep.

6 (b) Name of husband or wife George
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 2, 1857

8. AGE: Years 82 | Months 8 | Days 3½ | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Mathias Forrest
13. Birthplace Md.

MOTHER 14. Maiden Name Mary Elizabeth
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 2/37 (month) (day) (year)
(c) Cemetery or crematory Baltimore Co.
Location Baltimore

18 (a) Funeral director John Ulrich
(b) Address 2006 Callow

19 (a) 1 1938 (b) Registrar Howard J. Waldron, M.D. Asst. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-9 1937, at 6:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-17 1938, to 9-9 1937, and that I last saw her alive on 9-9 1937.

Immediate cause of death	Duration
Bronchopneumonia	few days
Due to Intertrochanteric fracture right femur	about 1 year
Due to Fracture cervical vertebrae	2 months
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1-17-38 and 6-24-37
(c) Where did injury occur? Baltimore, Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home & Hospital (Specify type of place) While at work? No
(e) Means of injury Fall down steps

23. Signature L. K. Waldron M. D.
Address Balto City Hosp. Date signed 9-10-37

VS 3

[redacted] 61146

HEALTH DEPARTMENT—CITY OF BALTIMORE

[redacted] 61146

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St. 27-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 15 days long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Baby Girl McQuaid

(a) Residence: No. 6311 Winner Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 26, 1939

7. AGE Years	Months	Days if	If LESS than 1 day, ... hrs. or ... min.
		15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME Wilfred McQuaid

14. BIRTHPLACE (city or town) Prince Edward Island.
(State or country) Canada

MOTHER

15. MAIDEN NAME Gladys Wilkinson

16. BIRTHPLACE (city or town) Cambridge, Ohio
(State or country)

17. INFORMANT Wilfred McQuaid
(Address) 6311 Winner Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Sept 14, 1939

19. UNDERTAKER Loring Byers
(Address) 6005 Pk Heights Ave.

20. FILED SEP 11 1939 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 26, 1939 19... to Sept. 10, 1939 19...
I last saw her alive on Sept 10, 1939. Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pre-maturity (30 weeks)	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. M. Collins M. D.
(Address) Bon Secours Hospital

F 61147 HEALTH DEPARTMENT—CITY OF BALTIMORE F 61147

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital; 3-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Barbara Ellen Baker

If U. S. Veteran specify WAR

(a) Residence: No. 3449 Keswick Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Baker.

6. DATE OF BIRTH (month, day, year) April 29, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Samuel O. Plaine.

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Margaret E. Skinner.

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Mrs. Walter Pfaff.
(Address) 3449 Keswick Road.

18. BURIAL, CREMATION, OR REMOVAL
St. Mary's, Hampden Date Sept 13, 1939

19. UNDERTAKER: Chenoweth & Son.
(Address) 3615-17 Huntingdon Ave.

20. FILED Sept 11 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/10, 1939

22. I HEREBY CERTIFY, That I attended deceased from 8/26, 1939, to 9/10, 1939

I last saw her alive on 9/10 1939 Death is said to have occurred on the date stated above, at 6:35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	7/26/39
Other contributory causes of importance: Bronchial Pneumonia (Bilateral)	9/5/39

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) C. L. Johnston Jr. M. D.

(Address) Md General Hospital

61148

F 61148

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1948

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3637 Chestnut Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3637 Chestnut Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Luther Claggett

3 (b) If veteran, name war — 3 (c) Social Security Account No.

4. Sex M | 5. Color or race Wh | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife none

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 27, 1883

8. AGE: Years 56 | Months - | Days 16 | If less than one day hr min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Luther Claggett

13. Birthplace Md

MOTHER 14. Maiden Name Joanna McAtkins

15. Birthplace Md

16 (a) Informant Milton Everard

(b) Address 3607 Barnett

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 13, 1939 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Howard Chapel

Location Howard Co, Md.

18 (a) Funeral director Chenoweth Son.

(b) Address 3615-17 Chestnut Ave

19 (a) (Signature of local registrar) (b) Huntington Williams M.D.

SEP 11 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/10/39 19 , at 11 a. m. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Huntington Williams M.D. Medical Examiner

Date signed 9/11/39

VS 6

F ~~61147~~
F ~~61148~~ F 61149

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

~~48146-B~~ T ~~61145~~ Registered No. 61149

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 21 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3504 Roland Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Fraser

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Lillian
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-2-1875

8. AGE: Years	Months	Days	If less than one day
64	6	7	hr. min.

9. Birthplace Maine
(Town, county, and state)

10. Usual Occupation WPA
11. Industry or business

FATHER
12. Name William Fraser
13. Birthplace Nova Scotia

MOTHER
14. Maiden Name Sarah McDougall
15. Birthplace Nova Scotia

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 12, 1937 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location
18 (a) Funeral director Brenowitz Bros.
(b) Address 3615-17 Greenmount Ave.

19 (a) (Date received by registrar) SEP 11 1937 (b) Huntington Hill Registrar, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-9 1937, at 10:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-7 1937, to 9-9 1937, and that I last saw h / m alive on 9-9 1937.

Immediate cause of death	Duration
Carcinoma stomach with metastasis	?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. K. Woodward Jr. M. D.
Address Balto City Hosp. Date signed 9-9-37

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61150

CERTIFICATE OF DEATH

F 61150

26-6 94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6708 Roberts Ave St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Katarzyna Zielinski

(a) Residence: No. 6708 Roberts Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~WIFE~~ ~~HUSBAND~~ of Jacob Zielinski

6. DATE OF BIRTH (month, day, year) Sept, 8th 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Wojciech Wisniewski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Agnes---?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Jacob Zielinski

(Address) 6708 Roberts Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Sept 12th 1939

19. UNDERTAKER Geo. A. Weber

(Address) 700 S. Ann st

20. FILED 19 Registrar.

11 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 9th 1939

22. I HEREBY CERTIFY, That I attended deceased from June 1 1939 to Sept 9th 1939

I last saw h~~er~~ alive on Sept. 9 1939 Death is said to have occurred on the date stated above, at 1145 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Asthma	
Coronary Sclerosis	
Other contributory causes of importance: —	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Andrew Nowakowski M. D.

(Address) 2524 Eastern Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61151

61151

CERTIFICATE OF DEATH

✓ 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. MERCY HOSPITAL St. H-V Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME BABY GIRL TANNEBAUM #1 If U. S. Veteran specify WAR

(a) Residence: No. 623 W. LEXINGTON St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	SINGLE

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of SINGLE

6. DATE OF BIRTH (month, day, year) SEPT. 9, 1939

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
				9 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTIMORE MD

FATHER

13. NAME DANIEL TANNEBAUM

14. BIRTHPLACE (city or town) (State or country) BALTIMORE MD

MOTHER

15. MAIDEN NAME HANNAH KRAMER

16. BIRTHPLACE (city or town) (State or country) BALTIMORE MD

17. INFORMANT HANNAH TANNEBAUM
(Address) 623 W. LEXINGTON.

18. BURIAL, CREMATION, OR REMOVAL
Place Cemetery Date 9-11-39 19

19. UNDERTAKER Jack Turner Inc
(Address) 1433 E. Baltimore St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1939 to Sept 10, 1939

I last saw her alive on Sept 9, 1939 Death is said to have occurred on the date stated above, at 1:05 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Immaturity	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? None

Name of operation None

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles A. Doleher M. D.

(Address) Mercy Hospital.

SEP 11

61152

HEALTH DEPARTMENT—CITY OF BALTIMORE

61152

CERTIFICATE OF DEATH

Registered No. 61152

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME BABY GIRL TANNEBAUM #2 If U. S. Veteran specify WAR

(a) Residence: No. 623 W. LEXINGTON St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	SINGLE

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of NONE

6. DATE OF BIRTH (month, day, year) Sept 2, 1939

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	—	—	5 hrs. 38 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

FATHER

13. NAME DANIEL TANNEBAUM

14. BIRTHPLACE (city or town) (State or country) BALTIMORE MD

MOTHER

15. MAIDEN NAME HANNAH KRAMER

16. BIRTHPLACE (city or town) (State or country) BALTIMORE MD

17. INFORMANT HANNAH TANNEBAUM

(Address) 623 W. LEXINGTON

18. BURIAL, CREMATION, OR REMOVAL 9-11-39

Place Pet Cemetery Date ... 19...

19. UNDERTAKER Jewish Funeral Inst

(Address) 1437 E. Baltimore St

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1939 to Sept 9, 1939

I last saw her alive on Sept 9, 1939 Death is said to have occurred on the date stated above, at 6:05 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury? None

Name of operation None

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Charles H. Weller Jr. M. D.

(Address) Mercy Hospital

S.S.

61153

F 61153

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution: Balto Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4407 Pal Mal Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? 38 years

3 (a) FULL NAME Harry Lennner

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Nettie R.

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 6, 1879

8. AGE: Years 60 | Months 7 | Days 5 | If less than one day: hr. — min.

9. Birthplace Russia (Town, county, and state) 0086

10. Usual Occupation Retired Trimmer Business

11. Industry or business

FATHER 12. Name Frank Lennner

13. Birthplace Russia

MOTHER 14. Maiden Name Rose B. Lennner

15. Birthplace Russia

16 (a) Informant Annie Kramer

(b) Address 4407 Pal Mal Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-11-39 (month) (day) (year)

(c) Cemetery or crematory Beth Hedrick Agudas

Location Philadelphia Rd

18 (a) Funeral director Jack Levin Inc

(b) Address 1439 E. Balto St

19 (a) (Date received by registrar) (b) Registrar's signature

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/11/39 19 , at 9 A.M.

21. I certify that death occurred on the date above stated, that I attended deceased from 9/6 1939 to 9/11/1939 and that I last saw h alive on 9/11/1939

Immediate cause of death Bronchopneumonia — Duration

Due to Hemi pleyia

Due to Arteriosclerosis Cardiac vascular disease

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations NO

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Harry L. Warfield M.D.

Address Sinai Hospital Date signed 9/11/39

61154

HEALTH DEPARTMENT—CITY OF BALTIMORE

61154

CERTIFICATE OF DEATH

✓ 82-6

1. PLACE OF DEATH

Registered No. 42-4

CITY OF BALTIMORE: (No. 325 E. 22d. St. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Ella O. Schaninger

If U. S. Veteran specify WAR

(a) Residence: No. 325 E. 22d. St. St., Ward

(Usual place of abode) (If non-resident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William A. Schaninger

6. DATE OF BIRTH (month, day, year) Nov. 30, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Robert R. Carman

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth Griffin

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Wm. A. Schaninger

(Address) 325 E. 22d. St.

18. BURIAL, CREMATION, OR REMOVAL

Druid Ridge Cemetery Date 9/12/39 19

19. UNDERTAKER Henry H. Meyers & Son

(Address) 505 N. Calvert St.

20. FILED SEP 11 1939, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/9/39

22. I HEREBY CERTIFY, That I attended deceased from 9/6/39 to 9/9/39

I last saw her alive on 9/9/39. Death is said to have occurred on the date stated above, at 6.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9/9/39
Other contributory causes of importance: Arteriosclerosis	6 mo

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Thomas F. Mills M. D.

(Address) 532 E 22nd St

61155

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

25376-SD 82-a

E 61155

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1401 Riverside Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? 23 yrs years

3 (a) FULL NAME Sam Nicholas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15, 1898

8. AGE: Years 41 | Months 4 3 | Days 26 16 | If less than one day hr. min.

9. Birthplace Constantinople (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business

FATHER
12. Name Nick
13. Birthplace Turkey

MOTHER
14. Maiden Name Klsie
15. Birthplace Turkey

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 11 1939 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location nr Baltimore Md

18 (a) Funeral director John R. Byers
(b) Address Westminster Md

19 (a) (Date rec'd by registrar) SEP 11 1939 (b) Hampton Pallbearers Md

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 1 1939, at 10:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-28 1937, to 9-1 1939, and that I last saw h alive on 9-1 1939.

Immediate cause of death: Subarachnoid Hemorrhage — Duration: 3 days

Due to

Due to

Other Conditions: Paraplegia following gunshot wound — 2½ years
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Subarachnoid hemorrhage, arteriosclerosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. D.
Address Balto City Hosp. Date signed 9-1-39

F 61156

F 61156

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 95-B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood and Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2yrs 10mos
(e) Length of stay in Baltimore (yrs., mos., or days) 92 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 317 N. Carollton Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 92 | Months | Days | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Retired Mail Clerk

11. Industry or business

FATHER
12. Name Thomas A Smith
13. Birthplace Baltimore

MOTHER
14. Maiden Name Mary ?
15. Birthplace Baltimore

16 (a) Informant Mrs. G. H. Graves
(b) Address Towson Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 11-39 (month) (day) (year)
(c) Cemetery or crematory Western Cem
Location Edmondson Ave

18 (a) Funeral director Albert W Bevage
(b) Address 440 E North Ave Baltimore, Md.

19 (a) Sept 11 1939 (Date received by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 8 1939, at 5 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 18 1936, to Sept 8 1939, and that I last saw h alive on Sept. 8 1939.

Immediate cause of death: Acute Congestive Heart Failure — Duration 7 days.
Due to Arteriosclerotic Cardiovascular disease — 10 years
Due to Infirmities of Age — 1 month
Other Conditions Chronic Bronchitis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John Alwagner
Address University Hospital Date signed Sept. 8, 1939

VS 3

F 61157

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1 + 1a / 19 + a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Somerset Marion Station
(c) City or town Rural (If outside city or town limits, write RURAL and give town)
(d) Street No. 12 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Lee Thomas Jr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) about 1937

8. AGE: Years	Months	Days	If less than one day hr.	min.
about 2				

9. Birthplace Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name William Lee Thomas

13. Birthplace Md.

MOTHER 14. Maiden Name Virginia Beulah

15. Birthplace Md

16 (a) Informant Hospital Records

(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept 11 1939 (month) (day) (year)

(c) Cemetery or crematory

Location Brinkley Md

18 (a) Funeral director Geo. L. Berger Jr

(b) Address 1612 Tollin St

19 (a) (b) Registrar

(Date rec'd by registrar) SEP 11 1939 Vs 11

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 11 1939, at 8 45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 7 1939, to Sept 11 1939, and that I last saw him alive on Sept 11 1939.

Immediate cause of death Asphyxia — Duration 30 days

Due to Acute bronchio-tracheo-bronchitis

Due to Foreign substance in rt. lung

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Theo. E. Woodward M. D.

Address Univ. Hosp. Date signed 9/11/39

51158

48105 (50) 158

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3131 Dillon Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Laure V. Sullivan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Wm. M. Sullivan

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 12, 1863

8. AGE: Years 76 | Months 0 | Days 25 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Henry Easley (d)
13. Birthplace Maryland

MOTHER
14. Maiden Name Matilda Shipley (d)
15. Birthplace Baltimore

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/11/39 (month) (day) (year)
(c) Cemetery or crematory Oaklawn
Location Baltimore, Md

18 (a) Funeral director Leonard A. Covington
(b) Address 21 W. 25th St.

SEP 11 1939 (Date received by registrar) (b) Limington for Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 7 1939, at 7:55 AM

21. I certify that death occurred on the date above stated, that I attended deceased from Sept 6 1939, to Sept 7 1939, and that I last saw h er alive on Sept 7 1939.

Immediate cause of death: Hypertensive cardio vascular disease — Duration unknown.

Due to

Due to

Other Conditions Diabetes mellitus — unknown.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Enlarged heart, congestive failure

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Emergency Hosp
Address Balt. City Hosp Date signed 9-7-39 M. D.

F 61159

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B F 61159 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3501 Elliott St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3501 Elliott St. (If rural give location)
(e) If foreign born, how long in U. S. A? years

3 (a) FULL NAME Joseph J. Karwacki

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Helen Karwacki
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 6-1888

8. AGE: Years	Months	Days	If less than one day
51	8	2	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Grocery Store
11. Industry or business Own

FATHER
12. Name Michael Karwacki
13. Birthplace Germany

MOTHER
14. Maiden Name Frances Gorny
15. Birthplace Germany

16 (a) Informant Helen Karwacki (Wife)
(b) Address 3501 Elliott St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 12/39 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Odonnell St.

18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 403 S. Wolfe St.

19 (a) Date received by local registrar SEP 11 1939 (b) Registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 8 1939. at 3/15PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 8 1939. to Sept 8 1939. and that I last saw h alive on Sept 8 1939.

Immediate cause of death	Duration
Hypertensive Cardiovascular Disease Cerebral Hemorrhage	Sept 8 1939
Due to	
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None.
Of autopsy None.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury —

23. Signature Ea Schumacher M. D.
Address 8428 East Ave Date signed 9-10-39

Conrad Acton M.D. - Asst Med Exam.
per S. Zoseman

61160

HEALTH DEPARTMENT—CITY OF BALTIMORE

61160

CERTIFICATE OF DEATH

49-a

1. PLACE OF DEATH West. Balto. Gen'l. Hosp. Registered No.

CITY OF BALTIMORE: (No. St., 20-X Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillian Meredith (Lillian M. Meredith) U.S. Veteran WAR

(a) Residence: No. 25 Catherine St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William W. Meredith

6. DATE OF BIRTH (month, day, year): May 29-1892

7. AGE: Years 47. Months 3. Days 10. If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Eugene Rhodes
14. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

MOTHER

15. MAIDEN NAME: Anna Moller
16. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

17. INFORMANT: Mrs. Mildred Duest
(Address): 25 N. Catherine St

18. BURIAL, CREMATION, OR REMOVAL
Place: [illegible] Date: 9-·39 19

19. UNDERTAKER: J. B. Hilpert & Son
(Address): 1300 Eutaw Place

20. Filed 11 1939 [illegible] Registrar.

Trinity Cemetery.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from August 11, 1939 to Sept 9, 1939

I last saw her alive on Sept 9, 1939. Death is said to have occurred on the date stated above, at 11:05 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma Ovary - rt. Metastasis to Peritoneum & pleural. — Date of onset

Other contributory causes of importance: none

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Microscopic Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [signature] M. D.

(Address) [illegible]

61161

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

Registered No. F 61161

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2623 Violet Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2623 Violet Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Barbara Siebert

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Solen Seibert
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 8-1859

8. AGE: Years	Months	Days	If less than one day
80	5	1	— hr. — min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business None

MOTHER FATHER
12. Name John Wiedel
13. Birthplace Germany
14. Maiden Name Elizabeth Wiedel
15. Birthplace Germany

16 (a) Informant Mrs Madeline Siebert
(b) Address 2623 Violet Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-11-39 (month) (day) (year)
(c) Cemetery or crematory Western
Location Edmondson Ave & Longwood

18 (a) Funeral director J. B. Hippert & Son
(b) Address 1300 Eutaw Place

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 9 1939 at 12:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 10 19 to Sept 9 1939
and that I last saw her alive on Sept 8 1939.

Immediate cause of death Uraemic Coma — Duration 2 days

Due to Chronic Nephritis — 2 yrs
arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James S. Ashenhurst Jr. M.D.
Address 4402 Parkleigh Rd Date signed 9/12/39

Huntington Williams, M.D.

61162

HEALTH DEPARTMENT—CITY OF BALTIMORE

61162

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2025 W. Lexington St., 20-1 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

If U. S. Veteran specify WAR

2. FULL NAME August Dettmer

(a) Residence: No. 2025 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of: Lou Virginia Dettmer

6. DATE OF BIRTH (month, day, year): DEC. 20, 1861

7. AGE: Years 77 | Months 7 | Days 20 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Co., Md

FATHER

13. NAME: Columbus Dettmer

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Christenia Wrym

16. BIRTHPLACE (city or town) (State or country): Holland Germany

17. INFORMANT: Mrs. Edward Fittro
(Address) 2025 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Olivet Date: 9-11 19 39

19. UNDERTAKER: Frederick A. Coley
(Address) 700 W. Lombard St.

20. Filed 19 SEP 11 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1939 to Sept. 9, 1939 I last saw him alive on Sept. 9, 1939. Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1938
Other contributory causes of importance: Generalized arterio-sclerosis	1937

Was an operation performed? no Date of none

For what disease or injury? none

Name of operation none

What test confirmed diagnosis? Symptoms Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify. none

(Signed) Frank N. Ogden M. D.

(Address) 2701 N. Calvert St.

S 3

61163

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B Registered No. F 61163

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 809 S. Clinton St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 809 S. Clinton Str. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Michael Grosner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced Widwed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 21-1879

8. AGE: Years 60 Months 1 Days 10 If less than one day hr min

9. Birthplace Germany (town, county, and state)

10. Usual Occupation Tabore 0040

11. Industry or business

FATHER
12. Name Caspar Gessner
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara ?
15. Birthplace Germany

16 (a) Informant J. Goerner
(b) Address Riverside Drug Store Balt. Md.

17 (a) Burial (Burial, cremation, or removal)
(b) Date thereof Sept 11-1939 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart of Jesus
Location Fernau Hill Rd.

18 (a) Funeral director John G. Donnelly & Son,
(b) Address Essex

19 (a) SEP 11 1939 (Date received) Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/8/39 19 . at 6:45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary Sclerosis — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Conrad Acton M.D.
Medical Examiner.

Date signed

F 61164

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

151-D

F 61164 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2406 Paca St
(c) Hospital or institution: Mt. Hirams

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town 2406 Paca St (If outside city or town limits, write RURAL and give town)
(d) Street No. Mt Winans Md (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Stephen Hayes

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	col	

6 (b) Name of husband or wife
6 (c) If wife, give age years

7. Birth date of deceased (mo., day, yr.) Jan 3, 1936

8. AGE: Years	Months	Days	If less than one day
3	3	1	hr min

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER 12. Name Earl Watts
13. Birthplace Harmons Md

MOTHER 14. Maiden Name Frances Hayes
15. Birthplace Harmons Md

16 (a) Informant Frances Hayes
(b) Address 2406 Paca St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/11/39. (month) (day) (year)
(c) Cemetery or crematory St. Marks
Location Harmons Md.

18 (a) Funeral director Harold D. Williams
(b) Address 2220 Schroeder St

19 (a) (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 4

MEDICAL CERTIFICATION about 12 M

20. DATE OF DEATH 9/10/39 19 , at

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Congenital abnormality	
Due to Pneumonia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Huntington Williams M.D. Medical Examiner
Date signed 9-11-39

Spec.—9-30—A. & Co.—250 Bks

F 61165

61165

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-B

REGISTERED NO.

(If death occurred in a hospital or institution give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 3019 E Monument ST 7-1 WARD)

2. FULL NAME Wilhelmina Catherine Miller

(a) RESIDENCE NO 3019 E. Monument ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or town where death occurred 80 yrs. 7 mos 25 ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If ~~married~~, widowed, ~~or divorced~~ ~~HUSBAND of~~ ~~late~~ WIFE of John Miller

6 DATE OF BIRTH (month, day, and year) January 16th, 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	7	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Washington D.C.

PARENTS

10 NAME OF FATHER William Johns

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Miss Matilda Miller 3019 E. Monument St

15 Filed SEP 11 1939, 19 H. Registrar Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 10th 1939

17

I HEREBY CERTIFY. That I attended deceased from September 7th, 1939, to September 10th 1939 that I last saw h— alive on September 9th 1939 and that death occurred, on the date stated above, at 3:20 A. M.

The CAUSE OF DEATH* was as follows:

Cerebral thrombosis.

(duration) 0 yrs. 6 mos. 6 ds.

CONTRIBUTORY (Secondary) Cerebral arteriosclerosis

(duration) 15 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical signs.

(Signed) H. S. Chilcoat M. D.

Sept 11 1939 (Address) 6210 York Road

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem

DATE OF BURIAL 9-12 1939

20 UNDERTAKER Thos E Kelly Inc ADDRESS 2435 E. Pl

FROM is very important. See instructions on back of certificate.

F 61166

61166

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 a Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1128 McCulloh St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)

(d) Street No. 1128 McCulloh St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Florence Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife Henry Smith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4 - 10 - 1893

8. AGE: Years	Months	Days	If less than one day: hr.	min.
46	4	28		

9. Birthplace Prince George Co. Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

MOTHER / FATHER

12. Name Joseph Younger

13. Birthplace Md

14. Maiden Name Louise Peoples.

15. Birthplace Md.

16 (a) Informant Henry Smith

(b) Address 1128 McCulloh St

17 (a) 9 - 12 (Burial, cremation, or removal)

(b) Date thereof 9 - 12 - 39 (month) (day) (year)

(c) Cemetery or crematory Arlington Park.

Location Baltimore Md.

18 (a) Funeral director Frances A Hendley.

(b) Address 578 W Biddle St

(b) [illegible] Registrar

19 (c) Date received by registrar

SEP 11 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9 - 8 - 1939, at 11,30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 6 - 3 - 1939, to 9 - 8 - 1939, and that I last saw h[illegible] alive on 9 - 8 - 1939.

Immediate cause of death Valvulitis — Duration unknown

Due to —

Due to

Other Conditions Hypertention — unknown

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature W H Haenger M. D.

Address 611 N. Carolin. Date signed 9-11-39

61167

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 95-B Register No. P 61167

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & CALVERT Sts.
(c) Hospital or institution: UNION MEMORIAL Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 da. 12-2
(e) Length of stay in Baltimore (yrs., mos., or days) 13 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne ARUNDEL
(c) City or town PASSADENA (If outside city or town limits, write RURAL and give town)
Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mr. Edward Lee Holland

3 (b) If veteran, name war: No

3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Married

6 (b) Name of husband or wife: Mary O. HOLLAND
6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) Feb. 16, 1878

8. AGE: Years	Months	Days	If less than one day: hr.	min.
61	6	24		

9. Birthplace: Ohio - city not known (Town, county, and state)

10. Usual Occupation: BANKER 0086

11. Industry or business: BANKING

MOTHER / FATHER

12. Name: Tom HOLLAND
13. Birthplace: —
14. Maiden Name: Ellen SLAVEN
15. Birthplace:

16 (a) Informant: MRS. Edward HOLLAND
(b) Address: PASSADENA P.O. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/12/39 (month) (day) (year)
(c) Cemetery or crematory: London Park
Location: Glen Burnie, Md.

18 (a) Funeral director: Mary M. Shadefield
(b) Address: Glen Burnie, Md.

19 (a) Date received (registrar) SEP 11 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 10, 1939, at 1:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8.31, 1939, to 9.10 1939, and that I last saw him alive on 9.10 1939.

Immediate cause of death HEART failure — Duration: 1 day

Due to Hypertensive CARDIO-VASCULAR disease — Duration: 10 years at least

Due to — Duration:

Other Conditions Senile CEREBRAL ARTERIOSCLEROSIS & dementia (Include pregnancy within 3 months of death) — Duration: 2 weeks

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert G. Crawford, M. D.
Address Union Memorial Hospital Date signed 9/10/39

F 61168 43604-FS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3-2

F 61168 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1537 Aliceann st. (If rural give location)
(e) If foreign born, how long in U. S. A? years

3 (a) FULL NAME Stella Pulaski

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: married-sep.

6 (b) Name of husband or wife Adam
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ??

8. AGE: Years 52 | Months | Days | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation H.W.
11. Industry or business

FATHER 12. Name John Macaijeski
13. Birthplace Poland

MOTHER 14. Maiden Name Lucie ?
15. Birthplace Poland

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 13-39 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location

18 (a) Funeral director Fred W Orzechowski
(b) Address 1930 Eastern Ave

19 (a) (Date received by Registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 10 1939, at 3:04 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 30 1939, to Sept 10 1939, and that I last saw h[er] alive on Sept 10 1939.

Immediate cause of death: Tuberculosis of lungs — Duration: 2 yrs
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J Palecsni BCH
Address Date signed 9/10/39 D.

F 61169

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 F Registered No. F 61169

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2639 Wilkens ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2639 Wilkens ave (If rural give location)
(e) If foreign born, how long in U. S. A? years

3 (a) FULL NAME George F. Lingner
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Emma Lingner
6 (c) If alive, give age 51 years
7. Birth date of deceased (mo., day, yr.) June 1. 1888
8. AGE: Years 51 Months 3 Days 9 If less than one day hr. min.
9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation Patrolman
11. Industry or business B.P.O.R.R.
12. Name George Lingner
13. Birthplace Balto., Md.
14. Maiden Name Agnes Purings
15. Birthplace Balto., Md.
16 (a) Informant Mrs. Emma Lingner
(b) Address 2639 Wilkens ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 13/39 (month) (day) (year)
(c) Cemetery Holy Cross R.C.
Location Annapolis Blvd.
18 (a) Funeral director Margaret L. Flynn
(b) Address 1422 Light St.
19 (a) (Date rec'd by registrar) (b) Washington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 10 1939. at 1.40 P.M.
21. I certify that death occurred on the date above stated, that I attended deceased from Aug. 1 19 39 to Sept 10 19 39.
and that I last saw h alive on Sept 9 19 39

Immediate cause of death: Cardiac failure
Due to: uraemic decompensation
Due to:
Other Conditions: Carcinoma
(Include pregnancy within 3 months of death)
Major findings:
Of operations: Metastasis to
Of autopsy: lumbar abdomen

Duration: 1 yr. 1 yr.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature M. D.
Address 412 Fidelity Bldg. Date signed 9/12/39

VS 3

Florence Z Byerly

F 61170

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

Registered No. F 61170

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 276 N. Fulton
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 56 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 276 N. Fulton (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Florence Z. Byerly

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife John L. Byerly

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 12 1883

8. AGE: Years 56 | Months 7 | Days 28 | If less than one day hr. min.

9. Birthplace Balto Co. (town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Jacob Ritter

13. Birthplace Balto Co Md

MOTHER 14. Maiden Name Ida V. Frankenberger

15. Birthplace Balto Co Md

16 (a) Informant Henry G Washington

(b) Address 276 N. Fulton

17 (a) Burial (Burial, cremation, or removal)

(b) Date thereof 9/13/39 (month) (day) (year)

(c) Cemetery or crematory Maryland Memorial Park

Location Taylor Ave

18 (a) Funeral director A. Howard Evans

(b) Address 1400 Lombard St

19 (a) (Signature of registrar)

(b) Registrar

SEP 11 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 10th 1939, at 5:25 P M

21. I certify that death occurred on the date above stated, that I attended deceased from Aug 11th 1939 to Sept 10th 1939.
and that I last saw h alive on Sept 5th 1939.

Immediate cause of death Uraemia

Due to Arterio Sclerotic Hypertensive Cardiosclerosis

Due to Prostate Cancer Inoperable

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy (Yes)

Duration One year

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] Date signed 9/11/39

Address 307 S Wolfe St

61 F 1 48050

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 Registered No. F 61171

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1740 Orleans St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Grace Green
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Female
5. Color or race Colored
6 (a) Single, married, widowed, or divorced. married
6 (b) Name of husband or wife Harry Green (d)
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) - - -
8. AGE: Years 44 yrs. Months Days If less than one day hr. min.
9. Birthplace Md. (Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business W. P. A.

MOTHER / FATHER
12. Name -
13. Birthplace Md.
14. Maiden Name Katie Lutz
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 13/39 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A. E. Co
18 (a) Funeral director Rayner Sanders
(b) Address 1412 E Preston St

19 (a) (Date received by Registrar) (b) [illegible]

SEP 11 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 10 1939, at 8.40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1939, to Sept 10 1939, and that I last saw h er alive on Sept 10 1939.

Immediate cause of death: Chronic glomerulo nephritis — Duration unknown.
Due to
Due to
Other Conditions Ovarian cyst — unknown.
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
(Underline the cause to which death should be charged statistically.)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 9-11-39

61172 47806-PS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-a Registered No. 61172

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 208 Calvin St. Colvin (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Issac Titus

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Lula

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-5-61

8. AGE: Years 78 Months 5 Days 0 If less than one day hr. min.

9. Birthplace Md (Town, county, and state) Col

10. Usual Occupation Unknown

11. Industry or business

FATHER 12. Name James Titus

13. Birthplace ?

MOTHER 14. Maiden Name Margaret Jones

15. Birthplace ?

16 (a) Informant B.C.H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 12/39 (months) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location A.R. Co

18 (a) Funeral director Rayner Sanders

(b) Address 1412 E Fleet St

19 (a) (Date rec'd by registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-5 1939, at 2.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-26 1939, to 9-5 1939, and that I last saw h[illegible] alive on 9-5 1939.

Immediate cause of death Intestinal obstruction — Duration 10 days

Due to Right scrotal hernia and volvulus small intestine ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Right scrotal hernia
Of autopsy Volvulus & obstruction

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.

Address Balto City Hosp. Date signed 9-7-39

F 61173

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a

Registered No. F. 61173

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 53 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Charles St Ave
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Notre Dame of Maryland (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sister Mary Agatha Burns

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 6, 1878

8. AGE: Years	Months	Days	If less than one day
61		4	hr. min.

9. Birthplace Boston, Mass (Town, county, and state)

10. Usual Occupation Infirmarian

11. Industry or business

FATHER
12. Name John Burns
13. Birthplace Ireland

MOTHER
14. Maiden Name Winifred Wiley
15. Birthplace Irelaid

16 (a) Informant Sr. Mary Harold
(b) Address Notre Dame, Charles St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 13-39 (month) (day) (year)
(c) Cemetery ~~crematory~~ Notre Dame Prov
Location Grave-

18 (a) Funeral director Jos M. Finn & Son
(b) Address 611 N Wolfe st

19 (a) [illegible] (b) [illegible]
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 10 1939, at 11:30 P M

21. I certify that death occurred on the date above stated, that I attended deceased from July 19 1939, to Sept 10 1939, and that I last saw her alive on 9-10-1939.

Immediate cause of death: Cerebral Hemorrhage — Duration: 53 days

Due to

Due to

Other Conditions: Partial Intestinal Obstruction (Include pregnancy within 3 months of death)

Major findings:
Of operations: Intestinal adhesions
Of autopsy: Cerebral hemorrhage ?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. M. Collins M. D.
Address Bon Secours Hospital Date signed 9-10-39

VS 3

F 61174

48186-fs BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 137

Registered No. F 61174

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 210 N. Milton Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Hammer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 20th 1859

8. AGE: Years	Months	Days	If less than one day
80	5	20	hr. min.

9. Birthplace Md. Baltimore Md. (Town, county, and state)

10. Usual Occupation unknown Cooper

11. Industry or business

MOTHER FATHER

12. Name Unknown

13. Birthplace Germany

14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant B.C.H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 12th 1937 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn

Location Balto. Co. Md.

18 (a) Funeral director Frederick Geoghegan Inc.

(b) Address 7401 Belair Road

19 (a) SEP 11 1937 (Date rec'd by reg'r) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-10 1937 at 7:35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-8 1937, to 9-10 1937.
and that I last saw h[illegible] alive on 9-10 1937.

Immediate cause of death Arteriosclerotic gangrene Left foot — Duration ?

Due to

Due to

Other Conditions Benign prostatic hypertrophy with uremia — Duration ?
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. H. Woodward M. D.
Address Balto. City Hosp. Date signed 9-10-37

F 61175

47869-RB

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-a

Registered No. F 61175

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4040 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Homeless (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Bartlett
3 (b) If veteran, name war
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 22, 1877

8. AGE: Years	Months	Days	If less than one day: hr.	min.
62		17		

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Charles
13. Birthplace Md.

MOTHER
14. Maiden Name Rebecca
15. Birthplace Md.

16 (a) Informant BCH - Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/12/39 (month) (day) (year)
(c) Cemetery or crematory Cathedral. Balto. Md.
Location

18 (a) Funeral director Kerney Lennon
(b) Address 4611 Pr Rdg Pk

19 (a) SEP 11 1938 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 9 1938 at 1:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from August 27 1938 to Sept 9 1938, and that I last saw h[illegible] alive on Sept 9 1938.

Immediate cause of death Amoebic dysentery — Duration 4 weeks
Due to — Duration
Due to — Duration
Other Conditions arterio-sclerotic heart disease — Duration unknown
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy (where necessary, add word "hist.")

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Manuel Goldstein M. D.
Address Balto City Hosp Date signed 9-12-38

VS 8

61176

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

34 F ✓ Registered No. F 61176

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 35 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore City
(c) City or town Baltimore, Maryland. (If outside city or town limits, write RURAL and give town)
(d) Street No. 703 Fyesham Street, Baltimore, Md. (If rural give location)
(e) If foreign born, how long in U. S. A.? 39 years ✓

3 (a) FULL NAME George Henry Kelm

3 (b) If veteran, name war: World War

3 (c) Social Security Account No. 213-05-8425

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Marguerite Hruska

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) Oct. 1, 1896

8. AGE: Years 42 | Months 11 | Days 9 | If less than one day: hr. min.

9. Birthplace Austria Hungary (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business Shoe Industry

FATHER
12. Name Mathias Kelm
13. Birthplace Austria Hungary

MOTHER
14. Maiden Name Anna (Unknown)
15. Birthplace Austria Hungary

16 (a) Informant Records-U. S. Marine Hospital
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/13/39 (month) (day) (year)
(c) Cemetery or crematory Balto. National
Location Balto.

18 (a) Funeral director Verner Lemmon
(b) Address 461 Park Ave. Baltimore, Md.

19 (a) SEP 11 1939 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH September 10, 1939, at 11:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 6, 1939, to Sept. 10, 1939, and that I last saw h[illegible] alive on Sept. 10, 1939.

Immediate cause of death	Duration
Syphilis, tertiary, cardiovascular	2 yrs.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. M. N. Anderson M. D.
Address U. S. Marine Hospital Baltimore, Maryland. Date signed Sept. 11, 1939.

F 61177

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-C

Registered No. F 61177

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wyman Park Drive and 31st St.

(c) Hospital or institution:

U. S. Marine Hospital, Baltimore, Md.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mos.

(e) Length of stay in Baltimore (yrs., mos., or days) 4 mos.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County A. A. Co.

(c) City or town Pasadena (If outside city or town limits, write RURAL and give town)

Street No. 12-6 (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Samuel Daily

3 (b) If veteran, name war	3 (c) Social Security Account No.
World War	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 18, 1886

8. AGE: Years	Months	Days	If less than one day: hr.	min.
53	1	20		

9. Birthplace Steelton, Pa. (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER

12. Name Francis Daily

13. Birthplace Philadelphia, Pa.

MOTHER

14. Maiden Name Sarah ?

15. Birthplace Philadelphia, Pa.

16 (a) Informant Records-U. S. Marine Hospital,

(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 12/39 (month) (day) (year)

(c) Cemetery or crematory Balto. National

Location

18 (a) Funeral director J. A. Krause & Son

(b) Address 216 E. Charles St.

19 (a) SEP 11 1939 (Date received by registrar) (b) Registrar Huntington Wilkinson M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 8, 1939, at 5:30 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from May 6, 1939, to Sept. 8, 1939, and that I last saw him alive on Sept. 8, 1939.

Immediate cause of death Carcinoma, bronchogenic, rt. lung

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Carcinoma, bronchogenic, right lung

Duration
Over 1 year

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature T. B. H. Anderson M. D.

Address U. S. Marine Hosp. Date signed 9-8-39

VS 3

Kelch

F 61178

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 B

Registered No. F 61178

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address [redacted] - dead on arrival
(c) Hospital or institution: at St Balt. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 311 N. Carey St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Howard Kelch

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race Wh | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Susie Kelch

6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr) Aug. 11, 1885

8. AGE: Years 54 | Months 2 | Days 29 | If less than one day: hr. min.

9. Birthplace Cleveland Ohio (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business Ice Cream

FATHER 12. Name James Thomas Kelch

13. Birthplace Cleveland, Ohio

MOTHER 14. Maiden Name Workman

15. Birthplace " "

16 (a) Informant Susie Kelch

(b) Address 311 N Carey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 13th 1939 (month) (day) (year)

(c) Cemetery or crematory Western

Location Balto Md

18 (a) Funeral director William Cook

(b) Address 1217 St. Paul St

SEP 12 1939 (Date received by registrar) Interment, Western, Baltimore, Md

VS 6

MEDICAL CERTIFICATION Heart D

20. DATE OF DEATH Sept. 10 1939, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — **Duration**

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. H. Landenberger M.D. Medical Examiner

Date signed 9/11/39

F 61179

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 61179 Registered No. 94-B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Pratt Road & Pennhurst Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 d
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
Street No. 3802 Arundale Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lewis Whittington

3 (b) If veteran, name war: World
3 (c) Social Security Account No. 213-18-7624

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Wh	Married

6 (b) Name of husband or wife: Virginia M. Whittington
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) July 24 1892

8. AGE: Years	Months	Days	If less than one day: hr.	min.
44	6	16		

9. Birthplace Baltimore Co. Md (Town, county, and state)
10. Usual Occupation Painter
11. Industry or business Self

FATHER
12. Name Milton Whittington
13. Birthplace Baltimore Co. Md

MOTHER
14. Maiden Name Annie Thum
15. Birthplace Baltimore Co. Md

16 (a) Informant Virginia M. Whittington
(b) Address 3802 Arundale Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 13 1937 (month) (day) (year)
(c) Cemetery or crematory Dulaney Valley Memorial Park
Location Baltimore Md

18 (a) Funeral director Wilson & Cole
(b) Address 1219 Park Ave

19 (a) (Date received by registrar) (b) [illegible] Registrar

SEP 13 1937

MEDICAL CERTIFICATION attended 9 30 P

20. DATE OF DEATH 9/10/37 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death
Coronary occlusion
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner
Date signed 9/11/37

F 61180

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 61180 Registered No. 71-a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 501 Richwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 7 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 501 Richwood Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William E. Wilson

3 (b) If veteran, name war ———

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single, married, widowed, or divorced.~~
Male	White	Married

6 (b) Name of ~~husband or~~ wife Fannie P. Wilson

6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) May 19th 1873

8. AGE: Years	Months	Days	If less than one day
66	3	22	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Retired Mail Carrier
11. Industry or business

FATHER
12. Name William Wilson
13. Birthplace N. Y.

MOTHER
14. Maiden Name Mary Diamond
15. Birthplace Unknown

16 (a) Informant Fannie P. Wilson
(b) Address 501 Richwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 13th 1939 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Greenmount
Location Balto Md

18 (a) Funeral director William Crok
(b) Address 1217 St. Paul St

19 (a) SEP 12 1939 (Date rec'd by registrar) (b) [illegible] Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 11th 1939 at about 1 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1/39 Sept 11 1939, and that I last saw h alive on Sept 10/39 19.

Immediate cause of death
Pernicious Anemia

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
Hrs Days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry Bloch M.D.
Address 103 Light St Balto Md
Sept 11/39

F 61181

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31

Registered No. F 61181

F 61181

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution: Union Memorial Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 dys.
(e) Length of stay in Baltimore (yrs., mos., or days) 33 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 348 Melvale Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mrs Jacob (Olive) Washington Wolf.
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	White	Married

6 (b) Name of husband or wife Jacob Washington Wolf. 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 10, 1888

8. AGE: Years	Months	Days	If less than one day: hr.	min.
51	7	0		

9. Birthplace Maryland. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

12. Name	Charles Fuse
13. Birthplace	Maryland.
14. Maiden Name	Alice Eckardt
15. Birthplace	Maryland.

16 (a) Informant Jacob Washington Wolf
(b) Address 348 Melvale Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 13th 1939 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Balto Co. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St.

19 (a) [illegible] (b) [illegible]
(Date received by registrar) SEP 12 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 10 1939. at 3:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 4 1939. to Sept 10 1939. and that I last saw h[illegible] alive on Sept 10 1939.

Immediate cause of death Uremic Coma — Duration 7 dys.
Due to Malignant Hypertension — 8 mos.
Due to Chronic Gromerular Nephritis — many years.
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C. Crawford M. D.
Address Union Memorial Hospital Date signed 9/10/39

F 61182 ✓ F 61182

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

114-B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Byron Park Drive and 31st St.
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10mo. 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) 18 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore City
(c) City or town Baltimore, Maryland (If outside city or town limits, write RURAL and give town)
(d) Street No. 2902 Fresbury Street, Baltimore, (If rural give location)
(e) If foreign born, how long in U. S. A.? years

15 16

3 (a) FULL NAME Marvin Ellwood Hoffman

3 (b) If veteran, name war World War

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 2, 1892

8. AGE: Years 47 | Months 6 | Days 7 | If less than one day hr. min.

9. Birthplace Grenola, Somerset County, Md. (Town, county, and state)

10. Usual Occupation Painter

11. Industry or business

MOTHER FATHER

12. Name William Hoffman
13. Birthplace Grenola, Maryland
14. Maiden Name Emma Collier
15. Birthplace Grenola, Maryland

16 (a) Informant Records - U. S. Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 12-1939 (month) (day) (year)
(c) Cemetery or crematory National
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 127 St Paul St

19 (a) (Date rec'd by registrar) (b) Registrar

SEP 12 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH September 9, 1939, at 12:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 25, 1938, to Sept. 9, 1939, and that I last saw him alive on Sept. 9, 1939.

Immediate cause of death Abscess, left lung

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Lung abscess

Of autopsy Abscess, left lung

Duration 2 years

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. M. N. a dura. M. D.
Address U. S. Marine Hospital Date signed Sept. 11, 1939

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

61183

61183

CERTIFICATE OF DEATH

93-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1713 N. Calhoun St. 15-1 Ward)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Augusta Hopkins

(a) Residence: No. 1713 N Calhoun St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 16 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) 9-8-39

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Maryland

MOTHER

13. NAME William Hopkins

14. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

15. MAIDEN NAME Augusta Adams

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Augusta Hopkins
(Address) 1216 N. Bruce St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 9-13 1939

19. UNDERTAKER George G. Kelson
(Address) 1203 Pennsylvania Ave

20. FILED 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-9- 1939

22. I HEREBY CERTIFY, That I attended deceased from 9-8- 1939 to 9-9- 1939

I last saw h[illegible] alive on 9-9- 1939 Death is said to have occurred on the date stated above, at 1.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute myocarditis	9-2-39

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John C. F. Campbell M. D.

(Address) 1230 N. Caroline St

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

Spec. 1-30 M. & T. 250 Blks.

F 61184

F 61184

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 614 N. Fairmount Ave ST., 4 WARD)

2-FULL NAME Mamie Colbert.

(a) RESIDENCE NO. 614 N Fairmount St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed or Divorced, (write the word)
F	Black	widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of John Colbert

7 DATE OF BIRTH (month, day, and year) March 12, 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	5	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md

PARENTS

10 NAME OF FATHER —

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant James Colbert (Address) 500 W. Biddle St

15 SEP 12 1939 Filed Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 11, 1939

17 I HEREBY CERTIFY, That I attended deceased from Sept 6, 1939 to Sept 11 1939 that I last saw her alive on Sept. 9 1939 and that death occurred, on the date stated above, at 8:00 A.m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Harry Hales, M. D.

, 19 (Address) 523 Scott St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and 12) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn cem

DATE OF BURIAL 9-13 1939

20 UNDERTAKER George H. Nelson

ADDRESS 1363 Eberstman St

F 61183

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59

F 61183

Registered No. ....

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 730 S. Curley St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 730 S. Curley St.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Neal

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife John E. Neal

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 20, 1880

8. AGE: Years	Months	Days	If less than one day
59	6	18	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER

12. Name George Freidenwald

13. Birthplace Baltimore Md.

MOTHER

14. Maiden Name Mary Rumple

15. Birthplace Baltimore Md.

16 (a) Informant John E. Neal

(b) Address 730 S. Curley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 13-1939 (month) (day) (year)

(c) Cemetery or crematory Oakdale Cem.

Location Eastern Ave. Ext.

18 (a) Funeral director George W. Zinkan

(b) Address 1721 E. Lyndhurst

19 (a) 1020 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 10, 1939, at 3 30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1 1939 to Sept 10 1939.

and that I last saw her alive on Sept 10 1939.

Immediate cause of death

Myocarditis

Diabetic mediatis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

One year

2 "

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature O. L. Long, M. D.

Address 418 Fawnway Date signed Oct 11 1939

VS 3

F 61186

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124-a F 61186 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2748 Mosher St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2748 Mosher St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Victor Cupero

3 (b) If veteran, name war none
3 (c) Social Security Account No. none

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Margaret E Cupero
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr) 2/15/1878

8. AGE: Years 61 | Months 6 | Days 25 | If less than one day: hr. min.

9. Birthplace New York (Town, county, and state)
10. Usual Occupation Musical Conductor
11. Industry or business

MOTHER / FATHER
12. Name Ralph Cupero
13. Birthplace Dont Know
14. Maiden Name Dont Know
15. Birthplace Dont Know

16 (a) Informant Mrs Margaret Cupero
(b) Address 2748 Mosher St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 13 39 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Baltimore

18 (a) Funeral director John Ulrich & Sons
(b) Address 200 E Eutaw

19 (a) Date rec'd by registrar (b) [illegible] Registrar

B 1 2 1 1 1

F 61187

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107-6 ✓ Registered No. F 61187

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 120 Collins Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 120 Collins Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Albert Rose

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 9 1939

8. AGE: Years	Months	Days	If less than one day
	3	1	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

12. Name William Rose
13. Birthplace Baltimore Md.
14. Maiden Name Naomi Mosier
15. Birthplace Baltimore Md.
16 (a) Informant William Rose
(b) Address 129 Collins Ave.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 12 1939 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Baltimore Md.
18 (a) Funeral director Martin Fahey & Sons
(b) Address 1827 W. North Ave
19 (a) SEP 12 1939 (Date rec'd by registrar) (b) [illegible] Registrar

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/10 1939 at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/8, 1939 to 9/10 1939 and that I last saw h[illegible] alive on 9/10 1939.

Immediate cause of death (a) Broncho Pneumonia — Duration 9 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos A Cahn M.D.
Address 145 W Balto St Date signed 9/11/39

F 61188

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B ✓ F 61188 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 339 East 27th Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 339 E. 27th Street (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 Years years

3 (a) FULL NAME Anne Curtis Doyle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Micheel Doyle

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 8, 1866

8. AGE: Years 73 | Months 7 | Days 2 | If less than one day: hr. min.

9. Birthplace Co. Wexford, Ireland (Town, county, and state)

10. Usual Occupation House wife

11. Industry or business

MOTHER / FATHER

12. Name Barthomew Curtis

13. Birthplace Ireland

14. Maiden Name Catherine Moran

15. Birthplace Ireland

16 (a) Informant Michael Doyle

(b) Address 339 E 27th Street.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 13/39 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Baltimore

18 (a) Funeral director Rita Wiedefeld

(b) Address 914 Greenmount Ave

19 (a) Timothy J. Sullivan, M.D. Registrar

(Date received by Registrar) SEP 14 1939

VS-8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 10 1939, at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 15 1939, to Sept 10 1939, and that I last saw he alive on Sept. 10 1939.

Immediate cause of death Arteriosclerotic Cardio-Vascular Disease — Duration: 2 yrs.

Due to

Due to Hypertension — Duration: ?

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Philip D. Flynn M. D.

Address 423 E. North Ave Date signed 9-10-39

61189

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61189

CERTIFICATE OF DEATH

181

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hosp Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Phillip Frazier

S.S. 705-12-3833

(a) Residence: No. 1109 N Stricker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Black	married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Bertha.

6. DATE OF BIRTH (month, day and year) Dec 25 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel Wheel & Tire Co.

10. Date deceased last worked at this occupation (month and year) 8-21-39

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Chas. Frazier

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Elizabeth Boyd

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Bertha Frazier
(Address) 1109 N. Stricker St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 9-12 39

19. UNDERTAKER William A Parkson
(Address) 916 E Lanvale

20. FILED SEP 12 1939 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-10-39

22. I HEREBY CERTIFY, That I attended deceased from 8-21-39 to 9-10-39
I last saw h alive on 9-10-39 Death is said to have occurred on the date stated above, at 10:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Burns - 1st & 2nd °	8-21-39
Other contributory causes of importance: Exhaustion	8-21-39
Pneumonia - bronchial	9-7-39

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Injury occurred 8-21 1939
Where did injury occur? Baltimore, Md (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Industry.
Manner of injury Gasoline caught fire & burned
Nature of injury Burns - over entire body

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. Engelfield M. D.
(Address) Bay View Hosp

Howard J. Shaldon M. D. Med. Exam
per D. Fossiman

F 61190

48114-RB

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

Registered No. F 61190

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 dys
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 506 St. Mary's St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jane Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Black	Married

6 (b) Name of husband or wife Thomas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1, 1892

8. AGE: Years	Months	Days	If less than one day
47	2	9	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

MOTHER FATHER

12. Name John Brown
13. Birthplace Md.
14. Maiden Name Joanna Crawely
15. Birthplace Md.

16 (a) Informant B.C.H.-Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 9-14-39 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Westport

18 (a) Funeral director Adolph Hulsebosch
(b) Address 1154 Hollins St.

19 (a) (Date rec'd by registrar) (b) Registrar

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 10 1939, at 12 35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 6 1939, to Sept 10 1939, and that I last saw h[illegible] alive on Sept 10 1939.

Immediate cause of death	Duration
Hypertensive cardio vascular disease	unknown
Coronary Thrombosis	unknown
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy enlarged heart, congestive failure.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Bello City Hosp. Date signed 9-11-39

1937 367937 1 Copy to clerk ✓ F 61191

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

121 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 506 N. Duncan St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Abraham Payton
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: Black
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mary Payton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-30-81

8. AGE: Years 58 | Months 4 | Days 8 | If less than one day: hr. min.

9. Birthplace N. C. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Mason Payton
13. Birthplace N C

MOTHER
14. Maiden Name Donnie Moore
15. Birthplace N C

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/12/39 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cemetery
Location A Lot 42

18 (a) Funeral director Robert B. Williams
(b) Address 1515 McElderry St

19 (a) 9 12 1939 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 8 1939 at 3 55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 5 1939 to Sept 8 1939 and that I last saw him alive on Sept 8 1939.

Immediate cause of death	Duration
peritonitis and peri-appendicitis and fecal stercoma	
Due to perforated appendix	
Due to	
Other Conditions diabetes mellitus, hypertension, uremia (Include pregnancy within 3 months of death)	

Major findings:
Of operations acute appendicitis perforation and peritonitis
Of autopsy peri-appendicitis fecal stercoma

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles E. Groland M. D.
Address Johns Hopkins Hospital Date signed 9/8/39

VS 3

61192 HEALTH DEPARTMENT—CITY OF BALTIMORE F 61192

CERTIFICATE OF DEATH

Registered No. 149-B-953

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Monument & Rutland St.) 15-1P Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. 6 mos. da. How long in U. S. If of foreign birth? 18 yrs. 6 mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Belle Amzer

(a) Residence: No. 3823 Garrison Blvd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced (or) WIFE of Sol. Amzer

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rumania

FATHER

13. NAME Ephraim Weinstein

14. BIRTHPLACE (city or town) (State or country) Rumania

MOTHER

15. MAIDEN NAME Bessie Weinstein

16. BIRTHPLACE (city or town) (State or country) Rumania

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Brooklyn Date 9-12-39 19

19. UNDERTAKER Jos. C. Levy Levy

(Address) 1432 E. Baltimore St.

20. FILED 19 for Hillman Registrar.

SEP 12 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 11 1939

22. I HEREBY CERTIFY, That I attended deceased from July 10 1939 to Sept. 11 1939

I last saw h alive on Sept. 11 1939 Death is said to have occurred on the date stated above, at 8:30p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio - Vascular Failure	
Other contributory causes of importance	

Was an operation performed? Delivery Date of (over)

For what disease or injury? Pregnancy

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry Weinstein M. D.

(Address) 2359 Eastern Pkwy.

F 61193

COK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

F 61193
45951
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo 5
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2112 Ashley St. Ashton
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Arthur Potter

X

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Catherine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 15, 1875

8. AGE: Years	Months	Days	If less than one day
63	9	25	hr. min.

9. Birthplace Conn.
(Town, county, and state)
10. Usual Occupation Circus --Ringling Bros.
11. Industry or business

12. Name John Potter
13. Birthplace N.Y.

14. Maiden Name Sarah Williams
15. Birthplace Conn.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (c) Burial (b) Date thereof Sept 13-39
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory London Pk C
Location Baltimore City

18 (a) Funeral director Franklin St Sanit
(b) Address 5 1/2 N Eutaw

19 (a) (b)
(Date rec'd by registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-10 1939, at 1.55 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-27 1939, to 9-10 1939, and that I last saw h alive on 9-7 1939.

Immediate cause of death	Duration
Bronchial pneumonia	four days
Due to arterio sclerotic gangrene right foot	several months
Due to arterio sclerotic cardio-vascular disease	four years
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Lumbar ganglionectomy
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L K Edwards M. D.
Address Balto. City Hosp Date signed 9-10-39

F 61194

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61194

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 717 Parkwood Ave St. 13-4 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Annie Dale Norris

If U. S. Veteran specify WAR .....

(a) Residence: No. 717 Parkwood Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John N. Norris

6. DATE OF BIRTH (month, day, year): June 4, 1872

7. AGE: Years 67 | Months 2 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At home

10. Date deceased last worked at this occupation (month and year): July 1939

11. Total time (years) spent in this occupation: 45 yrs

12. BIRTHPLACE (city or town) (State or country): Perry Hall Baltimore Co. Md

FATHER

13. NAME: Benjamin Ford

14. BIRTHPLACE (city or town) (State or country): Baltimore Co. Md.

MOTHER

15. MAIDEN NAME: Eliza A. Wilson

16. BIRTHPLACE (city or town) (State or country): Harford Co. Md.

17. INFORMANT: Jno. N. Norris

(Address) 717 Parkwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date Sept. 13th 19 39

19. UNDERTAKER: Wm. J. Sisters Son

(Address) 1605 E. Monument St.

20. FILED ..... 19 ..... Registrar.

SEP 12 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 10th 1939

22. I HEREBY CERTIFY, That I attended deceased from July 24 1939 to Sept 10 1939

I last saw her alive on Sept 10 1939 Death is said to have occurred on the date stated above, at 5.05 m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	4 yrs.
Hardening of Arteries	4 yrs.
Changes of great blood vessels of Lungs	1 yr.
Other contributory causes of importance: Congestion of Lungs	2 days
Came to Hospital	2 days
Fainting Heart failure	2 days

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E. E. Smith M. D.

(Address) 1605 E. Monument St.

F61195 HEALTH DEPARTMENT—CITY OF BALTIMORE F61195

CERTIFICATE OF DEATH

46-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) St. Joseph's Hosp. St. 7-5 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR X

2. FULL NAME James Barnes

(a) Residence No. 1732 Ashland Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	married

5a. If married, widowed, or divorced HUSBAND of Millie

6. DATE OF BIRTH (month, day, year) May 10-1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Keyesville (State or country) Va.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Millie Barnes (Address) 1723 Ashland Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date 9-14 1939

19. UNDERTAKER Mrs P. A. Elliott-Daughter (Address) 1129 N. Carrollton Ave

20. FILED 19 [illegible] for Health Commissioner

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 11th 1939

22. I HEREBY CERTIFY, That I attended deceased from 8-27- 1939 to 9-11 1939

I last saw h[illegible] alive on 9-11- 1939 Death is said to have occurred on the date stated above, at 12-5 p.m.

The principal cause of death and related causes of importance were as follows:

Cancer of stomach — Metastasis — Gastric hemorrhage — Date of onset

Other contributory causes of importance:

Syphilis

Was an operation performed? Biopsy Date of 9-9-39

For what disease or injury? Metastasis

Name of operation Biopsy

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. E. Tennyat M. D.

(Address) St. Joseph's Hosp

F 61196 HEALTH DEPARTMENT—CITY OF BALTIMORE F 61196

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 720 Crantley St 16-4 Ward)

Length of residence in city or town where death occurred 18 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sarah Elizabeth Fahrney

(a) Residence: No. 720 Crantley St Balto. Md Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Fahrney.

6. DATE OF BIRTH (month, day, year) Jan. 17, 1870

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
69	68	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Hermann Roeder

14. BIRTHPLACE (city or town) (State or country) W. Va.

MOTHER

15. MAIDEN NAME Margaret Stentz

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Wm. O. Helps. (Address) Ellicott City Md.

18. BURIAL, CREMATION, OR REMOVAL Place Harpers Ferry W. Va. Date 9-14 1939

19. UNDERTAKER F. C. Reginbothom (Address) Ellicott City Md.

20. FILED SEP 12 1939 Huntington Hillsboro, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1938 to Sept 11, 1939. I last saw her alive on Sept 11, 1939. Death is said to have occurred on the date stated above, at 8:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9-4-39
Other contributory causes of importance: Hypertensive Cardio Vascular renal disease	1938

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Alpha N. Herbert M. D.

(Address) Ellicott City Md.

SEP 12 1939

F 61197

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

165

IF 61197
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3312 Elm Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) about 5 5 yr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 3312 Elm ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Amos Everett Lego

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Amy

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr)

8. AGE: Years 84 | Months | Days | If less than one day hr min

9. Birthplace Harford Co Md (Town, county, and state)

10. Usual Occupation Retired Laborer

11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Cora Arringer
(b) Address 3312 Elm Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof Sept 14-39 (month) (day) (year)
(c) Cemetery or crematory Mountain Christian Church
Location Harford Co

18 (a) Funeral director Charles W Seitz
(b) Address 814 N 36 St

Sep 12 1939 (Date rec'd by registrar) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/11/39 19 . at 1:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Strangulation by rope — Duration

Due to

Due to

Other Conditions Castration Suicide
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 9/11/39
(c) Where did injury occur? 3312 Elm Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury rope

23. Signature Conrad Aelon M.D.
Medical Examiner.
Date signed 9/11/39

V8 4

F 61198

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

174 Registered No. F 61198

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7 years

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 920 Rutland Ave (If rural give location)
(f) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Amos Green

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-03-4021

4. Sex M

5. Color or race Colored

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-9-1922

8. AGE: Years 17 | Months 6 | Days | If less than one day: hr. min

9. Birthplace Crew Virginia (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Factory work

12. Name Squire Green

13. Birthplace Crew Va.

14. Maiden Name Maggie Hardaway

15. Birthplace Virginia

16 (a) Informant Squire Green Jr

(b) Address 920 Rutland Ave

17 (a) Removal (Burial, cremation, or removal)

(b) Date thereof 9-13-1939 (month) (day) (year)

(c) Cemetery or crematory

Location Crew Virginia

18 (a) Funeral director Mrs R. A. Elliott-Lafitte

(b) Address 1129 N. Caroline St

19 (a) Date received by registrar 9-12-1939

(b) Registrar Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-9- 1939, at 11 P. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Stab Wound of Heart — Duration

Due to Hemorrhage

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? Homicide
(b) Date of occurrence 9-9-39
(c) Where did injury occur? City (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Edmondson Ave. While at work? No (Specify type of place)
(e) Means of injury Stab wound of heart with knife or sharp instrument

23. Signature Howard J. Madison M.D. Medical Examiner

Date signed 9-10-39

F 61199

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a F 61199 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Byron Park Drive and 31st Street
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifelong

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3112 E. Dillon Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Herman William Beer

3 (b) If veteran, name war: W

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Opal Boether

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 28, 1890

8. AGE: Years 48 | Months 8 | Days 11 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Brakeman

11. Industry or business Railroad

MOTHER FATHER

12. Name John Baer

13. Birthplace Germany

14. Maiden Name Charlotte Spaniel

15. Birthplace Germany

16 (a) Informant Records-U. S. Marine Hospital

16 (b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal)

17 (b) Date thereof Sept. 3/39 (month) (day) (year)

17 (c) Cemetery or crematory London Park

Location Freyman Rd.

18 (a) Funeral director Tully & Eerlach

18 (b) Address 463 W. Lexington St.

19 (a) Filed (by registrar) Sept 12 1939

19 (b) Hunt, to Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 9, 1939 19 , at 3:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 29, 1939, to Sept. 9, 1939, and that I last saw him alive on Sept. 9, 1939.

Immediate cause of death: Cardiac disease, angina pectoris — Duration: 5 days

Due to

Due to

Other Conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. B. H. Anderson M. D.

Address U. S. Marine Hospital, Baltimore, Maryland. Date signed Sept. 11, 1939

F 61200

19230-TB

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B F 61200 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs, 9 mos, 6 dys

(e) Length of stay in Baltimore (yrs., mos., or days) 1928 -13 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3704 Belvedere Ave. (If rural give location)

If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles McCargo

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Single

(b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 10, 1869

8. AGE: Years 70 | Months 8 | Days | If less than one day hr. min.

9. Birthplace New York (Town, county, and state)

10. Usual Occupation Butcher - Laborer

11. Industry or business

12. Name Alexander (d)

13. Birthplace ?

14. Maiden Name Klapic (?)

15. Birthplace Canada

16 (a) Informant B.C.H. - Records

(b) Address

17 (a) Burial (Burial, cremation or removal) (b) Date thereof Sept 13th 1939 (month) (day) (year)

(c) Cemetery or crematory St. Mathews

Location Balto Md

18 (a) Funeral director William Cook

(b) Address 127 St. Paul St Huntington for Williams, Md

19 (a) (If not buried by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 10 1939 at 2.00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 4 1938 to Sept 10 1939. and that I last saw h in alive on Sept 10 1939.

Immediate cause of death: Bronchopneumonia — Duration: 3 days

Due to

Due to

Other Conditions: Hypertensive heart disease — Duration: unknown.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Pneumonia, enlarged heart

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible] M. D.

Address Balto City Hosp Date signed 9-12-39

F 61201

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4/6-F

F 61201 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st Street
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Anne Arundel
(c) City or town Glen Burnie (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John de Pater

3 (b) If veteran, name war: World War
3 (c) Social Security Account No.:
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Hazel Welch de Pater
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 30, 1892
8. AGE: Years 47 | Months 3 | Days 12 | If less than one day: hr. min.
9. Birthplace Philadelphia, Pennsylvania (Town, county, and state)
10. Usual Occupation Cigar maker
11. Industry or business Pfaff Cigar Company

FATHER
12. Name Peter de Pater
13. Birthplace Belgium

MOTHER
14. Maiden Name Furline
15. Birthplace Belgium

16 (a) Informant Records-U. S. Marine Hospital
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 15th 1934 (month) (day) (year)
(c) Cemetery ~~or crematory~~ National
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 217 St Paul st

19 (a) 1939 (Date filed by registrar) (b) Livingston Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 12, 1939, at 3:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 9, 1939, to Sept. 12, 1939, and that I last saw him alive on Sept. 12, 1939.

Immediate cause of death Tumor, malignant rhabdomyoma of pancreas — Duration 12 hrs.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature. T. B. Hall, M. D.
Address U. S. Marine Hospital, Baltimore, Maryland. Date signed 9/12/39

VS 2

F 61202 F 61202

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hospital (St.) 15-4 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 dys. How long in U. S. If of foreign birth? ... yrs. ... mos. ... dys.

2. FULL NAME Mrs. Magnolia Brown

If U. S. Veteran specify WAR

(a) Residence: No. 1950 Ridgehill Ave St. Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Samuel C. Brown

6. DATE OF BIRTH (month, day, year) Mar 21st 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John O. Clendaniel

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Amelia Clough

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Katherine Young

(Address) 1950 Ridgehill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemetery Date Sept 14th 1939

19. UNDERTAKER William Cook

(Address) 217 St Paul St

20. FILED ... 19... Registrar.

12 1939

Hunter-Lee Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/12 1939

22. I HEREBY CERTIFY, That I attended deceased from 9/9/39 19... to 9/12 1939

I last saw ~~her~~ alive on 9/12 1939 Death is said to have occurred on the date stated above, at 6:12 ~~P~~ A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio Vascular Renal Disease	
Other contributory causes of importance: Cerebral Hemorrhage	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) L. C. Post M. D.

(Address) Maryland Gen. Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

61203 | CERTIFICATE OF DEATH | F 61203

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hospital St., 1700 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Silas Lane

If U. S. Veteran specify WAR

(a) Residence: No. 2701 St Paul St. St., S.S. No. 212-10-6642 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hilda Lingle

6. DATE OF BIRTH (month, day, year) October 10, 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Executive 0486

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lane Joyce Hanger Co.

10. Date deceased last worked at this occupation (month and year) about Sept 1, 1939

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Poughkeepsie New York

FATHER

13. NAME Wm. J Lane

14. BIRTHPLACE (city or town) (State or country) Poughkeepsie New York

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Kae Price (friend)

(Address) 2701 St Paul St

18. BURIAL, CREMATION, OR REMOVAL

Place Poughkeepsie, New York Date 9-12-39

19. UNDERTAKER John C. Mitchell & Son

(Address) 1900 Eutaw Place

20. FILED SEP 12 1939 (Signature of Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from September 10, 1939, to September 11, 1939

I last saw him alive on September 11, 1939. Death is said to have occurred on the date stated above, at 10:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Pulmonary Tuberculosis	2yrs ago.
Hypertension	—
Agranulocytic angina	—
	—
Other contributory causes of importance: Pneumonia	September 8, 1939

Was an operation performed? NO Date of —

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-ray Blood Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. W. Mansfield M. D.

(Address) Md. Gen. Hosp.

365592

F 61204

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53-E

Registered No. F 61204

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Essex (If outside city or town limits, write RURAL and give town)
(d) Street No. Riverside Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Evelyn Whaley
(b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Dean Whaley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-5-13

8. AGE: Years 26 | Months 5 | Days 6 | If less than one day hr. min.

9. Birthplace Mo. (Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business

12. Name Harve Jordon
13. Birthplace ?

14. Maiden Name Estelle Manning
15. Birthplace ?

16. (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-12-39 (month) (day) (year)
(c) Cemetery or crematory
Location Kansas City, Mo.

18. (a) Funeral director Mrs. C. L. Forster
(b) Address 918-920 Brooklyn Ave.

19. (a) (b) by Wm. H. Whaley

(Date received by registrar) SEP 13 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 11 1939 at 7 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 14 1939 to Sept 11 1939.
and that I last saw her alive on Sept 11 1939.

Immediate cause of death Aplastic anemia
(Enter only one cause per line for (a), (b), and (c).)
Due to Lymphosarcoma
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration: 2 yrs.

Major findings:
Of operations
Of autopsy None

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. E. Klenkel M.D.
Address J. H. H. Date signed 9/11

PHYSICIAN
Underline the cause to which death should be charged statistically.

H. E. Klenkel

F 61203

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 61205 Registered No. 1227

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County A. A. Co.
(c) City or town Glenburnie (If outside city or town limits, write RURAL and give town)
(d) Street No. 9 Central Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Lee Powney
3 (b) If veteran, name of war World War
3 (c) Social Security Account No.
4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Dorothy Powney
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feby 9/1894
8. AGE: Years 45 Months 7 Days 3 If less than one day hr. min.
9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business
12. Name John Thomas Powney
13. Birthplace Maryland
14. Maiden Name Annie Hannan
15. Birthplace Maryland
16 (a) Informant Mrs Rose Crook
(b) Address 4115 Hayward Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 13/39 (month) (day) (year)
(c) Cemetery or crematory Balto National
Location Baltimore Md.
18 (a) Funeral director Harry K. Annacost
(b) Address 4204 Redgewood Ave
19 (a) (Date rec'd by registrar) (b) Registrar

VS 8 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH September 11 1939 at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9.9. 1939. to 9.11. 1939. and that I last saw him alive on 9.11. 1939.

Immediate cause of death Cerebral Collapse

Due to Paralytic Ileus

Due to Mechanical obstruction + Post operative adhesions

Other Conditions Chronic Nephritis

(Include pregnancy within 3 months of death)

Major findings:
Of operations Numerous adhesions of lower abdomen
Of autopsy

Duration 6 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry A. Buell M. D.
Address University Hospital Date signed 9-12-39

F 61206

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a F 61206 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 27 Talbot St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 27 Talbot St (If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Charles A. Smith
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married.
6 (b) Name of husband or wife Lydia Smith
6 (c) If alive, give age 65 yrs 9 mos
7. Birth date of deceased (mo., day, yr.) Nov. 17, 1873
8. AGE: Years 65 | Months 9 mos | Days 24 | If less than one day hr. ... min.
9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation Painter
11. Industry or business Painting

FATHER
12. Name Charles A. Smith
13. Birthplace Germany

MOTHER
14. Maiden Name Emma Barnes
15. Birthplace Md

16 (a) Informant Lydia Smith
(b) Address 27 Talbot St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 14, 1939 (month) (day) (year)
(c) Cemetery or crematory Leden Hill
Location a. a. Co
18 (a) Funeral director A. Hopewell Barnes
(b) Address 1400 E Chase St

19 Sept 13 1939 (b) ... Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 11 1939 at 8.30 P.M
21. I certify that death occurred on the date above stated; that I attended deceased from January 1937 to Sept 11, 1939.
and that I last saw him alive on Sept 10, 1939.

Immediate cause of death Cerebral Hemorrhage
Due to Hypertension

Due to

Other Conditions Arteriosclerosis
Terminal Bronchopneumonia
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

Duration: One month, 1 year

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lawrence M. Sera M. D.
Address 194 W. Madison St Date signed 9-12-39

F 61207 HEALTH DEPARTMENT—CITY OF BALTIMORE F 61207

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH 407 Gwynn Ave

CITY OF BALTIMORE: (No. 407 Gwynn Ave St. 20-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. 1 mos. 30 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Julia M. Tapman

If U. S. Veteran specify WAR .....

(a) Residence: No. 407 Gwynn Ave St., 20 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Milton H. Tapman

6. DATE OF BIRTH (month, day, year): July 13 - 1884

7. AGE: Years 55 | Months 1 | Days 30 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

MOTHER FATHER

13. NAME: Michael Cavanaugh

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Milton Tapman

(Address) 407 Gwynn Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem Date 9/15 1937

19. UNDERTAKER: John Cowanton

(Address) 901 Collins St

20. FILED ..., 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1937 to Sept 12, 1937

I last saw h.e alive on Sept 12, 1937. Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Hypertensive Cardiovascular Renal Disease

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry M. Robinson M. D.

(Address) 244 N. Milton Ave

SEP 13 1937

H. M. Robinson, M.D.

F 61208

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107-a

F 61208

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Spring & Belvedere
(c) Hospital or institution:
Hebrew Home For Aged & Infirm
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. Home for Aged (If rural give location)
(e) If foreign born, how long in U. S. A.? 32 yrs. years

3. (a) FULL NAME
Benjamin Koppel
(b) If veteran, name war
(c) Social Security Account No.

4. Sex male
5. Color or race white
6 (a) Single, married, widowed, or divorced. widower
(b) Name of husband or wife Ida
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years 66 Months Days If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Shoe Merchant
11. Industry or business

12. Name Boriah Koppel
13. Birthplace Russia
14. Maiden Name Lubre ?
15. Birthplace Russia

16 (a) Informant Edward Koppel
(b) Address 1118 Orleans St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 9-13-39 (month) (day) (year)
(c) Cemetery or crematory Hebrew Harmony Rym
Location Philadelphia Road

18 (a) Funeral director Sol Levinson & Bros.
(b) Address 1124-26 W. Baltimore

19 (a) 9-13-1939 (Date received by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 12 1939. at 2:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-21 1939, to 9-12 1939, and that I last saw him alive on 9-12 1939.

Immediate cause of death
(a) Bronchs - pneumonia
Arterio - sclerosis. Hyper. tension
Due to
Due to
Other Conditions Prostatic hypertrophy over

Duration 9-11-39

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Edmund Levin M. D.
Address Lewindale Date signed 9/12/39

VS 8

F 61209

LB 47489

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 61209

1. PLACE OF DEATH
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 632 N. Lakewood Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Samuel Wright

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Laura (d)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/19/59

8. AGE: Years 80 | Months 4 | Days 22 | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation painter

11. Industry or business unemployed 6 mos.

MOTHER'S MAIDEN

12. Name David

13. Birthplace -

14. Maiden Name Rachel Sholl

15. Birthplace Germany

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/13/39 (month) (day) (year)

(c) Cemetery or crematory Mt. Carmel

Location Odonnell St Balto. Md.

18 (a) Funeral director Louis Heemann and Son

(b) Address 32 S. Broadway

19 (a) (Date rec'd by registrar) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-11 1937, at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-15 1937, to 4-11 1937, and that I last saw h/ alive on 4-11 1937.

Immediate cause of death: Bronchopneumonia — Duration: four days

Due to Pathological fracture of four days left femur

Due to Purpura disease of [illegible] ?

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. K. Woodruff M. D.

Address Balto City Hosp Date signed 4-12-37

F 61210

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a F 61210 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 100 W. University Pky.
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 100 W. University Pky. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Ella Leib Darby

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife Francis M. Darby

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 21, 1855

8. AGE: Years 84 | Months 2 | Days 21 20 | If less than one day: hr. ..... min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation housewife, retired

11. Industry or business

12. Name John S. Leib

13. Birthplace York Co., Pa.

14. Maiden Name Catherine A. Croumer

15. Birthplace York, Pa.

16 (a) Informant Louise W. Wells

(b) Address 2804 Maryland Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/14/39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ * Rose Hill

Location Hagerstown, Maryland

18 (a) Funeral director John C. Mitchell's Sons, Inc. per mom.

(b) Address 1906 Eutaw Place, Baltimore, Md.

19 (a) 9 13 1939 (Date rec'd by registrar) (b) ..... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 11, 1939. at 10 30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 1939 to Sept 11 1939. and that I last saw her alive on Sept 10 1939.

Immediate cause of death: Cerebral Embolus — Duration: —

Due to Arteriosclerosis — Duration: 10 yrs.

Due to Apoplexia — Duration: 1936

Due to Tuberculosis — Duration: 6 mos.

Bedridden - Blind. — Duration: 18 mos.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.

Address 2020 N. Charles St. Date signed

VS 3

F 61211

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 Registered No. F 61211

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Redwood & Green

(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6

(e) Length of stay in Baltimore (yrs., mos., or days) 15yr

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 9 N. Potomac St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Elliott

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Raynor W. Elliott

6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Sept 7, 1889

8. AGE: Years 50 Months — Days 11+ If less than one day hr. — min. —

9. Birthplace Norfolk Va (Town, county, and state)

10. Usual Occupation House wife

11. Industry or business —

MOTHER'S MAIDEN NAME

12. Name Charles Ault

13. Birthplace Germany.

14. Maiden Name Wilhemina Strohman

15. Birthplace Germany

16 (a) Informant Raynor W. Elliott

(b) Address 9 N. Potomac St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 16 1939 (month) (day) (year)

(c) Cemetery or crematory Elmwood

Location Norfolk Va

18 (a) Funeral director S. Walter May

(b) Address 619 N. Bouldin St.

19 (a) SEP 13 1939 (Date rec'd by registrar) Thurlington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 11 1939, at 6.25 PM

21. I certify that death occurred on the date above stated, that I attended deceased from 9/7 1939 to 9/11 1939. and that I last saw h er alive on 9/11 1939.

Immediate cause of death Pulmonary Embolism.

Due to arteriosclerotic cardio vascular Renal disease.

Due to —

Other Conditions Uremia.

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

Duration —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury —

23. Signature Hugo E. Woodward

Address Univ. Hospital Date signed 9/11/39

VS 8

F 61212

F 61212

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

112 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 13 E. Franklin St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 13 E. Franklin St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Nelson W. Bowen
(b) If veteran, name war
(c) Social Security Account No. 212-10-5155

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married
(b) Name of ~~husband~~ or wife Lena Bowen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 17-1874

8. AGE: Years 64 | Months 10 | Days 24 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state) colored

10. Usual Occupation Salesman
11. Industry or business Ente Products Corp

12. Name George D Bowen
13. Birthplace Washington DC

14. Maiden Name Salome Pumphrey
15. Birthplace Washington

16. (a) Informant Presley D. Bowen
(b) Address 5108 St Albans Way

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept 13 1939 (month) (day) (year)
(c) Cemetery or crematory Washington
Location District of Columbia

18. (a) Funeral director Williams Cook
(b) Address 1217 St. Paul St.

19. (a) SEP 13 1939 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 11th 1939 at 6 30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 25 1939 to Sept 11 1939.
and that I last saw him alive on Sept 11 1939.

Immediate cause of death: Bronchial Asthma — Duration: 1 year
Due to: Hay fever
Due to:
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Israel P. Marenskin M. D.
Address 1910 W. North Ave Date signed 9/11/39

VS 8

F 61213

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 59

Registered No. F 61213

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 123 N Carey St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 123 N. Carey (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wm C. Nacey

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Anna M. Duntrum
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) March 24, 1873

8. AGE: Years 66 | Months 5 6 | Days 17 | If less than one day: hr. min.

9. Birthplace: Boston Mass. (Town, county, and state)

10. Usual Occupation: Retired. Real Estate
11. Industry or business: Real Estate - 64

MOTHER / FATHER

12. Name: Daniel Nacey
13. Birthplace: Boston Mass.
14. Maiden Name: Mary M. McDonald
15. Birthplace: Boston Mass

16 (a) Informant: Mrs Wm Nacey
(b) Address: 123 N. Carey St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 13. 1939 (month) (day) (year)
(c) Cemetery or crematory Westlyn Cemetery
Location Edmondson & Longwood

18 (a) Funeral director Thos. J. Kenny
(b) Address 1600 Hollins St.

19 (a) Date received by registrar Sep 13 1939 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 11th 1939, at 3. P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 10 1939. to Sept 11, 1939. and that I last saw him alive on Sept. 10 1939.

Immediate cause of death
cerebral embolism — Duration 9/11/39.

Due to Chronic rheumatic endocarditis ? probably several years.

Due to rheumatic endocarditis ? probably several years.

Other Conditions generalized arteriosclerosis - ? .

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George A Tripp M. D.
Address 3030 Edmondson Date signed 9/12/39

F 61214

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

F 61214

Registered No. .....

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address ..... 2111 N. Fulton Ave

(c) Hospital or institution: Home

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County —

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2111 N. Fulton Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? 86 years

3 (a) FULL NAME Annie Carroll Bryan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband ~~or wife~~ James J. Bryan 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 30, 1853

8. AGE: Years 86 | Months 1 | Days 13 | If less than one day: hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation House wife

11. Industry or business

12. Name James Carroll

13. Birthplace Ireland

14. Maiden Name Barbara Cronin

15. Birthplace Ireland

16 (a) Informant Miss Annie Bryan

(b) Address 2111 N. Fulton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 14, 1939 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Baltimore Md.

18 (a) Funeral director Martin Bakey & Sons

(b) Address 1827 N. North Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 11 1939. at 5:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1937 to Sept 1939. and that I last saw h[illegible] alive on Sept 8 1939.

	Duration
Immediate cause of death: Congestion heart failure	Six days
Due to: Arteriosclerotic heart disease	Several years
Due to:	
Other Conditions: Emphysema of the lungs (Include pregnancy within 3 months of death)	

Major findings:

Of operations —

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —

(Specify type of place)

(e) Means of injury —

23. Signature Geo. P. Gundry M. D.

Address 1917 St Paul St. Date signed 9/11/39

VS 3 1939

61215
367971

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

12-aF 61215
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address BROADWAY & MONUMENT STS.
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A. A. Co.
(c) City or town Pasadena
(If outside city or town limits, write RURAL and give town)
(d) Street No. PASADENA MD.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Madge Tysor
3 (b) If veteran, name war NO
3 (c) Social Security Account No. NONE
4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 4-15-30
8. AGE: Years 9 Months 4 Days 27 If less than one day hr. min.
9. Birthplace Md (Town, county, and state)
10. Usual Occupation SCHOOL GIRL
11. Industry or business

FATHER
12. Name John Tysor
13. Birthplace N. C.

MOTHER
14. Maiden Name Elsie Whitby
15. Birthplace England

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT. 15/39 (month) (day) (year)
(c) Cemetery or crematory LORELAND GLEN HAVEN
Location GLEN ARBIE RD.
18 (a) Funeral director Lilly & Zaiser
(b) Address 405 S. [illegible] ST.
19 (a) SEP 13 1939 (Date received by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 12 1939. at 4:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 5 1939. to Sept 12 1939. and that I last saw her alive on Sept 12 1939.

Immediate cause of death Leukemia - aleukemic lymphoid — Duration 1 mo
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Leukemia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry P. Goldberg M. D.
Address Johns Hopkins Hosp Date signed 9-12-39

VS 8

61216

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B Registered No. F 61216

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5516-Harford Rd.
(c) Hospital or institution: --
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) 75-years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 5516-Harford Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? 75-years years

2-6

3 (a) FULL NAME Jane Kenney

3 (b) If veteran, name war ------

3 (c) Social Security Account No. ------

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Martin Kenney

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) 8/14/1859

8. AGE: Years 80 82 | Months -- | Days 29 | If less than one day XXzXzXzX hr. XXzXzXzX min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

12. Name Patrick Divers

13. Birthplace Ireland

14. Maiden Name Bridget (Moran)

15. Birthplace Ireland

16 (a) Informant Thomas Kenney

(b) Address 5516-Harford Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/14/39 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Baltimore, Md.

18 (a) Funeral director George D. Ruth, Inc.

(b) Address 1735-Harford Ave.

19 (a) Date received SEP 13 1939 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 17 1939 at 2 35 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 19 1939 to Sept 12 1939. and that I last saw h er alive on Sept 12 1939

Immediate cause of death Cardiac Decompensation — Duration Aug 19 1939

Due to

Due to Arteriosclerosis — a number of years

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓
(c) Where did injury occur? (City or town) (County) (State) ✓
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work? ✓
(e) Means of injury

23. Signature Thomas B. Green M.D.

Address 3009 Evergreen Ave. Date signed 9/13/39 (M.) (D.)

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

GSA 212-03-9125 CERTIFICATE OF DEATH X √ 23 F 61217

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4329 Belair Rd. 26-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 Wk. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME George Frank DUTTON If U. S. Veteran specify WAR

(a) Residence: No. Marley Hgts. Md. St., ... Ward. AA Co. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) JAN. 26, 1902

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min
37	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nolte Bakery.

10. Date deceased last worked at this occupation (month and year) Aug. 7 1939

11. Total time (years) spent in this occupation 15 yr

12. BIRTHPLACE (city or town) (State or country) Oxford, Pa.

FATHER

13. NAME Geo. A. DUTTON

14. BIRTHPLACE (city or town) (State or country) Oxford Pa

MOTHER

15. MAIDEN NAME Ella Berry

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Sister in Law Mrs. A. Dutton

(Address) 4329 Belair Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Little Elk Cem. Oxford, Pa. Date Sept 13, 1939

19. UNDERTAKER Wm. J. Tickner & Sons

(Address) North & Pa Ave

20. FILED SEP 13 1939 By Huntington Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 13, 1939.

22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1939, to Sept 13, 1939

I last saw h. alive on Sept. 12, 1939 Death is said to have occurred on the date stated above, at 4:30 Am.

The principal cause of death and related causes of importance were as follows:

Active Pulmonary Tuberculosis — Date of onset

Other contributory causes of importance:

Chronic Myocarditis

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) J. E. Kadam, M. D.

(Address) 4200 Sheldon Ave

F 61218

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a

Registered No. F 61218

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3223 Lyndale Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3223 Lyndale Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jacob Nelson Barnhart

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widower.

6 (b) Name of husband or wife Martha Ann Barnhart

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 30, 1857

8. AGE: Years 82 | Months 0 | Days 13 | If less than one day: hr. min.

9. Birthplace York County, Penna. (Town, county, and state)

10. Usual Occupation Farmer.

11. Industry or business

FATHER

12. Name Barnhart

13. Birthplace Unknown

MOTHER

14. Maiden Name Amelia ?

15. Birthplace Unknown

16 (a) Informant Mrs Mary O Smith

(b) Address 3223 Lyndale Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 16 1939 (Month) (day) (year)

(c) Cemetery or crematory Greenlawn Cem.

Location York County, Penna

18 (a) Funeral director Thos. Dickson & Sons

(b) Address Baltimore & Pa. Ave.

19 (a) SEP 13 1939 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 13 1939 at 9:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-10-1937 to 9-12-1939

and that I last saw him alive on 9-12-1939.

Immediate cause of death: Cerebral arteriosclerosis — Duration: 1937

Due to: Cerebral apoplexy — 1 wk.

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Fulton D Lang M. D.

Address 2117 Belair Rd Date signed 9-13-39

VS 8

F 61219

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

Registered No. F 61219

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3023 Clifton Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3023 Clifton Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Katherine S. Reid

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex fem. | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow.

6 (b) Name of husband or wife Charles D. Reid

6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) Feb. 28, 1860

8. AGE: Years 79 | Months 6 | Days 14 | If less than one day ... hr. ... min.

9. Birthplace Calvert Co. Md (Town, county, and state)

10. Usual Occupation none

11. Industry or business

12. Name Richard Roberts.

13. Birthplace Md.

14. Maiden Name Sally Eversfield

15. Birthplace Md.

16 (a) Informant Mrs. Mary C. Reid.

(b) Address 3023 Clifton Ave.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof Sept. 34 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Balto. Co. Md.

18 (a) Funeral director Wm. Fischer & Son

(b) Address

19 (a) Date received by local registrar SEP 13 1939 (b) Registered by local registrar Hunting Park Philadelphia, Pa.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 11 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1939 to Sept 11 1939 and that I last saw her alive on Sept. 1 1939.

Immediate cause of death Toxaemia

Due to Carcinoma

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy X Ray

Duration
over

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Columbus Smith M. D.

Address 817, Park Ave Date signed 9/13/39

F 61220

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

127 Registered No. F 61220

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3825 Barrington Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Mary Catherine O'Donnell
(b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Fem. | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow
(b) Name of husband or wife John Bernard O'Donnell
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug. 19, 1856

8. AGE: Years 83 | Months 0 | Days 25 | If less than one day hr. min.

9. Birthplace Balto. (town, county, and state)
10. Usual Occupation None
11. Industry or business

12. Name James McGreevy
13. Birthplace Ireland
14. Maiden Name Mary Catherine O'Connor
15. Birthplace Ireland

16. (a) Informant Mr. Charles F. O'Donnell
(b) Address 3825 Barrington Rd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 15 1939 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore

18. (a) Funeral director Wm. Tickner & Sons
(b) Address North & Pa

19. (a) SEP 13 1939 (Date rec'd by registrar) (b) Beatrice Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-13-39 19 . at 2:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-6 1939, to 9-13 1939, and that I last saw her alive on 9-12 1939.

Immediate cause of death Cardiac failure — Duration ?

Due to Arteriosclerotic cardiovascular disease — Duration ?

Due to Auricular fibrillation — Duration 5 days

Other Conditions Cholecystotomy with drainage

(Include pregnancy within 3 months of death)

Major findings:
Of operations Hydropsy of gall bladder
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lewis McLaughlin M. D.
Address University Hospital Date signed 9-13-39

VS 8

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 61221 — 82-A 48087 Registered No. — F 61221

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 727 Newington Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bertha McNaney

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-25-72

8. AGE: Years	Months	Days	If less than one day
66	11	17	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

12. Name James McNaney

13. Birthplace Va.

14. Maiden Name Mary C. Ashby

15. Birthplace Va.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 14 1939 (month) (day) (year)

(c) Cemetery or crematory Baltimore Cemetery

Location Baltimore Md

18 (a) Funeral director Kullam & Tuckner

(b) Address North & Pennsylvania Aves

19 (a) (Date rec'd by registrar) (b) [illegible] Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 12 1939, at 2.05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 5 1939, to Sept 12 1939, and that I last saw h er alive on Sept 12 1939.

Immediate cause of death Cerebral Hemorrhage — Duration 10 days

Due to

Due to

Other Conditions Hypertension — unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.

Address Balto City Hosp. Date signed 9-12-39

HEALTH DEPARTMENT—CITY OF BALTIMORE

61222

CERTIFICATE OF DEATH

107-aF 61222

Registered No.

1. PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No. 43-7 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ida Carrick King

(a) Residence: No. Home for Incurables St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Hartwell King

6. DATE OF BIRTH (month, day, year) July 12, 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 11

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hagerstown

FATHER

13. NAME George Tom Brown

14. BIRTHPLACE (city or town) (State or country) Winchester, Va

MOTHER

15. MAIDEN NAME Mary Jane Hackett

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Home for Incurable Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Sept. 14 1939

19. UNDERTAKER Wm Hartwell Sons
(Address) North & Pa Ave.

20. FILED 13 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 11, 1939.

22. I HEREBY CERTIFY, That I attended deceased from January 11, 1938, to September 11, 1939.
I last saw her alive on September 11, 1939. Death is said to have occurred on the date stated above, at 6.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atrophic Arthritis	1917
Other contributory causes of importance: Bronchopneumonia	9/2/32

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) W. Grafton Harsfurger M. D.

(Address) 214 Medical Arts Building

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137

48117 Registered No.

F 61223

F 61223

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1320 N. Bruce St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nelson Walker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Isabell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1865

8. AGE: Years 74 Months 2 Days 8 If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation

11. Industry or business

12. Name George Walker

13. Birthplace Va.

14. Maiden Name Melinda

15. Birthplace Va.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/14/37 (month) (day) (year)

(c) Cemetery or crematory Int. Calvary

Location Baltimore, Md.

18 (a) Funeral director Mrs. Geo. L. Holland

(b) Address 1631 Druid Hill Ave

19 (a) SEP 13 1937 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-12 1937, at 1:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-6 1937 to 9-12 1937, and that I last saw him alive on 9-11 1937.

Immediate cause of death: Senile prostatic hypertrophy with urinary obstruction — Duration 8

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. R. Woodworth, M. D.

Address Balto City Hosp Date signed 9-12-37

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61224

CERTIFICATE OF DEATH

95-B F 61224

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5211 York Rd. St. 27-10 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elijah Gill

If U.S. Veteran specify WAR

(a) Residence: No. 5211 York Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Widower.

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Leiah

6. DATE OF BIRTH (month, day, year): 1871

7. AGE: Years 68 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Butler 0070
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year): Sept. 11-1939
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Port Deposit Md.

FATHER

13. NAME: John Gill
14. BIRTHPLACE (city or town) (State or country): Port Deposit Md.

MOTHER

15. MAIDEN NAME: Jennie ?
16. BIRTHPLACE (city or town) (State or country): Port Deposit Md.

17. INFORMANT: Miss E. J. McCabe
(Address) 5211 York Rd

18. BURIAL, CREMATION, OR REMOVAL
Place: Arbutus Cem. Date: Sept 14, 1939

19. UNDERTAKER: Mrs. Geo. A. Hellan
(Address) 1631 Druid Hill Ave

20. FILED: SEP 20 1939 Registrar. Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1939, to Sept. 12, 1939. I last saw him alive on Sept. 11, 1939. Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Hypertensive Cardio-vascular dis.	?

Other contributory causes of importance:

Was an operation performed? no — Date of

For what disease or injury?

What test confirmed diagnosis? Clinical. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Anthony Flagozza M. D.

(Address) 5217 York Rd.

Conrad Acton M.D. - Asst. Exam. per S. Zoleman

F 61225

CCK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

471791 Registered No. F 61225

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore Maryland

(c) Hospital or institution:
Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1202 W. Franklin St.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Taylor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 6, 1939

8. AGE: Years | Months: 1 | Days: 3 | If less than one day: hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

MOTHER'S MAIDEN NAME

12. Name Unknown

13. Birthplace Unknown

FATHER

14. Name Irma Elizabeth Taylor

15. Birthplace Md.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 9-11-39 (month) (day) (year)

(c) Cemetery or crematory Balto. City Hosp.

Location 4940 Eastern Ave.

18 (a) Funeral director

(b) Address

19 (a) (b) Registrar

(Date rec'd by registrar) SEP 13 1939

VS-3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 9 1939, at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/6 1939, to 9/9 1939, and that I last saw him alive on 9/9 1939.

Immediate cause of death Atelectasis
Premature

Duration: 6 Hours

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature L. Campbell Goodwin M. D.

Address Balto City Hosp Date signed 9/11/39

F 61226

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48010 61226

Registered No. 1539

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore Maryland

(c) Hospital or institution:

Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1828 E. Biddle St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Baby Boy Haines

(b) If veteran, name war

(c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced.

(b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-3-39

8. AGE: Years | Months | Days: 4 | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

12. Name Charles Jones

13. Birthplace Unknown

14. Maiden Name Elizabeth Haines

15. Birthplace Md.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 9/10/39 (month) (day) (year)

(c) Cemetery or crematory Crematory

Location Bolt

18 (a) Funeral director

(b) Address (b) Registrar

19 (a) (Date rec'd by registrar)

VS-3 SEP 13 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 7 1939, at 11:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 3 1939 to Sept 7 1939 and that I last saw h[illegible] alive on Sept 7 1939.

Immediate cause of death: Congenital Heart Disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature A. Thomas Deaver M. D.

Address Balto City Hosp. Date signed

367667
F 61227

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 F 61227 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1826 E. Madison (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Cousins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex male | 5. Color or race Black | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-29-39

8. AGE: Years | Months | Days 12 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation 0000

11. Industry or business

12. Name

13. Birthplace

14. Maiden Name Frances Cousins

15. Birthplace

16 (a) Informant Records

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year) SEP 13 1939

(c) Cemetery or crematory Funeral Home Location

18 (a) Funeral director Per H. L. Hurst Undertaking Co. Baltimore, Md.

(b) Address SEP 13 1939

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 10 1939. at 6.00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 29 1939. to Sept 10 1939. and that I last saw h alive on Sept 10 1939.

Immediate cause of death Prematurity Diarrhea — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ethel Walker M. D.

Address Baltimore Date signed 9/10/39

F 61228

48034-FS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48 Registered No. F 61228

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 102 W. York St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

22-1

3 (a) FULL NAME Anne Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: colored

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Otis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-6-1900

8. AGE: Years 38 | Months 9 | Days 1 | If less than one day: hr. min.

9. Birthplace S.C. (Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

12. Name John Bouldin

13. Birthplace S.C.

14. Maiden Name Elizabeth Raleigh

15. Birthplace S.C.

16 (a) Informant B.C.H. Records

16 (b) Address

17 (a) (Burial, cremation, or removal)

17 (b) Date thereof (month) (day) (year) SEP 13 1939

17 (c) Cemetery or crematory [redacted]

Location [redacted]

18 (a) Funeral director Commissioner of Health

18 (b) Address Per H. A. Moore

19 (a) SEP 13 1939 (b) Hunting [illegible]

(Date rec'd by registrar)

0035

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-7 1939 at 8⁴⁰ P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-3 1939 to 7-7 1939 and that I last saw her alive on 9-7 1939.

Immediate cause of death	Duration
Bronchopneumonia	four days
Due to Carcinoma cervix with metastasis	?
Due to	
Other Conditions Fibroid uterus	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. T. Woodward Jr. M. D.
Address Balto City Hosp Date signed 9-8-39

F 61229

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

159 V

Registered No. F 61229

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore.
(c) City or town Baltimore Parkes, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. Union Memorial Hospital. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Baby boy Formwalt.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M.

5. Color or race W.

6 (a) Single, married, widowed, or divorced. Single.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 11, 1939.

8. AGE: Years 0 | Months 0 | Days 0 | If less than one day 3 hr. 36 min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

12. Name Herbert Chas. Formwalt.

13. Birthplace Alabama.

14. Maiden Name Adele Mary Wiss.

15. Birthplace Baltimore, Md.

16 (a) Informant Herbert Chas. Formwalt.

16 (b) Address Bengies, Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

17 (c) Cemetery or crematory Location

JOHNS HOPKINS MEDICAL SCHOOL SEP 13 1939
Commissioner of Health
Per H. A. Morris

18 (a) Funeral director

18 (b) Address Huntingtown, Williams, Md.

19 (a) SEP 13 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 11, 1939 at 6.50 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 11, 1939 to Sept. 11, 1939 and that I last saw h/m alive on Sept. 11, 1939.

Immediate cause of death Asphyxiation — Duration

Due to aspiration of mucus

Due to —

Other Conditions prematurity.

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas A. Gahan M. D.

Address 15 S. Howard Date signed 9/12/39

VS 3

3677 41
3611230

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54-B

Registered No. F 61230

1. PLACE OF DEATH:
(a) Baltimore City, Maryland JOHNS HOPKINS HOSPITAL
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Reisterstown (If outside city or town limits, write RURAL and give town)
(d) Street No. 5 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charlotte Scott
3 (b) If veteran, name war None
3 (c) Social Security Account No. None
4. Sex Female
5. Color or race Black
6 (a) Single, married, widowed, or divorced. Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 3-2-07
8. AGE: Years 32 Months 6 Days 11 If less than one day hr. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business
12. Name Charles Scott
13. Birthplace Washington, D.C.
14. Maiden Name Rebecca Fragdit
15. Birthplace Md
16 (a) Informant Records
(b) Address
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 10 39 (month) (day) (year)
(c) Cemetery or crematory Piney Grove
Location Balto Co.
18 (a) Funeral director J. H. Eline & Sons
(b) Address Reisterstown, Md.
19 (a) SEP 13 1939 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sep. 12 1939, at 7:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 31 1939, to Sep. 12 1939, and that I last saw her alive on Sep. 12 1939.

Immediate cause of death — Duration
POST-OPERATIVE SHOCK — 30 min
Due to Secondary closure abdominal incision 1st operation one week ago
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings: myomata uteri
Of operations Intra-pelvic inflammatory ext. bleb.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Henry G Bennett Jr M. D.
Address Johns Hopkins Hosp. Date signed 9/13/39

VS 3

61231.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C F 61231 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1617 Bank Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3rd

(e) Length of stay in Baltimore (yrs., mos., or days) 60 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 1617 Bank Street (If rural give location)
(e) If foreign born, how long in U. S. A.? 60 Years years

3 (a) FULL NAME Maryanna Lijewski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife George Lijewski
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1866

8. AGE: Years	Months	Days	If less than one day hr.	min.
73				

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Jacub Stodolny
13. Birthplace Poland

MOTHER
14. Maiden Name Agnes Tuchowska
15. Birthplace Poland

16 (a) Informant Mrs Agnes Andrzejewska
(b) Address 734 S. Robinson Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/14/39 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location Baltimore County

18 (a) Funeral director John M Wilkes
(b) Address 401 S. Chester Street

19 (a) Huntington Hill (b) Registrar
(Date filed by registrar) SEP 13 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sep. 10 1939, at 545 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 . . , to 19 . . and that I last saw h alive on 19 . .

Immediate cause of death Myocardial Failure

Due to

Due to

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
. .
over
7

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leo F. Trulocki M.D.
Address 126 S. Patterson Pk. Ave Date signed Sept 11/39

Wiegner

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C Registered No. 61232

61232

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1250 N Broadway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) Life.
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1250 N. Broadway (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Elizabeth Wiegner.
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced Widowed
6 (b) Name of husband or wife Wm C. Wiegner
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Apr. 27. 1856
8. AGE: Years 82 Months Days 16 If less than one day — hr. — min.
9. Birthplace Md. (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business
12. Name of father John H. Hahn.
13. Birthplace of father Germany
14. Maiden Name of mother Ellen Ross.
15. Birthplace of mother Md.
16 (a) Informant Mrs Bertie Hafner
16 (b) Address 1250 N Broadway and
17 (a) (Burial, cremation or removal)
17 (b) Date thereof Sept. 15, 1939 (month) (day) (year)
17 (c) Cemetery or crematory Woodlawn Cem
Location
18 (a) Funeral director Harrelson & Gross
18 (b) Address Baltimore, Md.
19 SEP 13 1939 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 13 1939, at 7 A M
21. I certify that death occurred on the date above stated, that I attended deceased from Feb 25 1939, to Sept 13 1939, and that I last saw her alive on Feb 28 1939.

	Duration
Immediate cause of death: Acute Dilatation of Heart	1 day
Due to Chronic Myocarditis	4 yr
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide nn
(b) Date of occurrence nn
(c) Where did injury occur? nn (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? nn (Specify type of place) While at work?
(e) Means of injury
23. Signature E. Gill Hall M. D.
Address 1631 E North Av Date signed Sept. 3 39

VS 8

61233 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 61233

CERTIFICATE OF DEATH

V 95-B

1. PLACE OF DEATH Mercy Baltimore City Hospital — Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 2504 (Ward)) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lena Clark — If U. S. Veteran specify WAR .....

(a) Residence: No. 513 Kingston St., Ward. Social Sec. No. 212-03-2042

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret B. Smith Clark

6. DATE OF BIRTH (month, day, year) Apr 5 1897

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
42	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Eureka Fire Co

10. Date deceased last worked at this occupation (month and year) 2 08

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Lewis E. Clark

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Lena Hart

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Mrs Margaret B Clark

(Address) 513 Kingston St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudenslager Date 9/16/ 1939

19. UNDERTAKER Chas Howard & Son

(Address) 901 Hollins St

20. FILED ..... by Hunting for Williams, M.D. Registrar.

SEP 14 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1939 to Sept 13, 1939

last saw h.. alive on Sept 13, 1939 Death is said to have occurred on the date stated above, at 1 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension - primary	
Cerebral hemorrhage (extensive)	

Other contributory causes of importance: Hypertensive Heart Disease

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) H. N. Beal, M. D.

(Address) 1012 St

F 61234 12623-MS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107-a

Registered No. F 61234

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution:

Balto. City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 yrs.

(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 226 S. Bethel St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Josephine Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	colored	widowed

6 (b) Name of husband or wife Isaiah Johnson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-21-1861

8. AGE: Years	Months	Days	If less than one day: hr.	min.
78	6	22		

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

MOTHER'S MAIDEN

12. Name Unknown

13. Birthplace Unknown

14. Maiden Name Martha Wilson

15. Birthplace Unknown

16 (a) Informant B.C.H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/16/39 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location West Port

18 (a) Funeral director Thos O Wilson

(b) Address 1000 Bradley Av

19 (a) SEP 14 1939 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 13 1939, at 5 40 AM

21. I certify that death occurred on the date above stated, that I attended deceased from 6-25 1935, to 9-13-1939, and that I last saw h alive on 9-13 1939.

Immediate cause of death

Bronchopneumonia

Senile paralysis agitans

Duration 3 days. 2 years.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible] M. D.

Address Balto City Hosp Date signed 9-13-39

61235

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a F 61235

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1920 W. Lanvale Street
(c) Hospital or institution:
none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ----
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1920 W. Lanvale Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William P. George

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widowed

6 (b) Name of husband or wife Grace E. Woods
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 11, 1866

8. AGE: Years	Months	Days	If less than one day
73	5	--	hr. min.

9. Birthplace Virginia
(Town, county, and state)
10. Usual Occupation Chief Accountant, retired
11. Industry or business B & O RR

12. Name John George
13. Birthplace Va.
14. Maiden Name Elizabeth Maith
15. Birthplace Va.

16 (a) Informant Rheba E. George
(b) Address 1920 W. Lanvale Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/14/39 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director John C. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place, Baltimore, Md.

19 Date received SEP 14 1939 Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 11 1939, at 3:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 5 1939, to Sept 11 1939, and that I last saw h[e]r alive on Sept 11 1939.

Immediate cause of death	Duration
Cerebral Hemorrhage	24 hrs.
Cerebral Edema	24 hrs.
Due to Arteriosclerosis.	10 yrs.
Hypertension.	10 yrs.
Due to C.P.C. Lung.	24 hrs.
Other Conditions Myocardial weakness.	24 hrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Earle M Moore M. D.
Address 806 N. Fulton Avenue Date signed

F 61236

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B F 61236
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 944 Mason Street
(c) Hospital or institution: None
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 46 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town.)
(d) Street No. 944 Mason St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Blanche Victoria Thomas

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F

5. Color or race C.

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Charles Thomas

6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Oct. 1893

8. AGE: Years 45 Months 11 Days — If less than one day hr. — min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

12. Name Charles Jay

13. Birthplace Md.

14. Maiden Name Not Known

15. Birthplace not Known

16 (a) Informant Charles Thomas

(b) Address 944 Mason St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) Sept (day) 14 (year) 1939

(c) Cemetery or crematory Mt Zion

Location Woodlawn

18 (a) Funeral director Adolphus Hall

(b) Address 968 Druid Hill Ave

19 (a) 9 14 1939 (Date rec'd by registrar)

(b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH September 10, 1939. at 11 55 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-20 — 1939. to 9-10 1939. and that I last saw h[illegible] alive on 9-9 1939.

Immediate cause of death
Cardiac collapse
Respiratory failure

Duration: About 3 min

Due to
Cardiac decompensation

Due to
Hypertension
Diabetes + Pneumonia

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis C. Hyman M. D.

Address 2340 Madison Ave. Date signed 9-12-39

VS 3

F 61237

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a F 61237 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2½ hrs. 27-10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4404 Wrenwood (Rosemont) (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Francis M. Whittle

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Margaret
6 (c) If alive, give age 71 years
7. Birth date of deceased (mo., day, yr.) May 2, 1887

8. AGE: Years	Months	Days	If less than one day: hr.	min.
52	3	25		

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Marine Machinist
11. Industry or business

INFORMATION FURNISHED BY FAMILY
12. Name Francis Whittle
13. Birthplace Balto, Md.
14. Maiden Name Nora Roan
15. Birthplace Balto, Md.
16 (a) Informant Mrs. Chas. Whittle
(b) Address 1211 Virginia Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/15/39 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Margaret J. Flynn
(b) Address 1452 Light St

19 (a) (b) Baltimore, Md. Registrar
(Date rec'd by registrar)
9 15 39

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/12 1939 at 8:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/12 1935 to 9/12 1935, and that I last saw h m alive on 9/12 1939.

Immediate cause of death: Cerebral hemorrhage — Duration 2½ hr.
Due to Hypertension — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury —

23. Signature C. S. Hatheider Jr. M.D.
Address University Hospital Date signed 9/12/39

C. S. H. Hatheider

61238 Brust E 61238

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 122-B

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hosp St., 9-4 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Carl Thomas Brust

If U. S. Veteran specify WAR .....

(a) Residence: No. 1109 Montpelier St., ...Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 2, 1938

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
1	6	10 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Carl E. Brust

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Catherine A. Kane

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Carl E Brust

(Address) 1109 Montpelier St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 9/07 39

19. UNDERTAKER Margaret K. Flynn

(Address) 1405 Eutaw St

20. FILED 9 13 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-13-39

22. I HEREBY CERTIFY, That I attended deceased from 9-10-39, 19...., to 9-13-39, 19....

I last saw h[illegible] alive on 9-13-39, 19.... Death is said to have occurred on the date stated above, at 2 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchitis	9-7-39
Paralytic Ileus	9-9-39

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) M. R. Trump M. D.

(Address) St. Josephs Hosp.

61239

MOORE

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 148

F 61239

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 214 N Arlington Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 214 N Arlington (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rachel Moore
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: widow
6 (b) Name of husband or wife: Andrew Moore
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Sept 27 91
8. AGE: Years 47 | Months 11 | Days 17 | If less than one day: hr. min.
9. Birthplace: Anne Arundel Co, Md (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

PARENTS

12. Name: Jerry Hall
13. Birthplace: Anne Arundel Co. Md
14. Maiden Name: Laura Brown
15. Birthplace: anne arundel Co Md

16 (a) Informant: Rachel Moore
(b) Address: 1507 n. Mulberry St

17 (a) (Burial, cremation, or removal) (b) Date thereof: Sept 14, 1939 (mo.) (day) (year)
(c) Cemetery or crematory: Mt. Auburn
Location

18 (a) Funeral director: Mrs Katie R Williams
(b) Address: 332 n Schroeder St

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 11 1939 at 3:45 PM

21. I certify that death occurred on the date above stated, that I attended deceased from Aug 28 1939 to Sept 11 1939 and that I last saw h[er] alive on Sept 11 1939.

Immediate cause of death: Cervical Carcinoma — Duration: 1 mo

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: H Cooksey M. D.
Address: 1507 Mulberry Date signed: 9/13

F 61240

61240

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 82-a

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 107 S. East ave

(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 yrs

(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 107 S. East ave (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Harry E. Beard

(b) If veteran, name war

(c) Social Security Account No. 218-07-0760

4. Sex m.

5. Color or race w.

6 (a) Single, married, widowed, or divorced Married

(b) Name of husband or wife Rachel W. Beard

6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) Jan 16, 1889

If less than one day hr. min.

8. AGE: Years 50 Months 7 Days 27

9. Birthplace Pa (Town, county, and state)

10. Usual Occupation Inspector

11. Industry or business Glenn Martin

12. Name Elmer E. Beard

13. Birthplace Pa

14. Maiden Name Sarah Rosenberger

15. Birthplace Pa

16 (a) Informant Mrs. Rachel W. Beard

(b) Address 107 S. East ave

17 (a) Burial (Burial, cremation, or removal)

(b) Date thereof Sept 16, 1939 (month) (day) (year)

(c) Cemetery or crematory Laurel Dale

Location Reading Pa

18 (a) Funeral director S. Walter May

(b) Address 619 N. Bouldin St. Huntingdon Williamsport, Md.

SEP 14 1939 (Date rec'd by registrar)

(b) Sept 14 1939 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-13- 1939, at 12:01 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1939, to Sept 13 1939, and that I last saw h alive on 9-13 1939.

Immediate cause of death Cerebral Hemorrhage.

Due to Hypertension.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature John J Gould M. D.

Address 141 N. East ave Date signed 9-13-39

VS 3

F 61241

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 123

F 61241

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 9 months

2. USUAL RESIDENCE OF DECEASED:
(a) State ~~Maryland~~ Pennsylvania (b) County
(c) City or town Marcus Hook (If outside city or town limits, write RURAL and give town)
(d) Street No. 522 Market Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Otto Frost

(b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

(b) Name of husband or wife Augustine Kiste
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 28, 1869

8. AGE: Years 69 | Months 9 | Days 14 | If less than one day hr. min.

9. Birthplace Koenigsburg, Germany (Town, county, and state)
10. Usual Occupation Oiler
11. Industry or business Shipping

12. Name Henry Frost
13. Birthplace Koenigsburg, Germany

14. Maiden Name Augustine Kiste
15. Birthplace Koenigsburg, Germany

16 (a) Informant U. S. Marine Hospital
(b) Address Reedes

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 14, 1939 (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Roland Av. Baltimore
18 (a) Funeral director Slade & Oder
(b) Address 4909 York Road.
19 (a) 1939 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 12, 1939, at 3:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 12, 1938 to Sept. 12, 1939.
and that I last saw him alive on Sept. 12, 1939.

Immediate cause of death Tuberculosis of larynx — Duration 14 mo.
Due to
Due to
Other Conditions Tuberculosis, chronic far advanced — 14 mo.
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Same as above

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. N. H. an Deceased M. D.
Address U. S. Marine Hospital Date signed 9/13/39

61242 369903

F 61242

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ 35a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1638 Ashland Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah W Gibson
(b) If veteran, name war —
(c) Social Security Account No. 216-03-7643

4. Sex: Female
5. Color or race: Negro
6 (a) Single, married, widowed, or divorced: Married
(b) Name of husband ~~or wife~~: Andrew Gibson
6 (c) If alive, give age 36 years

7. Birth date of deceased (mo., day, yr.) Jan 15, 1914
8. AGE: Years 25 | Months 7 | Days 27 | If less than one day: hr. min.
9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

12. Name Alex Wilson
13. Birthplace Virginia
14. Maiden Name —
15. Birthplace —

16 (a) Informant Ricards
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal)
(b) Date thereof 9 - 2 - 39 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location Brooklyn, Balto, Md.

18 (a) Funeral director Mrs Ida Bayley
(b) Address 1421 Jefferson St

19 (a) SEP 14 1939 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 12, 1939 at 8 25 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 4 1939 to Sept 12 1939 and that I last saw h~~e~~r alive on Sept 12 1939.

Immediate cause of death Septicaemia — Duration Approximate

Due to Sub-Acute Endocarditis — 3 wks.

Due to Salpingitis — 2 yrs

Other Conditions Generalized peritonitis

(Include pregnancy within 3 months of death)

Major findings:
Of operations Large amount of foul smelling pus at discharge from Colpotomy Generalized peritonitis
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James R Gay M. D.
Address Johns Hopkins Hosp Date signed 9-12-39

VS 3

61243 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 61243

CERTIFICATE OF DEATH

✓ 23

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1712 Parrish St. 16-W Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Ellington — If U. S. Veteran specify WAR — S S 217-07-8212

(a) Residence: No. 1712 Parrish St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 26, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Beer Tavern.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Raleigh N.C.

FATHER
13. NAME Wm Ellington
14. BIRTHPLACE (city or town) (State or country) Raleigh, N.C.

MOTHER
15. MAIDEN NAME Mary White
16. BIRTHPLACE (city or town) (State or country) Kittrell, N.C.

17. INFORMANT Mother
(Address) 1712 Parrish St.

18. BURIAL, CREMATION, OR REMOVAL
Place National Cemetery Date Sept 18, 1939

19. UNDERTAKER Mrs Kate R. Williams
(Address) 322 N. Schroeder St

Directions to Williams Undertaker

SEP 14 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/14/1939

22. I HEREBY CERTIFY, That I attended deceased from 9/7/1939 to 9/14/1939
I last saw him alive on 9/13/1939
Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	9/7/39
Other contributory causes of importance:	

Was an operation performed? No Date of
For what disease or injury?
Name of operation —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) J. B. Haywood M. D.
(Address) 1600 Laurens St

F 61244

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61244

CERTIFICATE OF DEATH

X √ 13-C

Registered No. .....

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Division St 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Bertha Morris

(a) Residence: No. Monkton, Md St., Ward Baltimore

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 26 1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hereford Balto. County

FATHER

13. NAME Harry Nonus

14. BIRTHPLACE (city or town) (State or country) Monkton Md

MOTHER

15. MAIDEN NAME Bessie Virgil

16. BIRTHPLACE (city or town) (State or country) Sparks Maryland

17. INFORMANT Harry Nonus

(Address) Sparks Md

18. BURIAL, CREMATION, OR REMOVAL

Place Sparks Date Sept. 15 1939

19. UNDERTAKER Gordon M. Brooks

(Address) Sparks Maryland

20. Filed SEP 14 1939 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-12-39

22. I HEREBY CERTIFY, That I attended deceased from 9-11-39, 19..., to 9-12-39, 19...

I last saw her alive on 9-12-39, 19... Death is said to have occurred on the date stated above, at 4.00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dysentery (Unspecified)	9-10-39
Ascariasis (Ascaris Lumbricoides)	?
Other contributory causes of importance: Intestinal obstruction	9-11-39

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) G. T. Maloney M. D.

(Address) Provident Hospital

F 61245

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 82

F 61245 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 7 E. Wheeling St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 23
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7 E. Wheeling St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Amy Carrie Ealerman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race wh

6 (a) Single, married, widowed, or divorced wedowed.

6 (b) Name of husband or wife Henry.

6 (c) If wife, give age years

7. Birth date of deceased (mo., day, yr.) Feb 1866.

8. AGE: Years about 73 | Months ? | Days | If less than one day: hr. min

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation None.

11. Industry or business

12. Name Smith Cutler

13. Birthplace Va

14. Maiden Name Margaret Parke

15. Birthplace ?

16 (a) Informant Mrs Ida B Snelsberg

(b) Address 4401. Springdale Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof Sept. 14-39 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cem.

Location

18 (a) Funeral director Stewart & Mount Co

(b) Address 1088 W. North Ave.

(b) Huntington, West Virginia
Registrar

SEP 14 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH about Sept 7th 19 39, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Cerebral infarct	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A M Wandel Craft M.D.
Medical Examiner

Date signed 9/13/39

VS 6

F 61246

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1783 Registered No. F 61246

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address So Balt. Gen. Hosp
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt (If outside city or town limits, write RURAL and give town)
(d) Street No. 1507 Ramsay st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Howard Morgan

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Wh	Single.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 5-1936

8. AGE: Years	Months	Days	If less than one day
3	1	8	hr min

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name William B Morgan
13. Birthplace Balto Md

MOTHER
14. Maiden Name Edna Geary
15. Birthplace Balto Md

16 (a) Informant Wm. B. Howard
(b) Address 1507 Ramsay St.

17 (a) Burial? (Burial, cremation, or removal) (b) Date thereof Sept 16-39 (Month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Balto Md.

18 (a) Funeral director Geo L Beyer Jr
(b) Address 1512 Hollins St.

SEP 14 1939 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION 5:16 P

20. DATE OF DEATH 9/13/39 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Anesthetic Death (Ether)	
Due to	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 9/13/39
(c) Where did injury occur? Hospital So Balt Gen. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Hospital (Specify type of place) While at work? No
(e) Means of injury Ether anesthesia

23. Signature Wm Vandersluis M.D. Medical Examiner.
Date signed 9/14/39

VS 6

F 61247

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

23

Registered No. F 61247

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wyman Park Drive and 31st Street

(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 39 da.

(e) Length of stay in Baltimore (yrs., mos., or days) 39 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Washington (b) County

(c) City or town Seattle (If outside city or town limits, write RURAL and give town)

(d) Street No. 1436 Adair St., University Distric (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert J. Hawley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Irene Frey

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 23, 1900

8. AGE: Years 38 | Months 11 | Days 17 | If less than one day hr. min.

9. Birthplace Seattle, Washington (Town, county, and state)

10. Usual Occupation Deck Engineer

11. Industry or business Seafaring

12. Name Louis Hawley

13. Birthplace Liverpool, England

14. Maiden Name Grace F. Ett

15. Birthplace Liverpool, England

16 (a) Informant Records-U. S. Marine Hospit

(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal)

(b) Date thereof Sept 15, 1939 (month) (day) (year)

(c) Cemetery or crematory St. Matthews

Location Baltimore, Md.

18 (a) Funeral director John Ullrich

(b) Address 2008 Gilham St.

19 (a) SEP 14 1939 Huntington Williams, M.D. Registrar

(Must be filed within 24 hours after death)

MEDICAL CERTIFICATION

20. DATE OF DEATH September 10, 1939, at 2:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 2, 1939, to Sept. 10, 1939, and that I last saw h in alive on Sept. 10, 1939.

Immediate cause of death Tuberculosis, bronchopneumonic, acute — Duration: 7 mo.

Due to

Due to

Other Conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Same as above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature T. B. Williams M. D.

Address U. S. Marine Hospital, Baltimore, Maryland. Date signed 9/12/39

VS 2

F 61248

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

Registered No. F 61248

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 27 N. Ann St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 27 N. Ann St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 93 years

3 (a) FULL NAME Rose M. McCahan

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Single
6 (b) Name of husband or wife —
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept. 8-75
8. AGE: Years 93 Months Days 5 If less than one day hr. min.
9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business Home
12. Name Daniel McCahan
13. Birthplace Balto. Md.
14. Maiden Name Mary E. Donnelly
15. Birthplace Balto. Md.
16 (a) Informant Mary E. McCahan
(b) Address 27 N. Ann St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 16-39 (month) (day) (year)
(c) Cemetery or crematory St. Vincent
Location Belair Rd.
18 (a) Funeral director John. A. Mayr
(b) Address 3000 E. Balto St.
19 (a) (Date rec'd by registrar) Sept 13 1939 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 13- 1939. at M

21. I certify that death occurred on the date above stated, that I attended deceased from Jan 1 1939. to Sept 8 1939. and that I last saw h[illegible] alive on Sept 7 1939.

Immediate cause of death
Pneumonia (Terminal)
Due to Senile Arteriosclerosis

Due to

Other Conditions Blind, deaf - General weakness
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

Duration
3 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harlen Harrell M. D.
Address 1740 E Balto St
Date signed 9-14-39

VS 8 1939

61249

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B F 61249
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1510 E. Fort ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1510 E. Fort ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary J. Cloonan
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Widow
6 (b) Name of husband or wife Patrick W.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept 30. 1863
8. AGE: Years 75 Months 11 Days 14 If less than one day hr. min.
9. Birthplace Balto md (Town, county, and state)
10. Usual Occupation
11. Industry or business

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 14 1939, at 2 A M
21. I certify that death occurred on the date above stated, that I attended deceased from Sept x 1938, to Sept. 14 1939.
and that I last saw him alive on Sept. 13, 1939.

Immediate cause of death
Carcinoma of Stomach — Duration 1 yr. +
Chronic Myocardial Degen. — 1 yr. +
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature A. C. Follod M. D.
Address 707 E. Fort Ave. Date signed 9-14-39

PEOPLE'S FUNERAL

12. Name Timothy Noon
13. Birthplace Ireland
14. Maiden Name Mary Coyne
15. Birthplace Ireland
16 (a) Informant Chas. Cloonan
(b) Address 1510 E. Fort Ave
17 (a) Burial (Burial, cremation, or removal)
(b) Date thereof Sept 18-39 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Fredrick Rd.
18 (a) Funeral director Margaret A. Flynn
(b) Address 1510 Fort ave
19 SEP 14 1939 Huntington Williams, M.D.

VS 3

61250

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-aF 61250 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1443 Riverside ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 80-2-20

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If not outside city or town limits, write RURAL and give town)
(d) Street No. 1443 Riverside ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

24-

(a) FULL NAME Joseph Reiley

9-13-39

(b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. married

(b) Name of husband or wife Mary Louise Reiley

6 (c) If dead, give age 74 years

7. Birth date of deceased (mo., day, yr.) July 13. 1859

AGE: Years 80 | Months 2 | Days 20 | If less than one day ..... hr. ..... min.

9. Birthplace Balto, Md. (Town, county and state)

10. Usual Occupation Retired

11. Industry or business

12. Name John Reiley

13. Birthplace Germany

14. Maiden Name Catherine

15. Birthplace Germany

16 (a) Informant Miss Catherine Reiley

(b) Address 1443 Riverside ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-15-39 (month) (day) (year)

(c) Cemetery or crematory Holy Cross; aa; annapolis Blvd.

Location

18 (a) Funeral director Margaret A. Flynn

(b) Address 1422 Light St

(c) Date received by Registrar SEP 14 1939

Registrar Hunting for Baltimore, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 13 1939, at 2. A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 20 1937. to Sept. 13 1939. and that I last saw him alive on Sept. 13 1939.

Immediate cause of death ..... Duration

Cardiac dilatation 6 mos.

Due to Arterio Sclerosis 2 yrs.

Due to Ascites 6 mos.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C B Wheeler M. D.

Address 1779 Fulton Ave Date signed 9/14/39

F 61251

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 F 61251

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 513 W. Lafayette Ave. 17-7 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Alverta Hart

(a) Residence: No. 513 W. Lafayette Ave., St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. Hart

6. DATE OF BIRTH (month, day, year) 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Floyd Hart (Address) 517 Mt. Prospect Ave.

18. BURIAL, CREMATION, OR REMOVAL Place W. Auburn Date 9-16-39

19. UNDERTAKER Grayson G. Kendall (Address) 578 W. Baltimore St.

20. FILED SEP 14 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 12, 1939 to ..... 19.....

I last saw her alive on Sept. 12, 1939 Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	
Other contributory causes of importance: (interstitial)	
Chronic Nephritis	1 yr
" Gastritis	5 yrs

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. White M. D.

(Address) 1344 Druid Hill Ave.

For Howard J. Mathews, Jr. M.D.

61252

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48220 F 61252 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 210 W. 25th St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Ruth Florence Howard
(b) If veteran, name war
(c) Social Security Account No.

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Married
(b) Name of husband or wife Owen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 3, 1884

8. AGE: Years 55 Months 5 Days 10 If less than one day hr. min.

9. Birthplace Pa. (Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business

12. Name Robert Hunt
13. Birthplace Pa.

14. Maiden Name Nancy Fergerson
15. Birthplace Unknown

16. (a) Informant Records
(b) Address Baltimore City Hospitals

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 17 1937 (month) (day) (year)
(c) Cemetery or crematory Hillcrest
Location Federalsburg Md

18. (a) Funeral director Jerome Frampton & Son
(b) Address Federalsburg Md.

19. (a) Date received SEP 14 1937 (b) Registrar's No. Hunting Creek

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-13 1937. at 3 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-10 1937. to 9-13 1937. and that I last saw her alive on 9-13 1937.

Immediate cause of death Pulmonary Embolus — Duration 2 days
Due to Generalized peritonitis — 5 days
Due to Ruptured appendix — 5 days
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Ruptured appendix & generalized peritonitis
Of autopsy Pulmonary embolus

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. Krubsack M. D.
Address Balto City Hosp. Date signed 9-14-37

VS 3

F 61253

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

121 Registered No. F 61253

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E. 33rd Street
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 31 days
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4605 Maine Ave. Forest Park (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Charles G. Rogers
(b) If veteran, name war
(c) Social Security Account No. 231-10-0902

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married
(b) Name of husband or wife Jessie W. Rogers
6 (c) If alive, give age 47 years
7. Birth date of deceased (mo., day, yr.) June 21, 1887
8. AGE: Years 52 | Months 2 | Days 23 | If less than one day ... hr. ... min.
9. Birthplace Alabama (Town, county, and state)
10. Usual Occupation Traffic Mgr.
11. Industry or business Balto. Steam Packet Co.
12. Name Robert N. Rogers
13. Birthplace South Carolina
14. Maiden Name Sarah Goodwin
15. Birthplace South Carolina
16. (a) Informant Mrs. Jessie W. Rogers
(b) Address 4605 Maine Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 16-39 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Co. Md.
18. (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pa. Avenues
19. (a) SEP 14 1939 (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 13 1939, at 6:05 P M
21. I certify that death occurred on the date above stated; that I attended deceased from Aug 13 1939, to Sept 13 1939, and that I last saw him alive on Sept 13 1939.

Immediate cause of death: Left ventricular failure with pulmonary edema — Duration: 2 hours.
Due to
Due to Ruptured appendix with appendiceal abscess & abdominal peritonitis
Other Conditions abscess of multiple liver abscesses
(Include pregnancy within 3 months of death)

Major findings:
Of operations appendiceal abscess
Of autopsy liver abscesses and abd. abscess

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C. Crawford M. D.
Address Union Memorial Hospital Date signed 9/18/39

VS 3

61254

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

72a

Registered No. F 61254

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 401-5 Lehigh St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 601 S. Lehigh St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Marquette Porreca
3 (b) If veteran, name war
3 (c) Social Security account No. child

4. Sex female
5. Color or race White
6 (a) Single, married, widowed, or divorced. child
6 (b) Name of husband or wife child
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) November 4 1934
8. AGE: Years 4 Months 10 Days 19 If less than one day hr. min.
9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation none
11. Industry or business none

12. Name James Porreca
13. Birthplace Italy
14. Maiden Name Bertha Greenberg
15. Birthplace Baltimore Md.
16 (a) Informant James Porreca
16 (b) Address 401-5 Lehigh St
17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
17 (c) Cemetery or crematory Sacred Heart
Location Trappe Road.
18 (a) Funeral director Wendell Chapel
18 (b) Address 1405 Lehigh St. (b) Williamsport, Md.
19 (a) (Signature of undertaker) (b)

SEP 14 1939

Hunting for Williamsport

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 12 1939 at 11:30 Am. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 12 1939 to Sept 12 1939.
and that I last saw h alive on Sept 12 1939.

Immediate cause of death Acute Leukemia
LEUKEMIA

Duration 4 mos 12 days

Due to ?

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 827 N Charles Date signed 9/14/39

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61255

CERTIFICATE OF DEATH

23 F 61255

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hosp 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John J. Green

If U. S. Veteran specify WAR

(a) Residence: No. Mace Ave, Essex St. Ward. Baltimore Co.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 15-1937

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co. Md

FATHER

13. NAME Frederick Green

14. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

MOTHER

15. MAIDEN NAME Anna Ambrun

16. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

17. INFORMANT Mr. Fred Green

(Address) Mace Ave Essex Md

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 9-15 19 39

19. UNDERTAKER John J. Connelly

(Address) Essex Md

20. FILED SEP 14 1939 19 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-12 19 39

22. I HEREBY CERTIFY, That I attended deceased from 9-7-39 19 to 9-12-39 19

I last saw h alive on 9-10-39 19 Death is said to have occurred on the date stated above, at 11 55 m. pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Tuberculous pneumonia	8-22-39
at Lower, widely disseminated tuberculosis	
Other contributory causes of importance:	
Anemia and tuberculous laryngitis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. R. Turner M. D.

(Address) St. Josephs Hosp.

61256

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61256

CERTIFICATE OF DEATH

34-82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bay View Hospital St., (Ward) 23-1

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Samuel Robbins

(a) Residence: No. 207 W Henrietta St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): 1902

7. AGE: Years: 37 | Months: — | Days: — | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): West Indies

MOTHER'S MAIDEN

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mrs Jenkins

(Address) 911 S Sharp St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 9-15 1939

19. UNDERTAKER: James A Hayes

(Address) 1402 W Pratt St

20. FILED 19 ..... Registrar

SEP 15 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-13-39 19

22. I HEREBY CERTIFY, That I attended deceased from 9-11-39, 19 to 9-13-39, 19

I last saw him alive on 9-13-39, 19 Death is said to have occurred on the date stated above, at 7 00 m. A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Syphilis	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Wasserman Was there an autopsy? Yes

What test confirmed diagnosis? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel L. Fox M. D.

(Address) Bay View Hosp.

61257

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 107 - aF 61257

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 Winston Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 303 E. 33rd st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Laura Baker
(b) If veteran, name war
3 (c) Social Security Account No.
4. Sex Female
5. Color or race White
6 (a) Single, ~~married, widowed, or divorced~~ Single
(b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb 15th 1853

AGE: Years	Months	Days	If less than one day
86	6	29	hr. min.

8. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self
12. Name William Baker
13. Birthplace Easton Md
14. Maiden Name Susan Cunningham
15. Birthplace Balto. Co. Md
16 (a) Informant Mrs Geo. H. Bartlett
(b) Address 303 E. 33rd St
17 (a) Burial (Burial, ~~cremation, or removal~~)
(b) Date thereof 9/16/39 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Greenmount
Location Balto Md
18 (a) Funeral director Wm Cook
(b) Address 127 S Paul St
19 (a) 9/15 1939 (Date received by Registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 14th 1939 at 3 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 29 1939 to Sept. 14 1939, and that I last saw her alive on Sept. 14 1939.

Immediate cause of death Bronch-o-pneumonia — Duration 3 days

Due to

Due to

Other Conditions Arteri sclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hart F Benson, M.D.
Address 5111 York Road Date signed 9/14/39

VS 3

F 61258

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

44300 Registered No. F 61258

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Mos
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2280 Druid Park Drive (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Elmer Frances Wilson
(b) If veteran, name war
(c) Social Security Account No. NONE

4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. Single
(b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 17, 1913

8. AGE: Years 26 Months 5 Days 27 If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business Building

12. Name Lawrence Franklin Wilson
13. Birthplace Md.
14. Maiden Name Mamie Bell
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/15/39 (month) (day) (year)
(c) Cemetery or crematory Trinity
Location Patterson Park Ave & Cook
18 (a) Funeral director
(b) Address 217 St. Paul St.

19 (a) Date received by registrar 9/15/39 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 14 1939. 12:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/29 19.39 to 9/14 1939.
and that I last saw h alive on 9/14 1939.

Immediate cause of death Tuberculosis of lungs — Duration 1937

Due to

Due to

Other Conditions Tuberculosis of hip joint
(Include pregnancy within 3 months of death)

Major findings:
Of operations Fusion of hip 5/10/39
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature BCH M.D.
Address Date signed 9/15/39

VS 8

F 61259

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

125-B F 61259 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1106 N. Bond (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charlie Tyson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-3-12

8. AGE: Years 27 | Months | Days | If less than one day: hr. min.

9. Birthplace N.C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Frank Tyson
13. Birthplace N C

MOTHER
14. Maiden Name ? Penny
15. Birthplace N.C.

16 (a) Informant Records
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-16-39 (month) (day) (year)

(c) Cemetery or crematory
Location Wadesboro N. C.

18 (a) Funeral director Mrs R. L. Elliott-Dalton
(b) Address 112 W. Caroline St

19 (a) (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 14 1939 at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 9 1939 to Sept 14 1939 and that I last saw h/m alive on Sept 14 1939.

Immediate cause of death: Lung Abscesses — Duration: Sept 1st 1939 to death

Due to Undetermined infection due to undetermined

Due to Agranium

Other Conditions Jaundice due to undetermined disease of liver — 9-5-39 last

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Multiple Lung abscesses

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State) —
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury

23. Signature H B McCall Jr. M. D.
Address Johns Hopkins Hospital Date signed 9-14

VS 3

61260

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 61260 / 209-9 Registered No.

1. PLACE OF DEATH: 2706 Elliott & Kennard Ave
(a) Baltimore City, Maryland
(b) Street address Elliott & Kennard Ave
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. City (If outside city or town limits, write RURAL and give town)
(d) Street No. 2706 Elliott St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louis Nelson (Kleingler)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M
5. Color or race Wh
6 (a) Single, married, widowed, or divorced
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Oct 29 - 1936

8. AGE: Years 2 | Months 10 | Days 16 | If less than one day: hr min

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Wm Alfred
13. Birthplace Baltimore

MOTHER
14. Maiden Name Anna Nelson
15. Birthplace Baltimore

16 (a) Informant Mrs. Marie Nelson
(b) Address 5005 O'Donnell st

17 (a) Burial (Burial, cremation, or removal)
(b) Date thereof Sept. 16-1939 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Balto. Co.

18 (a) Funeral director Philip Herwig Sons
(b) Address 2016 Orleans st

SEP 15 1939 (Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/13/39 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Due to Crushing injury to head & neck

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 9/13/39
(c) Where did injury occur? Elliott & Kennard Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Street (Specify type of place) While at work? No
(e) Means of injury Struck by streetcar

23. Signature [illegible] M.D. Medical Examiner
Date signed 9/14/39

VS 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

61261 61261

CERTIFICATE OF DEATH

V 44-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hosp. W. 7-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Martha Szulkowska

If U. S. Veteran specify WAR .....

(a) Residence: No. 222 S Chester St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Adam Szulkowski

6. DATE OF BIRTH (month, day, year) Aug. 10. 1881.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Frank Raginski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Konte

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Adam Szulkowski

(Address) 222 S. Chester St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date Sept 16 1939

19. UNDERTAKER Fred V. Ozarowski

(Address) 1930 Eastern Ave.

20. FILED ..... 19.....

SEP 15 1939 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-13-39. 19

22. I HEREBY CERTIFY, That I attended deceased from 8-23-39. 19 ... to 9-13-39. 19

I last saw h.e. alive on 9-13-39 19 ... Death is said to have occurred on the date stated above, at 12 00 m Noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cutaneosclerotic cardio vascular disease & auricular fibrillation and cerebral embolism	9-11-39
Other contributory causes of importance: Extra abdominal malignancy	over

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so specify .....

(Signed) M. R. Cunyat M. D.

(Address) St. Joseph's Hospital

F 61262

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

72 - aF 61262 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2814 Pridman Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Peters

3 (b) If veteran, name war: World War
3 (c) Social Security Account No. 217-03-3434

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Gertrude Just
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 14, 1890

8. AGE: Years 48 | Months 10 | Days 27 | If less than one day: hr. min.

9. Birthplace Austria (Town, county, and state)
10. Usual Occupation Baker
11. Industry or business Hotel Business

FATHER
12. Name Joseph Peters
13. Birthplace Austria

MOTHER
14. Maiden Name Augusta (?)
15. Birthplace Austria

16 (a) Informant Records - U. S. Marine Hospital
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9. 13. 39 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location Frederick Ave

18 (a) Funeral director Robert Brooks & Son
(b) Address Calhoun & Hollins Sts.

19 (a) Date received by registrar SEP 15 1939 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 11, 1939, at 1:30p M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 31, 19.., to Sept. 11, 19.. and that I last saw h.. alive on Sept. 11, 1939.

Immediate cause of death: Leukemia, myelogenous, chronic — Duration: 6 weeks
Due to
Due to
Other Conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. M. H. ... M. D.
Address U. S. Marine Hospital, Baltimore, Md. Date signed 9/12/39

VS 3

F 61263

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 107 - a F 61263

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2748 Kensey Ave.

(c) Hospital or institution: No

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore City.

(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)

(d) Street No. 2748 Kensey Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

X

3 (a) FULL NAME CARRIE MILES

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife David E. Miles

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April. 5. 1860

8. AGE: Years	Months	Days	If less than one day
79	5	7	hr. min.

9. Birthplace Howard Co. (Town, county, and state)

10. Usual Occupation House Wife.

11. Industry or business

FATHER

12. Name Jacob Miles.

13. Birthplace Howard Co.

MOTHER

14. Maiden Name Carrie Turner

15. Birthplace Howard Co.

16 (a) Informant

(b) Address 2740 W. Kensey Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9. 15. 39 (month) (day) (year)

(c) Cemetery or crematory Mount Olivet

Location Frederick Ave

18 (a) Funeral director Robert Brooks & Son

(b) Address Calhoun & Hollins Sts.

19 (a) (Date rec'd by registrar) (b) Signature of Registrar

SEP 13 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 12 th 1939. at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/11 1939 to 9/12 1939.

and that I last saw h alive on 9/11 1939.

Immediate cause of death

Bronchopneumonia

Due to

Due to

Other Conditions Paralysis agitans

(Include pregnancy within 3 months of death)

Major findings: Parkinsons

Of operations

Of autopsy

Duration

1 day

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Chas A Cahn M.D. M. D.

Address 2145 W Balto St Date signed 9/15/39

F 61264

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 61264

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Lombard & Greene Sts.

(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (~~yrs., mos., or days~~) 2½ hrs.

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County City Balto.

(c) City or town Balto Md (If outside city or town limits, write RURAL and give town)

(d) Street No. 4102 Newton Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Becker

3 (b) If veteran, name war No

3 (c) Social Security Account No. 218-03-5230

4. Sex male

5. Color or race White

6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~. Married.

6 (b) Name of husband or wife Mary E Becker

6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Aug 29 1885

8. AGE: Years 50 | Months 0 | Days 16 | If less than one day: hr. min.

9. Birthplace Germany. (Town, county, and state)

10. Usual Occupation machinist.

11. Industry or business Penny G. Iron Co.

12. Name Not known

13. Birthplace Germany.

14. Maiden Name Not known

15. Birthplace Germany.

16 (a) Informant Mary E Becker

(b) Address 4102 Newton Ave

17 (a) Burial (Burial, cremation, or removal)

(b) Date thereof Sept 18 1939 (month) (day) (year)

(c) Cemetery or crematory Loudon Park A. A. Co.

Location

18 (a) Funeral director Mrs Chas A G Rohde

(b) Address 2327 Edmondson Ave

19 (a) (Date rec'd by registrar) SEP 15 1939 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 14 1939. at 3 35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 14th 1939. to Sept 14 1939. and that I last saw him alive on Sept 14th 1939.

Immediate cause of death Cerebro-vascular accident

Duration 2½ hrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Louis Calvin Garcia M.D.

Address University Hospital Date signed 9-14-39

VS 8

F 61265

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C

Registered No. F 61265

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1217 S. Charles St.
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1217 S Charles St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dora. Dauer.
(b) If veteran, name war —
(c) Social Security Account No. —
4. Sex Fem.
5. Color or race White.
6 (a) Single, married, widowed, or divorced. Widow
(b) Name of husband or wife John G. Dauer
(c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) Sept 13th 1862
8. AGE: Years 77 Months 11 Days 30 If less than one day hr. min.
9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation House work
11. Industry or business at home
12. Name Joseph Gumbert.
13. Birthplace Germany.
14. Maiden Name Barbara. Ebersberger.
15. Birthplace Germany.
16 (a) Informant William F Dauer (Son)
(b) Address 1217 S Charles St
17 (a) burial (Burial, cremation, or removal) (b) Date thereof Sept 16th 1939 (month) (day) (year)
(c) Cemetery or crematory Holy Cross C. C. Co
Location C. C. Co Md.
18 (a) Funeral director Bernard C Hartley
(b) Address 121 E West St.
19 (a) (Date rec'd by registrar) Sept 18 1939 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 12 1939, at 7.30 P M
21. I certify that death occurred on the date above stated; that I attended deceased from July 1937 to Sept 1939
and that I last saw him alive on Sept 12 1939.

Immediate cause of death
2. Ventricular fibrillation — Duration 2 weeks
with cardiac failure
Due to Chronic myocarditis 3 yrs
Due to Senility
Other Conditions Hypertension 3 yrs
Arteriosclerosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations none performed
Of autopsy none performed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Isaac Miller M. D.
Address 122 E. Chase St Date signed 9/13/39

YS 1939

LaBarre

61266 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 61266

CERTIFICATE OF DEATH

Registered No. 151

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital, St. 2nd-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Elsie La Barre

(a) Residence: No. 634 Harvey St., Ward Balto Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John H. La Barre

6. DATE OF BIRTH (month, day, year) Oct 5 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home do

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Joseph Conway

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Martha Weber

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT John H. La Barre

(Address) 634 Harvey St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk. Date 9/16 1939

19. UNDERTAKER F. J. McCauley

(Address) 1306 E. Fort Ave.

20. FILED ... 19... Registrar.

Sept 20 1939 Hattie Williams Reg

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 14 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 5 1939 to Sept 14 1939

I last saw her alive on Sept 14 1939 Death is said to have occurred on the date stated above, at 8 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbuncle of Neck	3 wks ago.
Staphylococcus Septicemia	9/10/39
Other contributory causes of importance:	
Hypostatic Pneumonia	9/10/39
Cardiac Failure	9/14/39

Was an operation performed? yes Date of Sept 6 1939

For what disease or injury? Carbuncle of Neck

Name of operation Incision & Drainage

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) Harry Beck, M. D.

(Address) Mercy Hospital

61267 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 61267

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH — The Sundry Sanitarium, Baltimore, Md.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Ethel & Carroll Sts. St., 38 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME — Mrs. Mary M. Clancy

(a) Residence: No. Sundry Sanitarium St., ... Ward. Alta Vista, Ky.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — John Clancy

6. DATE OF BIRTH (month, day, year) — May 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation — about 6

12. BIRTHPLACE (city or town) (State or country) — Louisville, Ky

FATHER

13. NAME — John B. MacFarren

14. BIRTHPLACE (city or town) (State or country) — Ga.

MOTHER

15. MAIDEN NAME — Laura Ragland

16. BIRTHPLACE (city or town) (State or country) — Ky.

17. INFORMANT — John McE. Clancy
(Address) Alta Vista, Cherokee Park, Ky.

18. BURIAL, CREMATION, OR REMOVAL
Place Louisville Ky. Date Sept. 17. 1939

19. UNDERTAKER — John O. Mitchell & Sons per K.B.
(Address) 1500 Eutaw Place

20. FILED — Hunting for Williams, Registrar.

SEP 15 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) — September 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1926, to September 14, 1939

I last saw h.... alive on September 14, 1939. Death is said to have occurred on the date stated above, at 2:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	9-11-39
Myocardial failure	9-11-39
Pulmonary edema	9-11-39

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Rowland K. Sundry M. D.

(Address) 5002 Frederick Rd, Baltimore

F 61358

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B F 6126 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2530 Mosher St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2530 Mosher St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Henry Bolton Fletcher

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4 Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Etta A. Fletcher
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 25 1856

8. AGE: Years 82 | Months 10 | Days 18 | If less than one day: hr. min.

9. Birthplace Harford Co. (Town, county, and state)
10. Usual Occupation Retired Farmer
11. Industry or business

FATHER
12. Name John Fletcher
13. Birthplace Harford Co. Md.

MOTHER
14. Maiden name Mary Jane Hollenshade
15. Birthplace Harford Co. Md.

16 (a) Informant Mrs Thos Marstellar
(b) Address 3436 Auchentoroly Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 15 1939 (month) (day) (year)
(c) Cemetery or crematory Centre Church Hy Breen
Location Harford Co. Md

18 (a) Funeral director Kellam & Fulton Inc
(b) Address North Pennsylvania Ave

19 (a) Date received (Registrar) SEP 15 1939 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 13 1939 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/18 1939 to Sept. 13 1939. and that I last saw h[illegible] alive on Sept. 12 1939.

Immediate cause of death
1) Thrombosis of Art. Femoral Vein
Due to Cystitis Pyelonephritis (Streptococcus)
Due to
Other Conditions Arteriosclerosis Heart disease
(Include pregnancy within 3 months of death)

Duration: 4 wks.

Major findings:
Of operations None
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Earl L. Thompson M. D.
Address 4108 Liberty Hts. Date signed 9-14-39

F 61269

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 Registered No. F 61269

F 61269

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33Rd & CALVERT Sts.
(c) Hospital or institution:
Union memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 da
(e) Length of stay in Baltimore (yrs., mos., or days) 13 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County
(c) City or town BALTimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4302 MiAmi PLACE (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME (MRS. LOUIS JACOB TROSTEL (KATHERINE)) KATHARINE TROSTEL
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: MARRIED
6 (b) Name of husband or wife: Louis JACOB TROSTEL
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb 12 1896
8. AGE: Years 43 | Months 8 7 | Days 2 | If less than one day hr. min.
9. Birthplace COLUMBUS, OHIO (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

12. Name Dudley T Fisher
13. Birthplace Ohio
14. Maiden Name MARION GARNER
15. Birthplace OHio
16 (a) Informant Mr Louis J Trostel
(b) Address 4302 Miami Pl
17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept 15 39 (month) (day) (year)
(c) Cemetery or crematory Location Columbus Ohio
18 (a) Funeral director William J Tuckner & Sons
(b) Address North & Bentley Avenue
19 (a) (b) (Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 9 14 1939 at 12:50 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 8 30 1939, to 9 14 1939, and that I last saw her alive on 9 14 1939.

Immediate cause of death METASTASIZED Toxemia with CARDIAC FAILURE — Duration 5 Days

Due to metastasized CARCINOMA of BREAST, — Duration At least 3 YEARS.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C. Crawford M. D.
Address Union Memorial Hospital Date signed 9.14.39

VS 3

F 61270

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61270

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No.) West Baltimore General Hosp (St.) (Ward) 15

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ? mos. ? ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Kitty E. Norris

If U. S. Veteran specify WAR —

(a) Residence: No. 4122 Edmundson Ave. St., — Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas Norris

6. DATE OF BIRTH (month, day, year): Jan. 17. 1870

7. AGE: 69 Years | Months 7 | Days 27 | If LESS than 1 day hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): England

FATHER

13. NAME: Abraham

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Thomas Norris

(Address): 4122 Edmundson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: London Ok Date: 9/16/39, 19

19. UNDERTAKER: Harry K. Luhrs

(Address): 4016 Edmondson Ave

20. FILED 19 Huntington Whitaker, Registrar

SEP 15 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): September 14. 1939

22. I HEREBY CERTIFY, That I attended deceased from September 9, 1939 to September 14, 1939

I last saw her alive on September 14. 1939. Death is said to have occurred on the date stated above, at 6:35 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis with perforation and localized peritonitis	9/9/39
Other contributory causes of importance: Hypertension and generalized Arteriosclerosis & Renal failure	?

Was an operation performed? Yes Date of 9/9/39

For what disease or injury? Acute appendicitis

Name of operation Appendectomy

What test confirmed diagnosis? Surgical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) M. B. Shears, M. D.

(Address) 1013 Eutaw Pl

M. B. Shears

✓ F 61271

61271 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

51-B

CERTIFICATE OF DEATH

Registered No. _____

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 706 RAMSAY St. 21-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

If U. S. Veteran specify WAR _____

2. FULL NAME CHARLES M. WELKNER

(a) Residence: No. 706 RAMSAY St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

6a. If married, widowed, or divorced HUSBAND of (or WIFE of) SOPHIE WELKNER

6. DATE OF BIRTH (month, day, year) JAN 26 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FOREMAN

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. SHOE

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTIMORE MD

MOTHER FATHER

13. NAME CHARLES M WELKNER

14. BIRTHPLACE (city or town) (State or country) BALTIMORE MD

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT SOPHIE WELKNER
(Address) 706 RAMSAY ST

18. BURIAL, CREMATION, OR REMOVAL
Place Mirdlam Cem Date 9/18/39 19

19. UNDERTAKER L. S. Marshall
(Address) 3539 Eden Ave. Huntington Williamsport

20. FILED 9-20-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) SEPT 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from APRIL 28, 1937 to SEPT 14, 1939

I last saw him alive on SEPT 13, 1939 Death is said to have occurred on the date stated above, at 12:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CARCINOMA OF BLADDER	1937

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? EXAM Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ____, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Edward F Nolan M. D.
(Address) 682 WASHINGTON BLVD

F 61272

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 F 61272 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 100 N. Kenwood Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 100 N. Kenwood Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sara Watson (Sarah E. Watson)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race wh

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Thomas E. Watson

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 6, 1870

8. AGE: Years	Months	Days	If less than one day
69	3	6	hr. min

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Reuben N. Dolbow
13. Birthplace New Jersey

MOTHER
14. Maiden Name Anna E. Taylor
15. Birthplace Philidelphia Pa.

16 (a) Informant Mrs. Wm. H. E. Chase
(b) Address 100 Thicket Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 4 1939 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore, Md.

18 (a) Funeral director H. Sander & Son Inc.
(b) Address Balto., & Broadway

19 (a) 3- (Date received by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 12 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Blandford M.D. Medical Examiner
Date signed 9/13/39

VR-4

61273

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 ✓ F 61273 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2037 E Fayette St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) 72

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2037 E Fayette (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles W. Williams

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Beulah Williams

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 2-1867

8. AGE: Years 72 Months — Days 12 If less than one day hr min

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Life Insurance Agt

11. Industry or business Retired

MOTHER / FATHER

12. Name Jacob Williams

13. Birthplace Pennsylvania

14. Maiden Name Mary Kalb

15. Birthplace Baltimore

16 (a) Informant Earl Williams

(b) Address 5609 Belleside Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 16. (month) (day) (year)

(c) Cemetery or crematory Baltimore Cem

Location Baltimore Md

18 (a) Funeral director John Merrick

(b) Address 200 E Preston St

19 SEP 15 1939 (Date received by registrar) Huntington Baltimore, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 14 1939, at 4 39 P M

21. I certify that death occurred on the date above stated, that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. D.

Address Date signed

VS 2

F 61274

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59

F 61274 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address W. Fayette St.
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., mos., or days) 48 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 822 Woodington Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph J. Hubner
(b) If veteran, name war
3 (c) Social Security Account No. 215-05-9074

4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. Single
(b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept. 1890
AGE: Years 49 Months Days If less than one day hr. min.
8. Birthplace Balto. Md
(Town, county, and state)
10. Usual Occupation Shipping Clerk
11. Industry or business Hanlins Bros.
12. Name Joseph J. P. Hubner
13. Birthplace Germany
14. Maiden Name Malvina Rantzow
15. Birthplace Germany
16 (a) Informant Chas. F. Schwartz
(b) Address 822 Woodington Rd
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/16/39. (month) (day) (year)
(c) Cemetery or crematory Western
Location Edmondson Ave. & Longwood St
18 (a) Funeral director Harry F. Kittle
(b) Address 4101 Edmondson Ave
19 (a) (Date received by registrar) (b) Registrar
SEP 15 1939
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 13 1939. at 2:30 P M
21. I certify that death occurred on the date above stated; that I attended deceased from Aug 24 1939. to Sept 13 1939. and that I last saw him alive on Sept 13 1939.

Immediate cause of death: Carbuncle Shoulder — Duration: 4 weeks
Due to
Due to
Other Conditions: Diabetes mellitus — Known for 3 months.
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. M. Collins M. D.
Address Bon Secours Hosp. Date signed 9-13-39

F 61275

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

F 61275 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts.
(c) Hospital or institution University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3921 Edmondson Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Harry Roland Lickle
(b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married
(b) Name of husband or wife Lucy Fargo Lickle
6 If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 50 | Months 9 | Days 6 | If less than one day hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation Physician

11. Industry or business

12. Name John H. Lickle
13. Birthplace Md
14. Maiden Name Fannie Treakle
15. Birthplace Pa

16 (a) Informant Mrs. Harry Roland Lickle
(b) Address 3921 Edmondson Ave

17 Cremation (b) Date thereof 9/16/39. (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Fort Lincoln
Location Wash. D. C.

18 (a) Funeral director Harry A. Little
(b) Address 401 E Edmondson Ave

19 (a) (b)
Date rec'd by Registrar Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 13 1939. at 2.15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 3 1939. to Sept. 13 1939. and that I last saw him alive on Sept. 13 1939.

Immediate cause of death Intracerebral Hemorrhage } Duration 11 days
Subarachnoid Hemorrhage }
Due to Rupture of Cerebral Artery
Due to Possible Aneurysm 2 yrs.
Other Conditions Hypertension C.V. disease.
(Include pregnancy within 3 months of death)

Major findings:
Of operations Hemorrhage Cerebral & Stem
Of autopsy Subarachnoid & Intracerebral

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John Allegnen M. D.
Address University Hosp. Date signed Sept. 13, 1939

VS 3

F 61276

F 61276

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Room #260
(b) Street address Gas & Elec Co. Bldg
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Towson (If outside city or town limits, write RURAL and give town)
(d) Street No. 407 W. Chesapeake Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 12½ years

3 (a) FULL NAME Alford A. Dello

3 (b) If veteran, name war: World War

3 (c) Social Security Account No. 212-05-6477

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Alison Muir Dello

6 (c) If alive, give age: 40 years

7. Birth date of deceased (mo., day, yr.): Sept. 24, 1894

8. AGE: Years 44 ~~55~~ Months 11 Days 21 If less than one day: hr. min.

9. Birthplace: Montreal, Canada (town, county, and state)

10. Usual Occupation: Heating Engineer

11. Industry or business: Gas & Electric Co.

MOTHER FATHER

12. Name: Thomas Dello

13. Birthplace: Quebec, Can.

14. Maiden Name: Harriet Anne Harris

15. Birthplace: Ireland, R. I.

16 (a) Informant: Mrs. Alison Dello

(b) Address: 407 W. Ches. Ave. - Towson.

17 (a) (Burial, cremation, or removal): Burial (b) Date thereof: Sept. 17, 1939 (month) (day) (year)

(c) Cemetery or crematory: Cemetery

Location: Montreal, Can.

18 (a) Funeral director: John Burns' Sons

(b) Address: Towson, Md.

19 SEP 15 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/14/39 19 . at 2:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary Sclerosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Conrad Octo Saenz M.D.
Medical Examiner

Date signed 9/15/39

VS 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61277 F 61277

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. [illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Mary Meehan-Meehan

If U. S. Veteran specify WAR .....

(a) Residence: No. 3109 E Baltimore St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Meehan

6. DATE OF BIRTH (month, day, year) About 60 yrs

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About 60	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Anita Cooney

(Address) 3118 Chesterfield

18. BURIAL, CREMATION, OR REMOVAL

Place New Bath Date Sept 16-39

19. UNDERTAKER Joe + Stein + Son

(Address) 3000 Kentucky

20. FILED SEP 15 1939 19..... by [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9·12·39 19

22. I HEREBY CERTIFY, That I attended deceased from 8·19·39 19..... to 9·12·39 19.....

I last saw h.. alive on 9·12·39 19..... Death is said to have occurred on the date stated above, at 9 40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardio vascular disease & cardiac asthma, hypostatic pneumonia	? 8·14·39
Other contributory causes of importance: and acute pulmonary edema	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) M. R. Tennant M. D.

(Address) St. Joseph's Hospital

F 61278

HEALTH DEPARTMENT—CITY OF BALTIMORE

61278

CERTIFICATE OF DEATH

× √ 46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp. 14-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 14 ds. How long in U. S. If of foreign birth? 64 yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Elizabeth Harvey

If U. S. Veteran specify WAR

(a) Residence: No. Severna Park St., ... Ward. a. a. co.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Harry C. Harvey Sr

6. DATE OF BIRTH (month, day, year) Aug. 16, 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	0	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Henry Doschky

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Harry C. Harvey Sr.

(Address) 706 N. Milton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cemetery Date 9/16/ 1939

19. UNDERTAKER E. J. Fanning & Son

(Address) 1938 E. Lafayette Ave.

20. FILED ..... 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-14 1939

22. I HEREBY CERTIFY, That I attended deceased from 9-2 1939 to 9-14 1939

I last saw her alive on 9-14 1939 Death is said to have occurred on the date stated above, at 9 2/10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	
with Cardiac Insufficiency	
Carcinoma of Gall Bladder	

Other contributory causes of importance:

Was an operation performed? Yes. Date of Sept. 13, 1939

For what disease or injury?

Name of operation Laparotomy

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) ..... M. D.

(Address) .....

F 61279

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. F 61279

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hours
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 517 N. Pine St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Maurice Bates

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex M. | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Child

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-10-1937

8. AGE: Years 2 | Months | Days 5 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name William Bates
13. Birthplace Va.

MOTHER
14. Maiden Name Beatrice Bailey
15. Birthplace Md

16 (a) Informant William Bates
(b) Address 514 N. Pine st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-18-39 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Balto. County Md

18 (a) Funeral director William A. Jackson
(b) Address 916 Penna ave

19 (a) [illegible] (b) [illegible]
(Date rec'd by registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 15, 1939, at 3:55 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 12 1939, to Sept 15 1939, and that I last saw him alive on Sept 15 1939.

Immediate cause of death Respiratory failure — Duration 2 days

Due to Lobar pneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Theodore R. Sweeney M. D.
Address Univ. Hospital Date signed 9-15-39

61280 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 61280

CERTIFICATE OF DEATH

✓ 186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen. Hospital St., 13-E Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Eliz. Euker (Elizabeth M. Euker) If U. S. Veteran specify WAR

(a) Residence: No. 2812 Auchentoroly Terrace St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William C. Euker

6. DATE OF BIRTH (month, day, year) 10-18-?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About 75	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME Herman Meise

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Anna Roener

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Mr. Alfred A. Euker
(Address) 901 Walnut Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date Sept. 16 1939

19. UNDERTAKER Wm. F. Kieffer & Sons
(Address) North & Fawes

20. FILED ... 19... Registrar.

SEP 15 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 14. 1939

22. I HEREBY CERTIFY, That I attended deceased from 7-20, 1939, to 9-14, 1939

I last saw her alive on 9-14, 1939. Death is said to have occurred on the date stated above, at 1:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture - rt femur	7-20-39
Other contributory causes of importance:	
Ch. myocarditis	?
Acute myocardial failure	

Was an operation performed? Yes Date of

For what disease or injury? Fract. rt femur.

Name of operation Application of Splint

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Accident Date of injury 7-20 1939

Where did injury occur? Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fall. Walking in Home

Nature of injury Fract. - rt femur

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Howard J. Mendes M. D. M. D.
(Address) Md. Gen. Hosp.
Howard J. Mendes M. D
Medical Examiner.

F 61281

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 131

F 61281

1. PLACE OF DEATH:
(a) Baltimore City, Maryland ✓
(b) Street address 2117 Dennison St
(c) Hospital or institution: ✓

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 25

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ✓
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2117 Dennison St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carrie M. Gary

(b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex Fem. | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

(b) Name of husband or wife Robert L. Gary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years About 75 | Months | Days | If less than one day hr. min.

9. Birthplace Richmond Va
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

12. Name Unknown

13. Birthplace "

14. Maiden Name "

15. Birthplace "

16 (a) Informant Mr. Wendell Allen

(b) Address 1207 Calvert Bldg

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 15 39 (month) (day) (year)

(c) Cemetery or ~~Crematory~~ Oakwood

Location Richmond Va

18 (a) Funeral director Wm. J. Luckett Home

(b) Address North & Paca

19 (a) 9/15/1939 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 15th 1939 at 10 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 12 1938 to Sept 15 1939. and that I last saw h alive on Sept. 15th 1939.

Immediate cause of death: Chronic Nephritis — Duration: ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy ✓

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward C. Reisterstown M. D.

Address 2245 Reisterstown Rd Date signed 9/15/39

VS 3

F 61282

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 61282

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Hyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Virginia (b) County
(c) City or town Lewisetta (If outside city or town limits, write RURAL and give town)
(d) Street No. 1756 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Loyed Sivels

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: Negro
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife Martha Lee
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov. 10, 1910
8. AGE: Years 26 | Months 10 | Days 2 | If less than one day hr. min.
9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation Waiter
11. Industry or business Shipping

FATHER
12. Name Ed Sivels
13. Birthplace Belcross, North Carolina

MOTHER
14. Maiden Name Nan (Unknown)
15. Birthplace Belcross, North Carolina

16 (a) Informant Records-U. S. Marine Hospital
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 17, 1939 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Annapolis Road.

18 (a) Funeral director Slade & Adams
(b) Address 2367 York Road.

19 (a) SEP 15 1939 (Date rec'd by registrar) Huntington Williams, U.P.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 12, 19 39, at 10:05 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 6, 19 39, to Sept. 12, 19 39, and that I last saw h alive on Sept. 12, 19 39.

Immediate cause of death Typhoid fever — Duration 9-3-39

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. M. N. Anderson M. D.
Address U. S. Marine Hospital, Md. Date signed 9/15/39

HEALTH DEPARTMENT—CITY OF BALTIMORE

61283 F 61283

CERTIFICATE OF DEATH

✓160-B

Registered No.

1. PLACE OF DEATH West Balto General Hosp (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. [illegible] St., [illegible] Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Baby Boy Carter

(a) Residence: No. 700 Harford Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word):

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 15 1934

7. AGE: Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME David M. Carter

14. BIRTHPLACE (city or town) (State or country) Caesarstown Md

MOTHER

15. MAIDEN NAME Mary F. Bedwell

16. BIRTHPLACE (city or town) (State or country) Finley Kentucky

17. INFORMANT Mrs. F. Carter
(Address) 700 Harford Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Mem. Date 9/16 1934

19. UNDERTAKER Leonard J. Rick
(Address) 5302 Harford Rd

20. DATE RECEIVED SEP 15 1934 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/15, 1934

22. I HEREBY CERTIFY, That I attended deceased from 9/12, 1934 to 9/15, 1934

I last saw him alive on 9/15, 1934. Death is said to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset

Other contributory causes of importance:

over

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

61284

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

Registered No. 61284

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert Sts.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 3206 BEVERLY RD (If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3. (a) FULL NAME HARRY JAMES DOBE
(b) If veteran, name war No
(c) Social Security Account No. None.
4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. Married
(b) Name of husband or wife Glendora (Doyett)
(c) If alive, give age 36 years
7. Birth date of deceased (mo., day, yr.) 7/23/1901
8. AGE: Years 38 Months 8 Days 22 If less than one day hr. ——— min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Jr. Engineer
11. Industry or business Highway's Dept.
12. Name of Father Frank Dobe
13. Birthplace of Father Balto. Md
14. Maiden Name of Mother Elizabeth (Haig)
15. Birthplace of Mother Balto Md.
16. (a) Informant Mrs. Glendora Dobe
(b) Address 3206 Beverly Rd
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/18/39 (month) (day) (year)
(c) Cemetery or crematory Moreland Memorial Park
Location Taylor Ave - Balto Md
18. (a) Funeral director George D. Roth & Son
(b) Address 234 Hanford Ave
19. SEP 15 1939 Registrar Arthur Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH SEPT. 14 1939 at 8 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from SEPT. 12 1939 to SEPT. 14 1939. and that I last saw him alive on SEPT. 14 1939.

	Duration
Immediate cause of death ACUTE PULMONARY EDEMA	20 MINUTES
Due to CARDIAC FAILURE	20 "
Due to MALIGNANT HYPERTENSION	???
Other Conditions NEPHROSCLEROSIS (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Stuart D. Sunday M. D.
Address Union Memorial Hospital Date signed 9/14/39

VS 3

F 61285

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

Registered No. F 61285

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 726 McCabe Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 ? 10

(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 726 McCabe Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nina Seymour

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Eugene Seymour

6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) MAY 3, -?

8. AGE: Years 55 ? | Months 4 | Days 11 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation home duties

11. Industry or business

FATHER 12. Name John R. Phillips

13. Birthplace Md.

MOTHER 14. Maiden Name Mary E. Burton

15. Birthplace Md.

16 (a) Informant Daisy Fall

(b) Address 726 McCabe ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/17/39 (month) (day) (year)

(c) Cemetery or crematory

Location Fishing Creek Md.

18 (a) Funeral director John O. Mitchell & Son

(b) Address 1900 Eutaw Place

19 (a) Date received by registrar SEP 15 1939 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 14. 1939 19 . at 1030 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1935 to Sept. 14 1939.

and that I last saw h alive on Sept. 14 1939.

Immediate cause of death Spindle cell carcinoma — Duration 5 years

Due to metastasis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations 1935 - axil - Lipo breast - spindle cell carcinoma
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. M. Cuccia M. D. M. D.

Address 11 E. Chase St. Date signed

F 61286

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

169

Registered No. F 61286

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3616 Keystone Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Edward Frock
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 6, 1909

8. AGE: Years 30 | Months 1 | Days 3 | If less than one day hr. min

9. Birthplace Maryland. (Town, county, and state)
10. Usual Occupation Laborer.
11. Industry or business Balto City.

FATHER
12. Name John S. Frock.
13. Birthplace Md.

MOTHER
14. Maiden Name Laura E. Collier.
15. Birthplace Md.

16 (a) Informant George S. Frock.
(b) Address 3624 Parkdale Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 17, 1939 (month) (day) (year)
(c) Cemetery or crematory Dulaney Valley Memorial Gardens
Location Falls Road, Baltimore Co. Md.

18 (a) Funeral director Clemonts Inc.
(b) Address 2615-17 Clifton Ave.

19 SEP 16 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/14/39 19 at 1:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Shock
Due to: Fracture of spine
Due to: Rupture of Kidney
Other Conditions: Mental Depression
(Include pregnancy within 3 months of death)

Duration: 48 hrs

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 9/12 39
(c) Where did injury occur? 3616 Keystone Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Jump from roof

23. Signature Conrad Octon M.D. Medical Examiner
Date signed 9/14/39

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61287

CERTIFICATE OF DEATH

95-B F 61287

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 17-b Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Carter

If U. S. Veteran specify WAR

(a) Residence: No. 2326 N. Charles St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (not ~~WIFE~~ of) Regina Easter

6. DATE OF BIRTH (month, day, year) June 24, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
63	63	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance Co. 071

10. Date deceased last worked at this occupation (month and year) Dec. 1937

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) West Union Ohio

FATHER

13. NAME Allen Carter

14. BIRTHPLACE (city or town) (State or country) West Union Ohio

MOTHER

15. MAIDEN NAME Margaret Baldwin

16. BIRTHPLACE (city or town) (State or country) West Union Ohio

17. INFORMANT Regina Carter

(Address) 2326 N. Charles St.

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem. Date Sept 19 1939

19. UNDERTAKER Chas. J. Young & Son Inc

(Address) 18 W. Lexington St. Baltimore Md.

20. FILED SEP 16 1939 by Huntington Williams Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 15 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 11 1939 to Sept. 15 1939

I last saw him alive on Sept. 14 1939. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration of each
Hypertensive Arteriosclerotic C.V.D.	Dec. 1937
Auricular Fibrillation	Dec. 1937
Cerebral Vascular Accident	Sept. 13, 1939
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. H. Kammer M. D.

(Address) Mercy Hospital

1288

F 61288

BALTIMORE CITY HEALTH DEPARTMENT 53-E ✓ Registered No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2204 E. North Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2204 E. North Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Cook

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of ~~husband or~~ wife Anna T. Cook.

6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) July 15th 1861

8. AGE: Years 78 Months 2 Days 0 If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state) 6088

10. Usual Occupation Shoemaker

11. Industry or business Shoe Manufacturing

MOTHER / FATHER

12. Name Adam Cook

13. Birthplace Ireland

14. Maiden Name McKeown

15. Birthplace Germany

16 (a) Informant Harry T. Connolly

(b) Address 2204 E. North Ave

17 (a) Burial (Burial, ~~cremation or removal~~) (b) Date thereof Sept 5th 1939 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Cathedral

Location Balto Md

18 (a) Funeral director William Cook

(b) Address 1217 St. Paul St.

19 (a) SEP 16 1939 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 15th 1939. at 5th P. M

21. I certify that death occurred on the date above stated, that I attended deceased from 9/13 1939 to 9/15 1939. and that I last saw h ~~m~~ alive on 9/15 1939.

Immediate cause of death Arteriosclerotic Cardio-Vascular renal disease.

Due to Old age -

Due to

Other Conditions Carcinoma of Stom - (chest wall)

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration ? 2 mos.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Eugene S. Blum M. D.

Address 1206 E. Preston St. Date signed 9/16/39

OCK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82- a 48294 ✓ Registered No.

F 61289

F 61289

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals 11-4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 13 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1114 McCulloh St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Woods

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced. Married (Sep)

6 (b) Name of husband or wife John Woods

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1893

8. AGE: Years 45 | Months 8 | Days 19 | If less than one day: hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Housework (p 37)

11. Industry or business

FATHER
12. Name Tom Faulkner
13. Birthplace Va.

MOTHER
14. Maiden Name Stella Harris
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 9-17-39 (month) (day) (year)
(c) Cemetery or crematory Dennistown
Location Va
18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill.

SEP 16 1939 Huntington Williams, M.D. Registrar
(Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH September 14 1939, at 1:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 13 1939, to Sept 14 1939, and that I last saw h er alive on Sept 14 1939.

Immediate cause of death: Cerebral hemorrhage — Duration: 12 hours.

Due to

Due to hypertension

Other Conditions Arteriosclerosis — unknown — unknown.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Large heart, cerebral hemorrhage

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. W. Woodruff M. D.
Address Balto City Hosp Date signed 9-14-39

VS 3

61290

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E F 61290 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3005 Belmont Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 ?
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3005 Belmont Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William S. Callaghan
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Anna Lee Callaghan
6 (c) If alive, give age 78 years
7. Birth date of deceased (mo., day, yr.) Oct 28 1853

8. AGE: Years	Months	Days	If less than one day: hr.	min.
85	10 mos	23		

9. Birthplace Baltimore - Md.
(Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business Retired

FATHER
12. Name Daniel Patrick Callaghan
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret Shanahan
15. Birthplace Maryland

16 (a) Informant Mrs. D. Robt. Fallon
(b) Address 3005 Belmont Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/18/39 (month) (day) (year)
(c) Cemetery or crematory Westminster
Location Md.

18 (a) Funeral director Wm. J. Dickey Sons
(b) Address North & Pa

19 (a) (Date rec'd by registrar) SEP 16 1939 (b) Certificate No. 5 H

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 15 1939 at 5:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/3 1939 to 9/15 1939.
And that I last saw him alive on 9/15 1939.

Immediate cause of death Toxic Myocarditis —
Due to Jaundice
Due to Carcinoma of Liver ? —
Other Conditions None —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

Duration	
9/1/39	
8/3/39	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Dr. Cooley Edel M.D.
Address 3403 Garrison Blvd Date signed 9/15/39

61291

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47097 F 61291

91-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1534 W. Lexington Street (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME James Goines

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Colored	Married

6 (b) Name of husband or wife Annie May

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 16, 1915

8. AGE: Years	Months	Days	If less than one day
23	8	26	hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation Laborer W.P.A.

11. Industry or business

MOTHER / FATHER

12. Name James
13. Birthplace North Carolina
14. Maiden Name Vennie Peterson
15. Birthplace North Carolina

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-17-1939 (month) (day) (year)
(c) Cemetery or crematory Mount Auburn
Location Westport

18 (a) Funeral director Joseph A. Lively
(b) Address 409 N Mount street Baltimore Md

19 (a) (b) (Filled by registrar) Registrar

SEP 15 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 12 1939, at 10:25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1939. to Sept 12 1939, and that I last saw h alive on Sept 12 1939.

Immediate cause of death	Duration
Subacute bacterial endocarditis	6 weeks.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy (3 actual endocarditis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 9-15-39

F 61292

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

210-M

Registered No. F 61292

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution W. Balto Hosp -
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. 100 Beechwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Willie Harris Riley
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced married
6 (b) Name of husband or wife Dr. Robt. H. Riley
6 (c) If alive, give age 60 years
7. Birth date of deceased (mo., day, yr.) March 31, 1889
8. AGE: Years 50 | Months 6 | Days 15 | If less than one day hr. min.
9. Birthplace Tenn. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

MOTHER FATHER
12. Name Madison Harris
13. Birthplace Miss.
14. Maiden Name Leonora Sloan
15. Birthplace Miss.

16 (a) Informant Ethel H. Kanady
(b) Address 100 Beechwood Ave.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/18/39 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Windsor Mill Rd., Baltimore
18 (a) Funeral director John O. Mitchell & Sons Inc.
(b) Address 1900 Eutaw Place, Balto.
19 SEP 18 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/15/39 19 , at 11 - A. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquest) thereon and from the evidence obtained by said Inquest (Autopsy or Inquest) find that said deceased came to h[illegible] death on the day stated above.

Immediate cause of death Fractured neck
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 9/15/39
(c) Where did injury occur? Eldorado & Groveland (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Street (Specify type of place) While at work? no
(e) Means of injury Passenger in Auto collision

23. Signature Conrad Acton M.D. Medical Examiner
Date signed 9/18/39

F 61293

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1391

Registered No. F 61293

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4010 Ridgewood Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ----
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4010 Ridgewood Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary E. F. Hoffman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex female

5. Color or race white

6 (a) Single, married, widowed, or divorced widowed

6 (b) Name of husband or wife Wm. E. Hoffman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 17, 1845

8. AGE: Years 93 | Months 10 | Days 28 | If less than one day hr. min.

9. Birthplace Penna. (Town, county, and state)

10. Usual Occupation housewife, retired

11. Industry or business

FATHER
12. Name Rev. Peter Rizer
13. Birthplace Md.

MOTHER
14. Maiden Name Margaret Rogers
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Rosalie E. Gorgas
(b) Address 4010 Ridgewood Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/16/39 (month) (day) (year)
(c) Cemetery ~~Greenmount~~ Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director John O. Mitchell & Sons Inc.
(b) Address 1900 Eutaw Place, Baltimore,

SEP 16 1939 (b) Registrar
(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 14, 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from [illegible] 19[illegible], to 9-14 1939, and that I last saw her alive on Sept 14 1939.

Immediate cause of death Cerebral Hemorrhage
Due to Arteriosclerosis
Due to [illegible]
Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 2202 Garrison Avenue Date signed

F 61294

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

210-M Registered No. F 61294

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Street
(c) Hospital or institution: Union memorial
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 minutes
(e) Length of stay in Baltimore (yrs., mos., or days) 9 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ----
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2410 Brambleton Road (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Rees Burns

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Mal

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan. 19, 1930

8. AGE: Years 9 | Months 8 | Days 27 | If less than one day: hr. ..... min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation student

11. Industry or business

FATHER
12. Name John J. Burns
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Irma Shipton Shankmiller
15. Birthplace Penna.

16 (a) Informant Mrs. John J. Burns
(b) Address 2410 Brambleton Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/19/39 (month) (day) (year)
(c) Cemetery ~~Greenmount~~ Loudon Park
Location Frederick Avenue, Baltimore, Md.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place, Baltimore

19 (a) SEP 16 1939 (b) Date received by registrar Huntington Hill Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-15- 1939, at 9.0x P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 8:30 A.M. 9/15/39 to 9:00 P.M. 9/15/39 and that I last saw him alive on Jan 15, 1939.

Immediate cause of death: Fractured Skull — Duration: .....

Due to .....

Due to .....

Other Conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 9-15-39
(c) Where did injury occur? City (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Street - While at work? No (Specify type of place)
(e) Means of injury Bicycle struck by Automobile

23. Signature Thomas J. Madden M. D.
Medical Examiner
Address ..... Date signed 9-15-39

61295 F 61295

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1205 Longwood St. 16-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME David Edward Woolley

If U. S. Veteran specify WAR .....

(a) Residence: No. 1205 Longwood St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mary J. Wilson

6. DATE OF BIRTH (month, day, year) Dec. 18th 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Naval Academy Band

10. Date deceased last worked at this occupation (month and year) June 1914

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Fall River - Mass.

FATHER

13. NAME Alfred Woolley

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Elizabeth Cochrane

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Ellen Woolley

(Address) 1205 Longwood St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 9/18 - 1939

19. UNDERTAKER Edward A. Brenning

(Address) 2924 Edmondson Ave

20. FILED ..... 19.... .....

Registrar.

SEP 16 1939

Huntington Williams, M.D. Howard J. Nelson M.D. Medical Examiners

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15th 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 14th 1939, to Sept 15th 1939

I last saw him alive on Sept 15th 1939. Death is said to have occurred on the date stated above, at 11:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia ? cause (2)	8/1/30
Other contributory causes of importance: Coronary Thrombosis (1)	9/14/39

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) M. Jones Dorsett M. D.

(Address) 2436 Poplar Grove St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61296

CERTIFICATE OF DEATH

24-143 F 61296

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1014 St Paul St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kathryn M. Broadhurst

If U. S. Veteran specify WAR

(a) Residence: No. Kansas City Mo. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Benjamin L. Broadhurst

6. DATE OF BIRTH (month, day, year): Apr. 16, 1917

7. AGE: Years 22 | Months 4 | Days 29 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Mo.

FATHER

13. NAME: W. E. Logan

14. BIRTHPLACE (city or town) (State or country): Kansas

MOTHER

15. MAIDEN NAME: Constance Workman

16. BIRTHPLACE (city or town) (State or country): Kansas

17. INFORMANT: Ben. L. Broadhurst

(Address): 205 E. 42nd St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Kansas City Mo Date: 9/16/39

19. UNDERTAKER: Harry H. Weitzel

(Address): 4[illegible] Edmondson Ave

SEP 16 1939 Registered by [illegible] Registrar.

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1939, to Sept 15, 1939

that I saw her alive on Sept 15, 1939. Death is said to have occurred on the date stated above, at 1.25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Reaction to Neoarsphenamine given at 1 P.M.	9-15-39
Other contributory causes of importance: Latent Syphilis	?
Pregnancy. 7 months	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. Nelson Carey, M. D.

(Address) 1014 St Paul St.

Howard J. Healdes M.D. Med. Exam.
per J. S. Tossman

367675 F 61297

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47B

Registered No. F 61297

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1421 E Pratt St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME DANIEL FEDORUCK

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: SELMA

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-18-87

8. AGE: Years 51 | Months 9 | Days 27 | If less than one day hr. min.

9. Birthplace RUSSIA (Town, county, and state)

10. Usual Occupation NONE

11. Industry or business

FATHER 12. Name STEPHEN FEDORUCK
13. Birthplace RUSSIA

MOTHER 14. Maiden Name DARYA FEDORUCK
15. Birthplace RUSSIA

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof 9/18/39 (month) (day) (year)
(c) Cemetery or crematory Holy trinity Russian
Location Lutherdale Heights

18 (a) Funeral director Wendell Lippy
(b) Address 1405 Druid Hill Ave

SEP 17 1939

(a) (State registrar) (b) Burington Clerk (Deputy)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 15 1939, at 405 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 30 1939, to Sept 15 1939, and that I last saw HIM alive on Sept 15 1939.

Immediate cause of death	Duration
Metastatic Carcinoma of Lung	2
Due to Origin Unknown	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. M. Welty M. D.
Address Johns Hopkins Date signed 9-15-39

PLEASE WRITE
correct age is ex

VS 3

F 61298

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B

F 61298 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 624 S. Patterson Pl (If rural give location)
(e) If foreign born, how long in U. S. A.? 36 years

3 (a) FULL NAME Eleanor DiMarino

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband ~~or wife~~: Anthony DiMarino
6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) July 4, 1886.

8. AGE: Years 54 | Months 2 | Days 10 | If less than one day: hr. min.

9. Birthplace Italy (town, county, and state)

10. Usual Occupation Home wife (1937)
11. Industry or business

FATHER 12. Name Leonardo Marchionna
13. Birthplace Italy.

MOTHER 14. Maiden Name Mutenone
15. Birthplace Italy

JOHNS HOPKINS HOSPITAL

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 9-18-39 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road
18 (a) Funeral director Wendel & Keppel
(b) Address 1405 Druid Hill Ave.
19 (a) 1939 (b) Registrar Huntington Pollock

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 13 1939. at 8 55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-13 1939. to 9-13 1939. and that I last saw h alive on 9-13 1939.

Immediate cause of death
? Coronary occlusion.
? Pulmonary embolus

Duration: 1 hr.

Due to ?

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John S Hunt M. D.
Address Johns Hopkins Hospital Date signed 9-14-39

61299

HEALTH DEPARTMENT—CITY OF BALTIMORE

61299

CERTIFICATE OF DEATH

Registered No. 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp St. 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ruth Hughes

(a) Residence: No. St. Lukes Lane (Usual place of abode) Woodlawn Ward. Md (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George -

6. DATE OF BIRTH (month, day, year) May 3, 1908

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Howard Co - Md.

FATHER

13. NAME Eugene Guy

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Lydia Hokes

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT George H. Hughes (Address) St. Lukes Lane Woodlawn Md

18. BURIAL, CREMATION, OR REMOVAL. Place Woods Chapel Date Sept 17th 1939

19. UNDERTAKER Wm Cook (Address) 1219 St. Paul St.

20. FILED SEP 17 1939 Huntington Williams M.R.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 10 1939 to Sept 16 1939

I last saw h alive on 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. appendicitis	?
Retroverted uterus	?
Ch. Salpingitis with	?
Cystic ovary Rt	?
Other contributory causes of importance: Pulmonary embolis	9-16-39

Was an operation performed? Yes Date of 9-11-39

For what disease or injury? Retroverted uterus - Ch. appendicitis

Name of operation Suspension - Rt. S.O. - appendectomy

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Longnecker M. D.

(Address) Md Gen Hosp

36307 F 61300

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137 Registered No. F 61300

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Johns Hopkins
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2538 E. Monument (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Walter ~~[illegible]~~ TRESS

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-6-72

8. AGE: Years	Months	Days	If less than one day hr.	min.
67		8		

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Government Man
11. Industry or business

FATHER 12. Name John Trass
FATHER 13. Birthplace Pa
MOTHER 14. Maiden Name Christine Knox
MOTHER 15. Birthplace Ireland

16 (a) Informant Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Moravia & Belair Rd.

18 (a) Funeral director Chas. E. Schumacher
(b) Address 2603 E. Madison, St.

19 (a) (Date rec'd by registrar) SEP 17 1934 Huntington Williams (Registrar)

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 14 1934 at 10 35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 21 1934 to Sept 14 1934.
and that I last saw h/m alive on Sept 14 1934.

Immediate cause of death Coronary occlusion and myocardial failure — Duration 2 days

Due to

Due to

Other Conditions Perineal prostatectomy for benign prostatic hypertrophy. (Include pregnancy within 3 months of death)

Major findings:
Of operations Benign prostatic hypertrophy.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Russell A. Cecil M. D.
Address Johns Hopkins Hospital. Date signed

F 61301

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 61301 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1028 N. Stricker St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lloyd Jones (48314)

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-03-8747

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lois

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 29, 1917

8. AGE: Years 21 | Months 11 | Days 17 | If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Pressman

11. Industry or business

FATHER
12. Name Warner
13. Birthplace Va.

MOTHER
14. Maiden Name Melissa Campbell
15. Birthplace Va.

16 (a) Informant Hospital Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 9 17 39 (month) (day) (year)
(c) Cemetery or crematory Lottsburg Va
Location

18 (a) Funeral director V. G. Brooks
(b) Address 1463 N. Carey st.

19 (a) (Date received by registrar) (b) Registrar

SEP 1 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 15, 1939, at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 14, 1939 to Sept. 15 1939, and that I last saw h im alive on Sept. 15, 1939

Immediate cause of death: Tuberculosis of lungs — Duration: March 1939

Due to

Due to Tuberculous laryngitis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.

Address Balto. City Hospitals Date signed 9-16-39

F 61302

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 61302

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood and Green Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Cockeysville (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME William Cofield

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M

5. Color or race White

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Lottie V Bowen

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 7, 1880

8. AGE: Years 59 Months 1 Days 9 If less than one day hr. min.

9. Birthplace Sparks, Balto Co., Md (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name Amos Cofield
13. Birthplace Upperco, Balto Co., Md

MOTHER
14. Maiden Name Rose Bowen
15. Birthplace Towson Balto Co., Md

16 (a) Informant Thomas Cofield
(b) Address Sparks Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 19 1939 (month) (day) (year)
(c) Cemetery or crematory Bosley's
Location Sparks Md

18 (a) Funeral director Landon M. Bosley
(b) Address Sparks, Md.

19 (a) [illegible] 1939 (Date rec'd by registrar) (b) [illegible] for William Hartman, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 16 1939, at 5 00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1 1939, to Sept. 16 1939, and that I last saw h[illegible] alive on Sept. 16 1939.

Immediate cause of death	Duration
Multiple Lung Abscesses	
Diffuse Bronchopneumonia	1 week
Due to Rocky Mountain Spotted Fever	5 weeks
Due to	
Other Conditions Latent Syphilis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Confirmed above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Stanley E. Bradley, M. D.
Address University Hosp. Date signed 9/17

F 61303

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 Registered No. F 61303

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 604 N. Monroe St.
(c) Hospital or institution: None
(d) Length of stay in hospital or inst. (yrs., mos., or days) 48 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 604 N. Monroe St. (If rural give location)
(e) If foreign born, how long in U. S. A? years

3 (a) FULL NAME Eliza Jane Fowler

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Aug. 23, 1864

8. AGE: Years 75 | Months 1 | Days 8 | If less than one day: hr. min.

9. Birthplace Westminister Md (Town, county, and state)
10. Usual Occupation Retired School teacher
11. Industry or business

FATHER
12. Name Lewis Fowler
13. Birthplace Westminister, Md.

MOTHER
14. Maiden Name Louisa Bowersox
15. Birthplace Utica Mills, Md.

16 (a) Informant Adelaide Fowler
(b) Address 604 N. Monroe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 18-1939 (month) (day) (year)
(c) Cemetery or crematory Catholic Cem.
Location Westminister Md.

18 (a) Funeral director John O. Whitehill Sons Inc.
(b) Address 1900 Eutaw Place

19 (a) SEP 17 1939 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 15, 1939 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 21 1939 to Sept 15 1939.
and that I last saw her alive on Sept 15 1939.

Immediate cause of death Chr. Nephritis.
Due to
Due to
Other Conditions Chr. Myocarditis Senility.
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry E. Shannon
Address 700 N. Fulton ave. Date signed 9/16/39 M. D.

VS 3

F 61304
36767 2

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

IX 100

F 61304
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland ~~Piderwood~~
(b) Street address ~~Ruxton, Md.~~
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 weeks
(e) Length of stay in Baltimore (yrs., mos., or days) 66-10-14

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Ruxton Piderwood (If outside city or town limits, write RURAL and give town)
(d) Street No. 715 Joppa Road (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Jane Mary Howard

3 (b) If veteran, of what war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct 31, 1872
8. AGE: Years 66 | Months 10 | Days 1714 | If less than one day: hr. min.
9. Birthplace Maryland (town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George Abell
13. Birthplace Maryland

MOTHER
14. Maiden Name Jane Webb
15. Birthplace Maryland

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal)
(b) Date thereof 7/18/39 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director H. H. Mears & Son
(b) Address 502 N. Eutaw St. Huntington Williams, M.D.

19 (a) (Date received by registrar) Registrar

1-333

VS 3

MEDICAL CERTIFICATION

50

20. DATE OF DEATH Sept 15, 1939, at 8 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 30 1939 to Sept 15 1939 and that I last saw her alive on Sept 15 39.

Immediate cause of death Mesenteric venous thrombosis — Duration: 3 Weeks

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations Mesenteric venous thrombosis

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Johns Hopkins Hospital Date signed 9-15-39

F 61305

61305

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 135

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day.
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County Montgomery
(c) City or town Sandy Springs (If outside city or town limits, write RURAL and the town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CHARLES R. HARTSHORNE

3 (b) If veteran, name war None
3 (c) Social Security Account No. None
4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced Widower
6 (b) Name of husband or wife Ellen M. Lowndale
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan 27, 1856
8. AGE: Years 83 Months 8 Days 20 If less than one day hr. min.
9. Birthplace Maryland. (Town, county, and state)
10. Usual Occupation Retired Farmer.
11. Industry or business

MOTHER / FATHER
12. Name Isaac Hartshorne
13. Birthplace Md.
14. Maiden Name Annie E. Stabler
15. Birthplace Virginia

16 (a) Informant Mrs. Elizabeth H. Legore
(b) Address Sandy Springs, Md.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 19 1939 (month) (day), (year)
(c) Cemetery or crematory Friends Burial Ground
Location Sandy Springs
18 (a) Funeral director Warner E. Pumphrey.
(b) Address Silver Spring Md.
19 (a) Filed (date received by registrar) (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-16-39 19 at 9.20 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 9-16-39 19 to 9-16-39 19, and that I last saw h alive on 9-16-39 19.

Immediate cause of death Ruptured bladder with generalized peritonitis
Due to Perforation of bladder
Due to Benign prostatic hypertrophy.
Other Conditions Arteriosclerosis - Shock
(Include pregnancy within 3 months of death)
Major findings:
Of operations Ruptured bladder with generalized peritonitis
Of autopsy

Duration 36 hrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Francis M. Laughlin, M. D. M. D.
Address University Hosp. Date signed 9-16-39

...—1-30—M. & T.—250 Blks

Norgran

F 61306

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61306

F 61306

CERTIFICATE OF DEATH.

94-B

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 717 Harvey St. ST., 34 WARD 25

2-FULL NAME Anna Norgran

(a) RESIDENCE NO. 717 Harvey St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

If married, widowed, or divorced
HUSBAND of
or) WIFE of Joseph W Norgran

DATE OF BIRTH (month, day, and year) April 5, 1876

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	5	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer) 0037

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Holland

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

Informant Joseph W Norgran
(Address) 717 W. Harvey St

Filed ... 19 ... Huntington Ave Hollins Residence

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 15, 1934

17 I HEREBY CERTIFY, That I attended deceased from Sept 12, 1934, to Sept 15, 1934; that I last saw her alive on Sept 15, 1934, and that death occurred, on the date stated above, at 1.25 A m.

The CAUSE OF DEATH* was as follows:

Coronary Artery Disease

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Failure

(duration) yrs. ... mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) L. H. Barranco, M. D.

, 19 (Address) 436 E Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Cemetery

DATE OF BURIAL Sept 18, 19 34

20 UNDERTAKER Albert W Berdzy

ADDRESS 440 E North Ave

F 61307

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 61307 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3400 Claremont St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3400 Claremont St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rose T. Stromberg

3 (b) If veteran, name war —

3 (c) Social Security Account No. 217-05-1167

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25. 1892

8. AGE: Years 46 | Months 8 | Days 21 | If less than one day: hr. min.

9. Birthplace Catonsville, Md. (Town, county, and state)

10. Usual Occupation Chief Operator

11. Industry or business C. & P. Telephone Co

FATHER 12. Name John A. Stromberg

FATHER 13. Birthplace Austria

MOTHER 14. Maiden Name Antonia Kasper

MOTHER 15. Birthplace Austria

16 (a) Informant Francis T. Stromberg

16 (b) Address 4675 Kavon Ave

17 (a) Holy Redeemer (Burial, cremation, or removal) (Date thereof) Sept 18 1939 (month) (day) (year)

17 (c) Cemetery or crematory Holy Redeemer

Location

18 (a) Funeral director Mc Nee John W. Tuffy Sr

18 (b) Address 501 W. Fayette St.

19 SEP 17 1939 (Date rec'd by registrar)

(b) Huntington Wilkinson MD

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 16 1939; at 4.25 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1 1939. to 9-16 1939. and that I last saw h[illegible] alive on 9-16 1939.

Immediate cause of death: Carcinoma of liver

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations Carcinoma of liver, advanced.

Of autopsy —

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature John J Gould M. D.

Address 14 W. East ave. Date signed 9-16-39

VS 3

F 61308

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B

F 61308 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: # 3 Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3328 Belle Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

15-H

3 (a) FULL NAME Emil Heim

3 (b) If veteran, name war none

3 (c) Social Security Account No. none

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Sarah B. Heim

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) March 27, 1877

8. AGE: Years 61 60 | Months 5 | Days 18 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Executive

11. Industry or business Lumber Mill.

FATHER
12. Name Adolph Heim
13. Birthplace Germany

MOTHER
14. Maiden Name Marie L. Langhauser
15. Birthplace Germany.

16 (a) Informant Sarah Heim.
(b) Address 3328 Belle Ave.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof 9/18/39 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Balto. Co.

18 (a) Funeral director Herman Lemmon
(b) Address 7611 Park Heights.

19 (a) (Signature of Registrar) (b) Registrar

EP 17 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/15/39 19 , at 6:45 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary Sclerosis — Duration: 10 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Conrad Acton, M.D. Medical Examiner

Date signed 9/15/39

61309

HEALTH DEPARTMENT—CITY OF BALTIMORE

61309

CERTIFICATE OF DEATH

117-B

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St., 9-8 Ward)

Length of residence in city or town where death occurred ... yrs. Life mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Harry Knapp (Harry Knapp) If U. S. Veteran specify WAR .....

(a) Residence: No. 1105 Darley Ave. St., ... Ward. S.S. 217-07-2466
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Carrie L. Knapp

6. DATE OF BIRTH (month, day, year) August, 15th 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	1	------	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Box maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cigar Box Mfg.

10. Date deceased last worked at this occupation (month and year) Sept. 1939

11. Total time (years) spent in this occupation 45 yrs

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Henry Knapp

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dorothy Weber

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT C. H. Knapp (Brother)
(Address) 4109 Frederick Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date Sept. 18, 1939

19. UNDERTAKER O'Donovan
(Address) 1003 West Baltimore Street

20. FILED ..., 19... Registrar.

SEP 17 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1939, to Sept 15, 1939

I last saw h.. alive on Sept 13, 1939 Death is said to have occurred on the date stated above, at 6.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	
ruptured duodenal ulcer	
Other contributory causes of importance:	

Was an operation performed? Yes Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, (specify) .....

(Signed) M. P. Tumpt M. D.

(Address) St. Josephs Hosp.

F 61310

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 61310 Registered No. 210-M

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4 E
(c) Hospital or institution Union Memorial
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 415 E 22nd St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Boyd
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Eliz Lehan
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr) 6/15/1878
8. AGE: Years 61 | Months 2 | Days 29 | If less than one day hr min
9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Retired Longshoreman
11. Industry or business
FATHER 12. Name Theo Boyd
13. Birthplace Md.
MOTHER 14. Maiden Name Catherine Lines
15. Birthplace Ireland
16 (a) Informant Mrs J. C Mulligan
(b) Address 415 E 22nd St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/1/39 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto Md
18 (a) Funeral director J. J. Doherty & Son
(b) Address 12 & Light
(c) Date received (Registrar) Registrar

SEP 17 1939

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/14/39 19 , at 9:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or inquest) thereon and from the evidence obtained by said Autopsy (Autopsy or inquest) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fracture of skull, Duration
Due to hip, tibia
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 9/14/39
(c) Where did injury occur? Timmonium Fair Grounds (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public Place While at work? —?
(e) Means of injury Struck by auto while walking

23. Signature Conrad Acton MD M.D. Medical Examiner
Date signed 9/15/39

Hark

F 61311

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

95-B F 61311 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1523 Mulliken Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Judah Hark

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married.

6 (b) Name of husband or wife Rose

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
80			hr. min.

9. Birthplace Russia (Town, county, and state) 0045
10. Usual Occupation Furniture Dealer
11. Industry or business

FATHER 12. Name Jacob
13. Birthplace Russia

MOTHER 14. Maiden Name Sarah
15. Birthplace Russia

16 (a) Informant Robt. J. Hark
(b) Address 2526 Garrison Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-17-39 (month) (day) (year)
(c) Cemetery or crematory Metro-Rodeph
Location Henrietta Park

18 (a) Funeral director Jack Levin Inc.
(b) Address 1811 E. Baltimore St.

19 (a) SEP 17 1939 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 16 1939, at 8 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/15 1939 to 9/16 1939. and that I last saw him alive on 9/16 1939.

Immediate cause of death Cerebral hemorrhage — Duration

Due to arteriosclerotic cardio-vascular

Due to disease & hypertension

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature I. Hargott M. D.
Address Sinai Hospital Date signed 9/16/39

V8 3

F 61312

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53-F

F 61312 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2609 Rosewood ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) L

(e) Length of stay in Baltimore (yrs., mos., or days) 32 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2609 Rosewood ave (If rural give location)

(e) If foreign born, how long in U. S. A.? 32 years

3 (a) FULL NAME Anna Frank

3 (b) If veteran, name war L

3 (c) Social Security Account No. L

4. Sex Female

5. Color or race W

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Myer Frank

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years 54 Months Days If less than one day hr. min.

9. Birthplace Russia (Town, county and state)

10. Usual Occupation Home Wife 0037

11. Industry or business

MOTHER / FATHER

12. Name Joseph Mandl

13. Birthplace Russia

14. Maiden Name Chiral Mandl

15. Birthplace Russia

16 (a) Informant Husband

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-17-39 (month) (day) (year)

(c) Cemetery or crematory Herring Run

Location Sodra Carg

18 (a) Funeral director Jack Levin Inc

(b) Address 1439 E. Balto St

19 (a) [illegible] (Day registrar received certificate) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 17 1939, at 3 A M

21. I certify that death occurred on the date above stated, that I attended deceased from Aug 3 1939, to Sept 17 1939, and that I last saw h-r alive on Sept. 6 1939.

Immediate cause of death

Carcinoma of Thyroid

Due to metastasis in Sternum & Cranium

Due to metastasis in Kidney

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma

Of autopsy —

Duration: apx. 1937

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dave Braun M. D.

Address 1663 W. North Ave Date signed 9/17/39

F 61313

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-W

F 61313 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2205 W. North Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2205 W. North Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Oscar Zolfberg

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 215-16-7888

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Cecelia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 37 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business

MOTHER / FATHER

12. Name Morris Zolfberg

13. Birthplace Russia

14. Maiden Name Dora

15. Birthplace Russia

16 (a) Informant Cecelia Zolfberg

(b) Address 2205 W. North Ave.

17 (a) Burial (Burial, cremation, or removal)

(b) Date thereof 9-17-39 (month) (day) (year)

(c) Cemetery or crematory Baltpark Lodge

Location Mach 901

18 (a) Funeral director Jack Lewis Inc

(b) Address 1439 E. Balto St.

SEP 17 1939 (Date rec'd by registrar)

(b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-13-39 19 6:30 P. M.

21. I certify that death occurred on the date above stated, that I attended deceased from Dec. 3 1938 to 9/13 1939 and that I last saw him alive on 9/13 1939.

Immediate cause of death Coronary Thrombosis — Duration 10 min.

Due to

Due to

Other Conditions Angina Pectoris 12/3/38

(Include pregnancy within 3 months of death)

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Benj. Landman, M.D.

Address 2128 W. North Date signed 9/14/39

VS 3

F 61314

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

F 61314 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 333 S. Pulaski St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County
(c) City or town BALTIMORE CITY (If outside city or town limits, write RURAL and give town)
(d) Street No. 333 S. PULASKI STREET (If rural give location)
(e) If foreign born, how long in U. S. A.? years

20-3

3 (a) FULL NAME MARY E. KRAUSS

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO.	NO.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	WIDOWED

6 (b) Name of husband or wife JOSEPH F. KRAUSS
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) SEPT. 14, 1855

8. AGE: Years	Months	Days	If less than one day
84.	--	--	-- hr. --- min.

9. Birthplace BALTIMORE, MARYLAND (Town, county, and state)
10. Usual Occupation HOUSEWIFE
11. Industry or business AT HOME

FATHER
12. Name CONRAD KAPPMANN
13. Birthplace GERMANY

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace GERMANY

16 (a) Informant MR. MARTIN KRAUSS
(b) Address 333 S. PULASKI STREET

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT. 18, 39 (month) (day) (year)
(c) Cemetery or crematory NEW CATHEDRAL
Location OLD FREDERICK RD. CITY

18 (a) Funeral director H. B. Nisbet & Son
(b) Address 1300 EUTAW PLACE...C.

19 (a) [illegible] M.D.
(b) [illegible] Registrar

SEP 17 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH SEPT. 14. 39 19 . at 8:40 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 30 1939 to Sept. 14 1939. and that I last saw h[illegible] alive on Aug. 13 1939.

Immediate cause of death Suicide
+ Pulmonary oedema

Due to General arteriosclerosis
+ Chronic myocarditis
~~Due~~ Intussusception + Chronic
Nephritis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration 3 days. years.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John F. Krauss M. D.
Address 104 Cathedral St. Date signed 9/15/39

F 61315 HEALTH DEPARTMENT—CITY OF BALTIMORE F 61315

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No.) St. 76 (Ward) 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arthur Lee Browning

If U. S. Veteran specify WAR

(a) Residence: No. 4220 Woodlea Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lucy Anna Browning

6. DATE OF BIRTH (month, day, year) February 19, 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME James Edith Browning

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Emily Gordon

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs Mary Browning

(Address) 4220 Woodlea Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Co. Date 9-18-39 19

19. UNDERTAKER F. D. Sickert & Son

(Address) 3001 Eastern Ave

20. FILED 19 Registrar.

SEP 21 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from August 6, 1939, to September 13, 1939

I last saw h.. alive on September 13, 1939. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive arteriosclerotic C.V. Disease	1935
Arteriolar nephrosclerosis	

Other contributory causes of importance: Uremia

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Carlahan, M. D.

(Address) Church Home & Infirmary

61316 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 61316

CERTIFICATE OF DEATH

46-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 1915 Edmondson Ave

CITY OF BALTIMORE: (No. 1915 Edmondson Ave St., 20 61 Ward)

Length of residence in city or town where death occurred 59 yrs. 4 mos. 23 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME James Edward Newell

If U. S. Veteran specify WAR .....

(a) Residence: No. 1915 Edmondson Ave St., 20 Ward. S. S. 212-03-6452

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine J Newell

6. DATE OF BIRTH (month, day, year) April 23, 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	4	23.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Guard 9 yrs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sugar refinery

10. Date deceased last worked at this occupation (month and year) August 30, 1939

11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Patrick Newell

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Durkin

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Newell

(Address) 1915 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 9/18/ 1939

19. UNDERTAKER John Haworth & Son

(Address) 901 Fulton St.

20. FILED SEP 17 1939 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15th 1939

22. I HEREBY CERTIFY, That I attended deceased from June 30 1939 to Sept 15 1939

I last saw him alive on Sept 15 1939. Death is said to have occurred on the date stated above, at 4:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum with abdominal metastasis	

Other contributory causes of importance:

Secondary Anaemia

Was an operation performed? yes Date of May 16 1939

For what disease or injury? Carcinoma of Rectum

Name of operation Laparotomy

What test confirmed diagnosis? Clin. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry M Robinson M. D.

(Address) 224 N Fulton St

V0 8

1938391

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B ✓ F 61317 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A. A. Co.
(c) City or town Lothian (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas E Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: Black

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-17-39

8. AGE: Years | Months: 4 | Days | If less than one day: hr. min

9. Birthplace: md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name James Johnson
13. Birthplace md

MOTHER
14. Maiden Name Eliza Johnson
15. Birthplace md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Sept 18/39 (Burial, cremation, or removal) (b) Date thereof Sept 18 39 (month) (day) (year)
(c) Cemetery or crematory Mt Zion, Md
Location Mt Zion Md

18 (a) Funeral director T. A. Hardesty & Son
(b) Address Catonsville Md.

19 (a) (Date rec'd by registrar) (b) [illegible] M.D. Registrar

VS 8 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 17 1939, at 5:09 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 14 1939. to Sept 17 1939, and that I last saw h[illegible] alive on Sept 17 1939.

Immediate cause of death: Bacillary dysentery — Duration: 8 days
Due to: Bronchopneumonia — Duration: 3 days
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ethel Walker M. D.
Address Baltimore Date signed 9/17/39

61318 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 61318

CERTIFICATE OF DEATH

48

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 520 Poplar Grove St., 20-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma L Kelly

If U. S. Veteran specify WAR

(a) Residence: No. 520 Poplar Grove St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William E. Kelly

6. DATE OF BIRTH (month, day, year) Oct 30, 1877

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	61	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0039

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Deals Island Maryland

FATHER

13. NAME James Daniel

14. BIRTHPLACE (city or town) (State or country) Deals Island Maryland

MOTHER

15. MAIDEN NAME Mary A Wilson

16. BIRTHPLACE (city or town) (State or country) Deals Island Maryland

17. INFORMANT William Kelly Jr.
(Address) 520 Poplar Grove St.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Sept 18, 1939

19. UNDERTAKER Lange Boyer
(Address) 2045 Lake Heights Ave

20. FILED ... 19 ... Registrar.

SEP 17 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) SEPT. 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from August 1936 to Sept 16, 1939

I last saw her alive on Sept 16, 1939. Death is said to have occurred on the date stated above, at A.m.

The principal cause of death and related causes of importance, were as follows:

	Date of onset
Carcinoma of uterus generalized carcinomatosis	Yrly year
Other contributory causes of importance: Chronic myocarditis - arteriosclerosis with hypertension	Several Years

Was an operation performed? no Date of

For what disease or injury?

Name of operation Biopsy of tissue from cervix uteri

What test confirmed diagnosis? microscopically examined. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? no If so, specify

(Signed) W. Michel M. D.

(Address) 2901 Edmondson Ave.

F 61319

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

135 Registered No. F 61319

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert + 33rd Sts
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 607 Harding Place (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Laura V. Rhodes.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug 25-1871

8. AGE: Years 67 | Months — | Days 20 | If less than one day: hr. ..... min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER 12. Name Robert Allen
13. Birthplace Va.

MOTHER 14. Maiden Name Elizabeth Bragg.
15. Birthplace Va.

16 (a) Informant Lillian R. Witte
(b) Address 607 Harding Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 18-39 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director Geo L Berry Jr
(b) Address 1512 Gilliss St

19 (a) SEP 18 1939 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 15 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-31- 1939, to Sept 15 1939, and that I last saw h ER alive on Sept 15 1939.

Immediate cause of death: Pulmonary Embolism — Duration: over

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Pulmonary embolism

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. F. Power M. D.
Address Union Memorial H. Date signed 9/13/39

VS 3

F 61320

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107-a Registered No. E 61320

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1715 W. Pratt St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 1715 W. Pratt St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth D. Josenhans

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Jan. 31, 1858

8. AGE: Years 81 Months 7 Days 15 If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Charles C. Josenhans
13. Birthplace Germany

MOTHER 14. Maiden Name Caroline Dieterly
15. Birthplace Germany

16 (a) Informant Mrs. Laura Ward
(b) Address 1715 W. Pratt St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/18/39. (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Rd.

18 (a) Funeral director Harry A. Kuntzleman
(b) Address 4101 Edmondson Ave.

(a) Date received by Registrar SEP 18 1939 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 15 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 19__, to Sept 15 1939, and that I last saw h[illegible] alive on Sept 10th 1939.

Immediate cause of death	Duration
Broncho-pneumonia	9/13/39
Due to Herpes Zoster	6/20/39
Due to Arterio. sclerosis. Senerolysis	?
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature C P Roetling M. D.
Address 2623 Washington Blvd Date signed 9/17/39

F 61321

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a

Registered F 61321

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2407 E. Biddle st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2407 E. Biddle st (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Albert J. Kinzer
(b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married
(b) Name of husband or wife Emma Kinzer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 13-1868

AGE: Years 70 | Months 10 | Days 2 | If less than one day hr. min.

8. Birthplace Balto Md. (Town, county, and state)
9. Usual Occupation Compositor
10. Industry or business A. Hoen & Co.

12. Name John Kinzer
13. Birthplace Ger.
14. Maiden Name Anna Aman
15. Birthplace Ger.

16 (a) Informant Anna Kinzer
(b) Address 2407 E. Biddle st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 19/39 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location

18 (a) Funeral director Philip "Herwig Sons
(b) Address 2016 Orleans st.

(Date received by registrar) SEP 18 1939 (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 15 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 14 1939 to Sept 15 1939, and that I last saw him alive on Sept 15 1939.

Immediate cause of death Cerebral Hemorrhage — Duration 2 days.

Due to Hypertension
Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Victor Goldberg M.D. M. D.
Address 1524 N. Patterson Park Ave Date signed 9/17/39

VS 8

F 61322

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 122-B F 61322

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St.
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 5 Stemmers Run Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Preston R. Luke

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Maria

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 10, 1890

8. AGE: Years 49 Months 5 Days 5 If less than one day hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Self

11. Industry or business Egg Handler

FATHER
12. Name Luke
13. Birthplace Va

MOTHER
14. Maiden Name Ella Pierce
15. Birthplace Va

16 (a) Informant Maria Luke
(b) Address Back River Neck Rd Stemmers Run Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 18/39 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location " Md

18 (a) Funeral director Philip Heuring Sons
(b) Address 2016 Orleans St

19 (a) (Date rec'd by Registrar) (b) Registrar's No.

SEP 19 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-15 1939, at 1:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11:30 AM 9-15 1939, to 1:40 PM 9-15 1939, and that I last saw h/M alive on 9-15 1939.

	Duration
Immediate cause of death: Peripheral Vascular Collapse	
Due to: Spinal Anaesthesia	
Due to:	
Other Conditions: Hypertensive Heart Disease, obesity	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Incarcerated Large Bowel
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Julian Applefeld M. D.
Address Sinai Hosp Date signed

61323

HEALTH DEPARTMENT—CITY OF BALTIMORE

61323

CERTIFICATE OF DEATH

87-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2124 E. Federal St., 8 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Charles Wm Kramer If U. S. Veteran specify WAR

S. S. 215-09-7952

(a) Residence: No. 2124 E. Federal St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Bertha Kramer

6. DATE OF BIRTH (month, day, year) Dec. 2. 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lithographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. A Hoen & Co

10. Date deceased last worked at this occupation (month and year) 9/34

11. Total time (years) spent in this occupation 38

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Leonard Kramer

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Williams

16. BIRTHPLACE (city or town) (State or country) Paris Md

17. INFORMANT Bertha Kramer

(Address) 2124 E Federal St

18. BURIAL, CREMATION, OR REMOVAL

Place Bait. Cem. Date Sept 20/39

19. UNDERTAKER Philip Harris & Sons

(Address) 2316 E. Monument St

20. FILED 19 Registrar.

SEP 18 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 28, 1939 to Sept. 16, 1939

I last saw h alive on Sept 15, 1939. Death is said to have occurred on the date stated above, at 10 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	20 days
Hypertension arteriosclerosis and associated pulmonary	20 days
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Thos F A Strauss, M. D.

(Address) 287 Highland Rd

61324

CCK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

471 T 61324 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 11 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 1801 Madison Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Saunders, Sadie Louise (Louise Sadie Saunders X

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife Fred
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-28-1899

8. AGE: Years	Months	Days	If less than one day hr.	min.
39	8	18		

9. Birthplace S.C. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

MOTHER / FATHER
12. Name Walter Jones
13. Birthplace S.C.
14. Maiden Name Elizabeth Ball
15. Birthplace S.C.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 9 19 39 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial
Location Balto. Md.

18 (a) Funeral director Archibald R. Haddis
(b) Address 1401 McCulloh St.

SEP 18 1939 (Date rec'd by registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-15 1939, at 9 30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-5 1939, to 9-15 1939, and that I last saw her alive on 9-15 1939.

Immediate cause of death	Duration
Bronchial pneumonia	four days
Due to Carcinoma Breast with metastases	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operation None
Of autopsy yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. K. Woodward Jr M. D.
Address Balt. City Hosp. Date signed 9-16-39

F 61325

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

117-a Registered No. 61325 280

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 73 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2607 N. Charles (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Montgomery O. Seldon

3 (b) If veteran, name war: Revolutionary
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mary Lyle
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-1-57

8. AGE: Years 82 | Months 4 | Days 16 | If less than one day: hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Insurance Adjuster - Self

FATHER
12. Name William Seldon
13. Birthplace Va

MOTHER
14. Maiden Name Jane Dorthat
15. Birthplace Va

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal)
(b) Date thereof Sept 17 1939 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Loudon Park
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 E. Fayette St

19 (a) SEP 18 1939 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 17 1939, at 4:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 12 1939, to Sept 17 1939, and that I last saw him alive on Sept 17 1939.

Immediate cause of death: Gastric Hemorrhage — Duration: Acute

Due to: Gastric Erosions, multiple

Due to: ? Leukemia ?

Other Conditions: Auricular fibrillation

(Include pregnancy within 3 months of death)

Major findings of operations: —

Of autopsy: Gastric hemorrhage

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Bruno Barclare, Jr. M. D.
Address Johns Hopkins Hosp Date signed 9/17/39

1326

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 - V Registered No. F 61326

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 917 N. Washington St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 917 N. Washington St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John T. Eaton

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced~~
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 2-

8. AGE: Years	Months	Days	If less than one day: hr.	min.
63				

9. Birthplace Balto Md. (Town, county, and state) ND
10. Usual Occupation Retired Supervisory Engineer
11. Industry or business Balto City Schools

MOTHER / FATHER
12. Name Albert Eaton
13. Birthplace Md.
14. Maiden Name Mary Fitzpatrick
15. Birthplace Md.

16 (a) Informant Mrs V. P. Gassaway
(b) Address 1848 Reisterstown Rd

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Sept 20 1939 (month) (day) (year)
(c) Cemetery or ~~crematory~~ St. Matthews
Location Balto Md.

18 (a) Funeral director Williams Sons
(b) Address 127 St. Paul St

19 (a) (Date rec'd by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 17 1939, at 7 P. M.

21. I certify that death occurred on the date above stated, that I attended deceased from Jan 1939 to Sept 17 1939
and that I last saw ~~him~~ alive Sept 16 1939

Immediate cause of death
Chronic Endocarditis — Duration Years 1 Jan 1939
Due to —
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature H. L. Rickard M. D.
Address 320 N. Charles Date signed 9/18/39

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61327

1327

CERTIFICATE OF DEATH

131

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 26-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Mrs. Wallwood Putts

If U. S. Veteran specify WAR .....

(a) Residence: No. 1607 Malvern St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 4, 1911

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28	0	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Typist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U S Govt.

10. Date deceased last worked at this occupation (month and year) 8/38

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

FATHER

13. NAME Albert Putts

14. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

MOTHER

15. MAIDEN NAME Mattie Stingel

16. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

17. INFORMANT Mrs Elizabeth Conway

(Address) 1607 Malvern Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Sept 21 1938

19. UNDERTAKER Wallwood Cook

(Address) 1214 Eutaw St

20. FILED ..... 19.....

SEP 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 5, 1937, to Sept. 17, 1938

I last saw her alive on Sept. 17, 1938. Death is said to have occurred on the date stated above, at 3:22 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	5 yrs.
Hypertension C.V.D.	
Acute Exacerbation	

Other contributory causes of importance:

Acute Cardiac dilatation with pulmonary oedema	1 week

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Was there an autopsy? No

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) George Grier M. D.

(Address) Mercy Hospital

Registrar.

61328

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59

F. 61328

Registered No. .....

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1723 Poplar Grove St

(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 30

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 1723 Poplar Grove St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Walter A. Miner

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of husband ~~or wife~~: Louisa E. Miner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 26th 1885

8. AGE: Years 54 | Months 7 | Days 19 | If less than one day: hr. min.

9. Birthplace Saratoga N. Y. (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business Kansas Life Ins. Co.

FATHER — 12. Name John Henry Miner

FATHER — 13. Birthplace Saratoga N. Y.

MOTHER — 14. Maiden Name Pauline Anderson

MOTHER — 15. Birthplace Balto. Md.

16 (a) Informant Louisa E. Miner

(b) Address 1723 Poplar Grove St

17 (a) ~~Burial~~, ~~cremation~~, ~~removal~~ (b) Date thereof Sept 18th 1939 (month) (day) (year)

(c) ~~Cemetery or~~ crematory Loudon Park

Location Balto Md.

18 (a) Funeral director William Cook

(b) Address 7 St. Paul St, Baltimore, Md.

19 (a) SEP 18 1939 (b) Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 15th 1939, at 6 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 6 1939, to Sep 15 1939, and that I last saw him alive on Sep 15 1939.

Immediate cause of death	Duration
Cardio Vascular Disease	...
Due to Arteriosclerosis	1 year
Due to ...	...
Other Conditions Diabetes	1 year

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Edward F. Miller M. D.

Address 682 Washington Blvd Date signed 9-16-39

VS 8

61329

HEALTH DEPARTMENT—CITY OF BALTIMORE

61329

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Bte Gen Hosp, St. 27-15 Ward)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR Mexican

2. FULL NAME Catherine E. Jenkins

(a) Residence: No. 516 Lombard E St., ... Ward. S Sec No 217-09-4054

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Oct 4 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ... 31

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Ga.

FATHER

13. NAME Charles Jenkins

14. BIRTHPLACE (city or town) (State or country) Ga.

MOTHER

15. MAIDEN NAME Emma Martin

16. BIRTHPLACE (city or town) (State or country) Ga

17. INFORMANT Louise Hoffmeier

(Address) 516 Lombard St

18. BURIAL, CREMATION, OR REMOVAL

Place Columbia, Pa Date Sept. 18. 39

19. UNDERTAKER Wm Cook Sr

(Address) 1219 E Lombard St

20. FILED ... 19... by ... Registrar.

SEP 18 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from 8-2-39, 19... to 9-17-39, 19...

I last saw him alive on 9-17-39, 19... Death is said to have occurred on the date stated above, at 6:35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, miliary	
Staphlococcus septicemia	

Other contributory causes of importance:

Was an operation performed? Yes Date of 8-11-39

For what disease or injury? Tuberculosis

Name of operation Thoracoplasty

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Samuel L. Fox, M. D.

(Address) 1 East Fayette St

F 61330

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B Registered No. F 61330

61330

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 314 S. Woodyear
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 56 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 314 S. Woodyear St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna B. Spoerke

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Henry O. Spoerke
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 17, 1864

8. AGE: Years 75 | Months | Days 29 | If less than one day: hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation House work
11. Industry or business

FATHER
12. Name Herman Wiegand
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Caroline Rohsiepe
(b) Address 314 S. Woodyear

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 18 1939 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Lot 173 Sec. J
18 (a) Funeral director Frederick A. Cole
(b) Address 1200 W. Lombard St.

19 (a) (Date received by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 15 1939, at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 15 1939. to Sept 15 1939. and that I last saw her alive on Sept 15 1939.

Immediate cause of death: Gastric Carcinoma

Due to

Due to

Other Conditions Arteriosclerosis
Pregnancy
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration: 5 Yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Theo W Kalloway M. D.
Address 1610 W Pratt Date signed 9/19/39

Howard J. Redding M.D. Med. Exam.

61331

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 61331

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 472 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 66 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 325 S. Calhoun St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Adolph Vallet (33868)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Katherine

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 13, 1872

8. AGE: Years 66 | Months 11 | Days 3 | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Watchman

11. Industry or business

FATHER
12. Name Gus (D)
13. Birthplace France

MOTHER
14. Maiden Name Katherine Cleiman (D)
15. Birthplace Pa.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-19-39 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location

18 (a) Funeral director Frederick A. Pole
(b) Address 1206 W. Lombard St.

19 (a) Filed (Registrar) (b) Recorded

MEDICAL CERTIFICATION

20. DATE OF DEATH September 16, 1939, at 4:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1, 1939, to Sept. 16, 1939, and that I last saw him alive on Sept. 16, 1939.

Immediate cause of death: Tuberculosis of lungs — Duration: June 1939

Due to

Due to

Other Conditions: Generalized arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Galeser M. D.
Address Balto. City Hospitals Date signed 9-16-39

SEP 20 1939

VS 3

F 61332

F 61332

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

72-B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1515 W. Fairmount Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Finney
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Married

6 (b) Name of husband or wife: Mary Finney
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-2-75

8. AGE: Years	Months	Days	If less than one day
64	3	12	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Cook
11. Industry or business

FATHER
12. Name Phillip Finney
13. Birthplace Va

MOTHER
14. Maiden Name Margaret ?
15. Birthplace Va

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof Sept. 8, 1939 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St

19 (a) SEP 18 1939 (Date rec'd by registrar) (b) Hunter Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 14 1939 at 5:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 25 1939 to Sept 14 1939. and that I last saw him alive on Sept 14 1939.

Immediate cause of death: Hodgkins disease of cervical nodes - liver & spleen — Duration: 3+ years
Due to
Due to
Other Conditions Dietary deficiency Hypoprothrombinemia
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
(Underline the cause to which death should be charged statistically.)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W B McAllister Jr. M. D.
Address
Date signed 9-14

M. D. B. 1268-9

F 61333

61333 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 535 W Conway St. Ward)

Length of residence in city or town where death occurred 21 yrs. 5 mos. 18 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benjamin Gross

(a) Residence: No. 535 W Conway St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 28 1918

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	5 6	1718	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dry Goods
10. Date deceased last worked at this occupation (month and year) Sept 39
11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Roberts Gross
14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Lena Gross
16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Roberts Gross
(Address) 535 W Conway

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 9/18/39

19. UNDERTAKER Isaiah L. Bronstein
(Address) 1 W Montgomery St

20. FILED 19 Registrar.

18 1939

MEDICAL CERTIFICATE OF DEATH ✓

21. DATE OF DEATH (month, day, year) 9/15, 1939

22. I HEREBY CERTIFY, That I attended deceased from 9/12, 1939 to 9/15, 1939

I last saw him alive on 9/14, 1939 Death is said to have occurred on the date stated above, at 6a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	9/7/39

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) David Frankel M. D.

(Address) 1 W Lee

F 61334

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

23

F 61334 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 96 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1921 Patapsco St.
(If rural give location)
(e) If foreign born, how long in U. S. A? years

1947

3 (a) FULL NAME Henry Brom (45565)

3 (b) If veteran, name war: No.

3 (c) Social Security Account No. 213-10-5527

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Alice
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 16, 1889

8. AGE: Years	Months	Days	If less than one day: hr.	min.
50	3			

9. Birthplace Md. Baltimore (Town, county, and state)
10. Usual Occupation Labor
11. Industry or business Lock Insulator Co.

MOTHER / FATHER
12. Name Rudolph Brom
13. Birthplace Germany
14. Maiden Name Eliz. Grukstroll
15. Birthplace Germany

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 19, 1939 (month) (day) (year)
(c) Cemetery or crematory Western
Location Edmondson Ave.

18 (a) Funeral director A. Howard Evans
(b) Address 1400 South Charles St.

19 (a) SEP 18 1939 (Date rec'd by registrar) Hunter for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 16, 1939 at 8:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 12, 1939, to Sept. 16 1939, and that I last saw him alive on Sept. 16, 1939.

Immediate cause of death: Tuberculosis of lungs — Duration: May 1937

Due to

Due to

Other Conditions: Arteriosclerosis, generalized
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto. City Hospitals Date signed 9-16-39

VS 3

F 61335

F 61335

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 131

Registered No. F 61335

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 126 West Randall St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 39yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)

(d) Street No. 126 West Randall St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry Ferdinand Smith

3 (b) If veteran, name war No

3 (c) Social Security Account No. 212-09-4359

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Theresa Viola

6 (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) Dec. 10 1899

8. AGE: Years 39 Months 9 Days 5 If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Rate Cutter

11. Industry or business Baltimore Enamel Co.

FATHER 12. Name Harry Webster Smith

13. Birthplace Baltimore, Md.

MOTHER 14. Maiden Name Carey Kemp

15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Theresa V. Smith

(b) Address 126 West Randall St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 18, '39 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill

Location Annapolis Blvd.

18 (a) Funeral director A. Howard Evans

(b) Address 1400 South Charles St.

19 (a) SEP 18 1939 (Date received by Registrar) (b) per Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 15 1939, at 4 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 9 1939, to Sept 15 1939, and that I last saw h[illegible] alive on Sept 15 1939.

Immediate cause of death Acute dilitation of heart — Duration 9/13/39

Due to

Due to

Other Conditions Chronic nephritis Duration

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature R. E. L. Campbell M. D.

Address 1644 Hanover Date signed Sept 15 39

VS 3

Kuzniersk i

61336 LB 36702

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107-a

F 61336

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr. 13 mths.
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2431 Fleet Street (If rural give location)
(e) If foreign born, how long in U. S. A.? ? years

3 (a) FULL NAME Joseph Thomas [illegible] (Kuzniersk i)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Josephine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
About 72			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name ?
13. Birthplace Poland

MOTHER
14. Maiden Name ?
15. Birthplace Poland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-30-39 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary cem.
Location Odonnell St Ext.

18 (a) Funeral director W.S. Fialkowski
(b) Address 2407 Eastern Ave

19 (a) (Date rec'd by registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 16 1939, at 4 05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 3 1938, to Sept 16 1939, and that I last saw h[illegible] alive on Sept 16 1939.

Immediate cause of death [illegible] Duration 4 days

Due to

Due to

Other Conditions [illegible]

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy [illegible]

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sylvan H. Greaber M. D.
Address Baltimore City Hospitals Date signed 9/16/39

61337

HEALTH DEPARTMENT—CITY OF BALTIMORE

61337

CERTIFICATE OF DEATH

160-13

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth?....yrs....mos....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Girl Knuth

(a) Residence: No. 5 Centre St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 16, 1939

7. AGE	Years	Months	Days	If LESS than 1 day, 12 hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Frederick W. Knuth

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Helen S. Morris

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Frederick W. Knuth

(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk. Cem. Date Sept 18, 1939

19. UNDERTAKER Thomas D. Singleton

(Address) Glen Burnie, Md

20. FILED SEP 18 1939 Huntington Brown Registrar.

VS 8

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1939 to Sept 17, 1939.

I last saw her alive on Sept 17, 1939. Death is said to have occurred on the date stated above, at 5:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9-16-39
Other contributory causes of importance:	
Premature birth	9-16-39

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. W. Dorman Jr. M. D.

(Address) The University Hospital

F 61338

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

34-C

Registered No. F 61338

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 628 Eastern St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 628 Eastern Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Woolford
3 (b) If veteran, name war
3 (c) Social Security Account No. NONE

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years (79) | Months | Days | If less than one day: hr. min.

9. Birthplace Cambridge Md (Town, county, and state)

10. Usual Occupation Day Laborer
11. Industry or business

MOTHER FATHER

12. Name John Woolford
13. Birthplace md
14. Maiden Name Martha —
15. Birthplace md

16 (a) Informant Elsie Fuller
(b) Address 631 N Fremont Ave

17 (a) (Burial, cremation, or removal)
(b) Date thereof 9-19-39 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto. Md

18 (a) Funeral director James A Hayes
(b) Address 142 W Fayette St

19 (a) SEP 18 1939 Huntington Baltimore, Md.
(Registrar's signature) Registrar

V6 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/14/39 19 . at 6 am M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death

Duration

Due to Cerebral embolism;

Due to aortic insufficiency, aneurysm and arteriosclerosis

Due to Cardiac acute hypertrophy of left

Other Conditions acute nephritis

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Randolph M.D.
Medical Examiner

Date signed 9/14/39

F 61339 ✓ F 61339

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2625 St Paul St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2625 St Paul St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Joseph West

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 19 1869

8. AGE: Years	Months	Days	If less than one day hr.	min.
70	3	26		

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Engineering Dept Pub Ser. Comm.
11. Industry or business State of Maryland

FATHER 12. Name George F West
13. Birthplace Accomac Co. Va.

MOTHER 14. Maiden Name Mary Diana Williams
15. Birthplace Accomac Co. Va

16 (a) Informant Mr Chauncey A West
(b) Address 2625 St Paul St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 18 1939 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore Md

18 (a) Funeral director William J Tuckner & Sons
(b) Address North & Penna Ave

(c) Date rec'd by registrar Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH [illegible] 15 1939, at 4.50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from [illegible] 1936 to Sept. 15 1939
and that I last saw h[illegible] alive on Sept. 15 1939.

Immediate cause of death Chronic Interstitial Nephritis. — Duration 3 yr.
Due to Myocarditis — 3 yr.
Due to Arteriosclerosis — 3 yr.
Other Conditions Mitral Stenosis and Hypertension — (Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William A. Sexton M. D.
Address 2624 St. Paul St. Baltimore, Md. Date signed 9/16/39

61340

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61340

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Home for Incurables St. 13-7 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emily Corrine Harman

If U. S. Veteran specify WAR .....

(a) Residence: No. Home for Incurables St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 4 - 1855

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	83	9	12 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William Harman

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Louise Barbara Hutzler

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Emily Baublitz
(Address) Home for Incurables

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Sept 18, 1939

19. UNDERTAKER Wilson J. Tuckner & Son
(Address) North & Penna Ave

20. FILED ....., 19— Registrar.

SEP 18 1939 Thanks, Fort Williams, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 16th, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 1st, 1938 to Sept. 16th, 1939

I last saw h[illegible] alive on Sept 16, 1939. Death is said to have occurred on the date stated above, at 11.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	Unknown
Cerebral Hemorrhage	9/15/39
Other contributory causes of importance: Cerebral Hemorrhage	9/15/39

Was an operation performed? No Date of .....

For what disease or injury? Not applicable

Name of operation Not applicable

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) I. Cowell M. D.

(Address) 11 East Hoed St, Baltimore

61341 HEALTH DEPARTMENT—CITY OF BALTIMORE F 61341

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital 16-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Eunice Hammen

(a) Residence: No. 830 N. Bentalou St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Phillip Hammen

6. DATE OF BIRTH (month, day, year) Dec. 23rd 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Isadore Styder

14. BIRTHPLACE (city or town) (State or country) Do not Know

MOTHER

15. MAIDEN NAME Emma Knight

16. BIRTHPLACE (city or town) (State or country) Bath, Md.

17. INFORMANT Mr. Phillip Hammen (Address) 830 N. Bentalou St.

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Park Date 9 | 19 | 39 19

19. UNDERTAKER Geo. Weber & Son (Address) 2563 Edmondson Ave.

20. FILED ... 19... Registrar.

SEP 19 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-16, 1939

22. I HEREBY CERTIFY, That I attended deceased from 9-6, 1939 to 9-16, 1939

I last saw her alive on 9-16, 1939. Death is said to have occurred on the date stated above, at 5-45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	

Other contributory causes of importance:

Asthma
Cardiac Insufficiency

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) James H. Carodine M. D.

(Address) Franklin Square Hospital

F 61342

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

Registered No. F 61342

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1240 N Elwood Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 1240 N Elwood Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Kramer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed~~, or divorced
Female	White	Married

6 (b) Name of husband or ~~wife~~ Clarence Kramer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 8th 1906

8. AGE: Years	Months	Days	If less than one day
34	1	8	hr. min.

9. Birthplace Wilk. (Town, county, and state) PO37

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name James Pokorny.

13. Birthplace Austria

MOTHER

14. Maiden Name Marie Vopalecky

15. Birthplace Austria

16 (a) Informant Clarence Kramer

(b) Address 1240 N. Elwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 19th 1939 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Parkwood Mem

Location Taylor Ave

18 (a) Funeral director Leo B. Brooke

(b) Address 1701-03 N Patt Park Ave

19 (d) SEP 18 1939 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 16, 1939 at 9:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1939 to Sept. 16 1939. and that I last saw her alive on Sept. 16, 1939

Immediate cause of death

Carcinoma of Stomach

Due to

Due to

Other Conditions Acute prostatis (left)

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Paul Schreiber M.D.

Address 1919 E. North Ave. Date signed 9/18/39

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61343 — CERTIFICATE OF DEATH — 108 — F 61343

Registered No.

1. PLACE OF DEATH: Provident Hospital
CITY OF BALTIMORE: (No. 1514 Eutaw St.) (Ward 14-2)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME: Willie Johnson — If U. S. Veteran specify WAR

(a) Residence: No. 1 Pasadena Md St., Ward (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M46.	Col	married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Johnson Matilda

6. DATE OF BIRTH (month, day, year): 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farm
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

FATHER
13. NAME: Hasten Johnson
14. BIRTHPLACE (city or town) (State or country): Md

MOTHER
15. MAIDEN NAME: Mary Green
16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Elizabeth Johnson
(Address) Pasadena Md

18. BURIAL, CREMATION, OR REMOVAL: Calvary Church yard
Place: Annetot Md A.R.C. Date: Sept 19 1939

19. UNDERTAKER: Isaac L Brown Son
(Address) 1048 W Monument St

20. FILED: SEP 18 1939 — Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 9-16-39

22. I HEREBY CERTIFY, That I attended deceased from 9-14-39 to 9-16-39
I last saw him alive on 9-16-39 Death is said to have occurred on the date stated above, at 3.35 A M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (Rt.)	9-6-39
Other contributory causes of importance:	

Was an operation performed? Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edward Maloney M. D.
(Address) Provident Hospital

F 61344

F 61344

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4711 Homer Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town ..... (If outside city or town limits, write RURAL and give town)
(d) Street No. 4711 Homer Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) **FULL NAME** Ida Esther Archer (Archer)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F.

5. Color or race W.

6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~ Married

6 (b) Name of husband or wife James F. Archer

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Nov 21-1869

8. AGE: Years 70 | Months 5 | Days 25 | If less than one day ..... hr. ..... min.

9. Birthplace Madison Dorchester Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Home

FATHER
12. Name Wm Washington Woolford
13. Birthplace Md

MOTHER
14. Maiden Name Robinson
15. Birthplace Md

16 (a) Informant Jas F. Archer
(b) Address 4711 Homer Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 19 1939 (month) (day) (year)
(c) Cemetery or crematory Madison M. E.
Location Dorchester Co Md

18 (a) Funeral director Putnam & Co.
(b) Address 2224 N Charles St

19 (a) 9 18 1939 (Date received by registrar) (b) ..... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 17 1939, at 3A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 16 1939 to Sept 17 1939 and that I last saw X alive on Sept 17 1939.

Immediate cause of death
Mitral Insufficiency
Due to .....
Due to Nephritis
Other Conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration
4/16/39
?
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. **Signature** Wm D Bubert M. D.
Address 4803 Park Heights Ave Date signed 9/19/39

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61345

CERTIFICATE OF DEATH

124-a F 61345

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 13-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. 5 mos. 25 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Loretta M. Schiesswohl

(a) Residence: No. 3632 Hickory Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 22, 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telephone operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. Penn. Railroad

10. Date deceased last worked at this occupation (month and year) 9/37

11. Total time (years) spent in this occupation 13

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John F. Schiesswohl

14. BIRTHPLACE (city or town) (State or country) Wyatte, Pa.

MOTHER

15. MAIDEN NAME Elizabeth Hoffman

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Anna Schiesswohl

(Address) 3632 Hickory Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 9/20 1937

19. UNDERTAKER H. W. Mears and Son

(Address) 5-7 N. Calvert St.

20. FILED ..... 19 Huntington Williams

SEP 18 1937

V0 8

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10 1937 to Sept. 17 1937

I last saw her alive on Sept. 17, 1937 Death is said to have occurred on the date stated above, at 2:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bacterial Endocarditis	Sept 1
Septic embolism to Brain	Sept. 15
Hemolytic Streptococcus Septicemia	Sept. 1
Other contributory causes of importance:	
Carcinoma of Liver	over

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Blood Culture

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Fr Valluer M. D.

(Address) Mercy Hospital

47692-PS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-P

Registered No. F 61346

F 61346

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 days

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 1514 2312 W. North Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Ambrose Hassan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Louise

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-9-1871

8. AGE: Years 68 | Months 8 | Days 7 | If less than one day hr. min.

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual Occupation storekeeper 0045

11. Industry or business

FATHER

12. Name Thomas V. Hassan

13. Birthplace Pa.

MOTHER

14. Maiden Name Catherine Bush

15. Birthplace Pa.

16 (a) Informant B.C.H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 19, 1939 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Baltimore Md.

18 (a) Funeral director Martin Gahagan

(b) Address 1827 W. North Ave.

19 (a) SEP 18 1939 (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-16 1939. at 2A - M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-22 1939. to 9-16 1939 and that I last saw him alive on 9-16 1939.

Immediate cause of death: Arteriosclerotic heart disease & failure — Duration: ?

Due to

Due to

Other Conditions: Papilloma of bladder of undetermined character — Duration: ?

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature L.K. Woodward Jr. M. D.

Address Balto City Hosp Date signed 9-16-39

F 61347

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-cv

Registered No. F 61347

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 6000 Bellona Ave

(c) Hospital or institution: Edgewood Sanitarium

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)

(d) Street No. 1436 Homestead St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna C. Dey

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: none

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Judson Dey

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 18 1857

8. AGE: Years 68 | Months 6 | Days 29 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state) 1937

10. Usual Occupation Home work at Home

11. Industry or business

FATHER 12. Name Samuel A. White

13. Birthplace Baltimore Md.

MOTHER 14. Maiden Name Hanna Curran

15. Birthplace Baltimore Md.

16 (a) Informant: Miss Gemmie Dey Bonsall

(b) Address 909 Chestnut Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 20. 1937 (month) (day) (year)

(c) Cemetery or crematory Baltimore Cemetery

Location E. North Ave Baltimore Md.

18 (a) Funeral director Elmer W. Conklin & Son

(b) Address 924 E. Eager St. Baltimore, Md.

19 (a) SEP 18 1937 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 17 1937, at 1:55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1937 to Sept 17 1937.

and that I last saw her alive on Sept 16 1937.

Immediate cause of death	Duration
Cerebral Hemorrhage & Softening	one month
Due to Arteriosclerosis & Myocarditis	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings: Of operation Brain softening

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury —

23. Signature Ernest Zimmerman, M.D.

Address 9858 Harford Rd Date signed 9/18/37

VS 3

366921
F 61348

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-A

Registered No. F 61348

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Month & 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Lodge Forrest Rd Sp Pt Edgemere (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Young

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-09-0751

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Married

6 (b) Name of husband or wife Gertrude
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-9-91

8. AGE: Years	Months	Days	If less than one day
48	8	6	hr. min.

9. Birthplace Ala (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Alexander Young
13. Birthplace Ala.

MOTHER
14. Maiden Name Ellen Johnson
15. Birthplace Ga

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/24/39 (month) (day) (year)
(c) Cemetery or crematory W. Va. Calvary
Location E. R. Co

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E. Preston St

19 (a) SEP 19 1939 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 15 1939. at 12:54 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 12 1939. to Sept 15 1939. and that I last saw him alive on Sept 15 1939.

Immediate cause of death Uremia — Duration

Due to renal insufficiency due to urinary tr. infection, abscess rt ~~kidney~~ kidney P.O., ca. of bladder metastatic,

Other Conditions anemia; resolving P.O. pneumonia; syphilis, latent (Include pregnancy within 3 months of death)

Major findings:
Of operations Papillary ca of rt kidney, Nov. 1937
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Douglass D. Fraser M. D.
Address Johns Hopkins Hosp. Date signed Sept 15, 1939

F 61349 ✓ F 61349

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4112 Kenshaw Ave. St. 23-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Isabell A. Fey

(a) Residence: No. 4112 Kenshaw Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Peter M. Fey

6. DATE OF BIRTH (month, day, year) April 8, 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0-37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fulton Co. Pa.

FATHER

13. NAME Jacob C. Hewelt

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Peter M. Fey
(Address) 4112 Kenshaw Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem. Date Sept 20, 1939

19. UNDERTAKER Mamie Cook Lyter
(Address) 1600 N. Point Blvd

20. FILED ..... 19... ..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1939 to September 17, 1939

I last saw her alive on September 17, 1939 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Sept. 10, 1939
Other contributory causes of importance: Arterial hypertension	?

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. E. Nichols, M. D.

(Address) 1 Kenilworth Apts

ZIMNAWODA

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61350

CERTIFICATE OF DEATH

84-a F 61350

1. PLACE OF DEATH Church Home & Inf. 1-5

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. No Broadway St. E Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr Joseph Zimnawoda

If U. S. Veteran specify WAR

S. S. No. 220-09-6693

(a) Residence: No. 2232 Eastern ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	~~Single~~ Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Theresa Zimnawoda

6. DATE OF BIRTH (month, day, year) 12.6.93

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 4

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME ~~Peter~~ Zimnawoda

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Anna Kawalski

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Mrs Zimnawoda

(Address) 2232 Eastern ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Cem Date Sept 19. 1939

19. UNDERTAKER John A. Weber

(Address) 401 E. Chester St

for Williams, M.J.

20. FILED SEP 18 1939 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9.15, 1939

22. I HEREBY CERTIFY, That I attended deceased (from 9.12.39 to 9.15, 1939

I last saw him alive on 9.15, 1939. Death is said to have occurred on the date stated above, at 8.10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute ~~Bron~~ mastoiditis	9.8.39
ethmoidal abscess	9.10.39
Meningitis	9.10.39
Chronic otitis media	9--39

Other contributory causes of importance:

Was an operation performed? yes Date of 9.12.39

For what disease or injury? acute mastoiditis

Name of operation Simple Mastoidectomy, Drainage Extra-dural abscess

What test confirmed diagnosis? ~~Spinal~~ WR? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) C. K. Crampton, M. D.

(Address) Church Home & Infirmary

F 61351

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 61351

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 1 Mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Phoenix (If outside city or town limits, write RURAL and give town)
(d) Street No. — (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME John R. Ford

3 (b) If veteran; name war: No

3 (c) Social Security Account No.:

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Jennie Bennett

6 (c) If alive, give age: 60 years

7. Birth date of deceased (mo., day, yr.) Apr. 17, 1878

8. AGE: Years: 61 | Months: 5 | Days: 1 | If less than one day: hr. — min.

9. Birthplace: Phoenix, Balto. Co., Md. (Town, county, and state)

10. Usual Occupation: Laborer

11. Industry or business: Odd

FATHER
12. Name: Franklin Ford
13. Birthplace: Balto. Co., Md.

MOTHER
14. Maiden Name: Susan Fisher
15. Birthplace: Balto. Co. Md.

16 (a) Informant: Mrs. John R. Ford
(b) Address: Phoenix, Balto Co Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 21 1939 (month) (day) (year)

(c) Cemetery or crematory: Poplar
Location: near Cockeysville Md

18 (a) Funeral director: Landon M. Brooks
(b) Address: Sparks, Maryland

19 (a) SEP 18 1939 (Date received by registrar) (b) Huntington Willis (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH September 18 1939, at 7:20 PM

21. I certify that death occurred on the date above stated, that I attended deceased from August 21 1939, to Sept 18 1939, and that I last saw him alive on Sept 18 1939.

Immediate cause of death Circulatory failure. — Duration: ..

Due to Chronic Cholecystitis & Cholelithiasis — Duration: 10 months

Due to Ruptured gall bladder — Duration: ..

Other Conditions Gangrenous Arteriosclerosis, Chronic Pancreatitis, Pulmonary edema (Include pregnancy within 3 months of death)

Major findings:
Of operations: Chronic Cholecystitis & cholelithiasis
Of autopsy: Pulmo. edema. Chr. Pancreatitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry A. Bricke M. D.

Address University Hospt Date signed 9-18-39

VS 3

51352

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

192-a F 6[illegible]3

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 14 W. Lee St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Wks
(e) Length of stay in Baltimore (yrs., ~~mos. or days~~) 16

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 14 W. Lee St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John W. Fritts

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) ~~Single, married, widowed, or~~ divorced.
Male	White	Divorced

6 (b) Name of husband or wife Nettie Frances Edwards
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 22nd 1887

8. AGE: Years	Months	Days	If less than one day hr.	min.
51	8	25		

9. Birthplace Penn. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Church Home - Infirmary

MOTHER / FATHER

12. Name David M. Fritts
13. Birthplace Penn.
14. Maiden Name Martha (Mahoon)
15. Birthplace Penn.

16 (a) Informant Marjorie Rosenike
(b) Address 14 W. Lee St.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Sept 20th 1939 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Walters Ranch Cemetery
Location Parkhouse Montgomery Co. Pa

18 (a) Funeral director William Bott
(b) Address 1217 St. Paul St

19 (a) Filed SEP 19 1939 (b) Registrar

YS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 17th 1939, at 1:40 P. M

21. I certify that death occurred on the date above stated, that I attended deceased from Sept 2 1939, to Sept 17 1939, and that I last saw h~~im~~ alive on Sept 17 1939.

Immediate cause of death

Mitral Regurgitation — Duration Indef

Due to

Due to

Other Conditions Acute dilatation of heart — 20m

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Campbell M.D.

Address 1644 Hanover St Date signed 9/18/39

61353 F. 61353

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 46-e

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1124 S. East Ave,
(c) Hospital or institution
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1124 S.East Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

Dell

3 (a) FULL NAME Louis E. Winslow

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-09-0131

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary K. Winslow
6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) Jan. 26, 1880

8. AGE: Years	Months	Days	If less than one day
59	7	21	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Soder
11. Industry or business Nat, Can Co.

FATHER
12. Name John F. Winslow
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Catherine Phillips
15. Birthplace Baltimore Md.

16 (a) Informant Mary K. Winslow
(b) Address 1124 S.East Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 21-'39 (month) (day) (year)
(c) Cemetery or crematory Trinity Lamet
Location O'Donnell St

18 (a) Funeral director George W. Disher
(b) Address 727 E. Eager St.

19 (a) Date received by registrar SEP 19 1939 (b) Township or Municipality

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 18 1939, at 2.20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-17 1938, to 9-18 1939.
and that I last saw h[im] alive on 6-19 1939.

Immediate cause of death Liver
Hemorrhage

Due to metastasis

Due to Carcinoma of Transverse Colon

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of Transverse Colon
Of autopsy

Duration 4 years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. J. Jonas Jr. M. D.
Address The Johns Hopkins Hospital Date signed 9-18-39

F 02364

42555-FS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

23 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 11 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 541 Henryton Sanitorium (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Meade

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	colored	married-seperated

6 (b) Name of husband or wife Proxanna

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-10-1900

8. AGE: Years	Months	Days	If less than one day
39	2	3	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business none

FATHER
12. Name Joseph Meade
13. Birthplace Va.

MOTHER
14. Maiden Name Ella Jackson
15. Birthplace Va.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-14-39 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Baltimore A. A. Co. Md

18 (a) Funeral director Gibson & Hamilton
(b) Address 1218 Mc Elderry St

19 (a) Filed (Filed by registrar) Hunter Williams M.D. Registrar
SEP 19 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-13 1939, at 5-35 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-5 1937, to 9-13 1939, and that I last saw h[illegible] alive on 9-12 1939.

Immediate cause of death: Chronic empyema of left chest with pleural calcification

Duration: ?

Due to: Chronic nephritis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations see above

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L K Woodward Jr. M. D.
Address Balto. City Hosp. Date signed 9-12-39

61355

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

180

F 61355

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balto City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 503 Vine St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Susie Cornish (Harris)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 55? Months Days If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name
13. Birthplace Md

MOTHER
14. Maiden Name Julia Keys
15. Birthplace Md

16 (a) Informant Alice Smith
(b) Address 15-18 Mt. Pleasant

17 (a) (Burial, cremation, or removal)
(b) Date thereof 9-19-39 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Brooklyn

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave

19 SEP 19 1939 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/14/39 19 , at 3:45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Bronchitis — Duration: 48 hrs.

Due to: Bronchopneumonia

Due to:

Other Conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 9/11/39
(c) Where did injury occur? 803 Vine St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury Oil stove exploded

23. Signature Conrad Acton, M.D. Medical Examiner

Date signed 9/15/39

VS 6

F 61356

F 61356

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

210-M Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 5

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1647 E. Fayette St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eleanor (Kraft) Craft

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 7 | Months | Days | If less than one day: hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation School girl

11. Industry or business

FATHER 12. Name James Craft

13. Birthplace Virginia

MOTHER 14. Maiden Name Mary Scott

15. Birthplace Virginia

16 (a) Informant Mary Craft

(b) Address 1647 E. Fayette St.

17 (a) Mt. Calvary (Burial, cremation, or removal) (b) Date thereof Sept. 19, 1939 (month) (day) (year)

(c) Cemetery or crematory

Location 1241 Orleans St.

18 (a) Funeral director Edward Bryan

(b) Address Huntingtown, Williams, Md.

19 (a) SEP 19 1939 (Date received by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-15- 1939, at 12 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death: Fractured, Brain Skull

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy As above

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 9-15-39
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Street While at work? No (Specify type of place)
(e) Means of injury Struck by Automobile

23. Signature [illegible] M.D. Medical Examiner

Date signed 9-16-39

1357

HEALTH DEPARTMENT—CITY OF BALTIMORE F 61357

CERTIFICATE OF DEATH

V 131

Registered No.

1. PLACE OF DEATH Church Home & Infirmary

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Miss Annie L. Neal

(a) Residence: No. Church Home & Infirmary St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) January 22, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Amelia Washington Neal

14. BIRTHPLACE (city or town) (State or country) Delaware

MOTHER

15. MAIDEN NAME Louisa Powell

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL.
Place Longwoods, Md. Date Sept 20, 1939

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED 19 Huntington Williams
Registrar.

SEP 19 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1939, to Sept 18, 1939. I last saw her alive on Sept 18, 1939. Death is said to have occurred on the date stated above, at 1:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerotic C.V. Disease	
Arteriolar nephritis	
B. Coli Cystitis	
Hypostatic Pneumonia	

Other contributory causes of importance:

Senescence, Accidental Hypertrophy arthritis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John F. Coolahan, M. D.
(Address) Church Home & Infirmary

V0 3

M. D. P. 1268-9

F 61358

1358

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3508 Cofely Rd St. 15th Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Freudenberg

(a) Residence: No. 3508 Cofely Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ida Carolyn Freudenberg

6. DATE OF BIRTH (month, day, year) Nov. 15, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motorman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 1078

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME George Freudenberg

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary Long

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Wm. H. Carey Jr.
(Address) 3508 Cofely Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place London Pk. Date Sept 19 1939

19. UNDERTAKER William J. Tickner & Sons
(Address) North & Pa Aves.

Frank T. Williams, M.D.
Registrar.

SEP 19 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1939, to Sept 16, 1939

I last saw him alive on Sept 16, 1939. Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Cardiac	
Insufficiency Dyspnea	
& Edema Anasarca	

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) R. O. Carman, M. D.

(Address) 1701 N Carolina Av.

OCCUPATION is very important. See instructions on back of certificate.

61359 VSS-9

F 61359

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 14 N. Caroline St. 5-1 Ward)

Length of residence in city or town where death occurred 15 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph W White

(a) Residence: No. 14 N. Caroline St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

√

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Annie W White

6. DATE OF BIRTH (month, day, year) Feb - 2 - 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor do.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Homes

10. Date deceased last worked at this occupation (month and year) July 39

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rich Square N. Carolina

FATHER

13. NAME Wylie White

14. BIRTHPLACE (city or town) (State or country) Rich Square N. Carolina

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Rich Square N. Carolina

17. INFORMANT Annie W White (Address) 14 N. Caroline St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Sept 19 1939

19. UNDERTAKER Elroy O Nelson (Address) 1000 Brantley Ave Norfolk, Va.

20. FILED SEP 19 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug - 26 1939 to Sept 16, 1939

I last saw h— alive on Sept 15 1939 } Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Intercurrent	2 mo.

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) David Stanton M. D.

(Address) 12 W 39th St

F 61360

F 61360 City of Baltimore

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH 131

Reg. Dist. No.

1. PLACE OF DEATH:

City or town: Baltimore City (If outside city or town limits, write RURAL or NEAR and give town)

Street address, hospital, or institution: 702 Portland St

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md. County

City or town Baltimore Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 702 Portland St (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (b) Social Security Number None

3. (a) FULL NAME Arthur H Rush

4. Sex: M

5. Color or race: W.

6. (a) Single, married, widowed, or divorced: Widowed

(b) Name of husband or wife: Ellen C.

(c) If alive, give age years

7. Date of birth (mo., day, yr.): Feb. 6 - 1872

8. AGE: Years 67 Months 7 Days 9 If less than one day hrs. min.

9. Birthplace: Carroll Co. Md. (Town, county, and state)

10. Usual occupation: Cigar Maker

11. Industry or business: Retired

12. Name of father: George W. Rush

13. Birthplace: Carroll Co Md.

14. Maiden name of mother: Alice V. Busby

15. Birthplace: Md.

16. Informant: Alice C Rush

Address: 702 Portland St

17. Burial, cremation, or removal. Where? Date thereof: Sept 20-39 (Month) (Day) (Year)

Cemetery or crematory: Mt Olivet Cem

Location: Balto. Md

18. Funeral director: William Cook

Address: 1217 St Paul St

19 SEP 19 1939 Huntington Pollard, M.D. Registrar

Howard J. Malderis, M.D. - Med. Examiner

M. P. Zossman

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 17 1939 at 4:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7/10 1939 to 9/17 1939 and that I last saw h[illegible] alive on 9/15 1939

Immediate cause of death: Coronary Thrombosis — DURATION: 1 da

Due to: Arteriosclerosis Renal Disease — DURATION: 3 yrs

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE. If death was due to external causes, fill in the following.

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Injured at work?

Means of injury

23. SIGNATURE: Joseph G. Lauszaitis M.D. (M. D. or other)

Address: 714 Washington Blvd Date signed: 9/19/39

61361

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-w F 61361 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1806 W. Lexington St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1806 W. Lexington St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

70

3 (a) FULL NAME Edward T. Toft

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband/wife Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 15, 1854

8. AGE: Years	Months	Days	If less than one day
85	2	3	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation [redacted] None
11. Industry or business

FATHER
12. Name William Toft
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Lucy Krieg
15. Birthplace Baltimore Md.

16 (a) Informant Mrs Ruth Lange
(b) Address 610 Edgewood St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/20/39 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Edmondson Ave, Balt. Md.

18 (a) Funeral director J. Vernon Kerhan
(b) Address 2301 Edmondson Ave.

19 (a) SEP 20 1939 (Date rec'd by registrar) (b) Huntington [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 18 1939, at 5 9 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 16 1939 to Sept 18 1939 and that I last saw h[illegible]ive on Sept 18 39

Immediate cause of death arterio-sclerosis — Duration undet.

Due to Hypertension — 1 day.

Due to Cerebral hemorrage

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work?
(e) Means of injury ✓

23. Signature J. T. Lyell M. D.
Address 5371 Fredk Rd Date signed 9/18/39
Howard J. Maddox M.D. Asst. Examiner

VS 3

F 61362

61362 LB 48171

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V137

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1215 N. Eden St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Pinkney
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 30, 1863

8. AGE: Years	Months	Days	If less than one day
75	9	16	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation O. A.P.
11. Industry or business

MOTHER / FATHER
12. Name Louis
13. Birthplace Md.
14. Maiden Name Sarah Brown
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal)
(b) Date thereof 9-20-39 (month) (day) (year)
(c) Cemetery or crematory Mt Zion Cem
Location Baltimore Md

18 (a) Funeral director Frances A Hennessy
(b) Address 575 W Biddle St

19 (Date received by registrar) SEP 19 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-16 1939, at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-8 1939 to 9-16 1939, and that I last saw h[illegible] alive on 9-16 1939.

Immediate cause of death — Duration
Uremia — several days
Due to Benign prostatic hypertrophy with urinary retention — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings: none
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L K Woodward M. D.
Address Balto city Hosp. Date signed 9-17-39

VS 8

61363

HEALTH DEPARTMENT—CITY OF BALTIMORE

61363

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mt St Joseph College St. 5th Ward)

Length of residence in city or town where death occurred 31 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran Specify WAR .....

2. FULL NAME John J Mack

(a) Residence: No. Mt St. Joseph College St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna M. Mack

6. DATE OF BIRTH (month, day, year) May 27, 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Caretaker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mt St Jos. College
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Va

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs John M Kellegan
(Address) 926 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem Date Sept 19, 1939

19. UNDERTAKER John J Cowan & Son
(Address) 901 Fallsway Street

20. FILED SEP 19 1939 19 Funeral to be held Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15th, 1939

22. I HEREBY CERTIFY, That I attended deceased from 9-15, 1939, to 9-15-39, 19...
I last saw h... alive on (dead on arrival), 19... Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary hemorrhage	9-15-39
Chronic pulmonary tuberculosis	Unknown

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury? None

Name of operation None

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H A Parr M. D.
(Address) 201 Fulton Ave

V0 3

61364

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97 Registered No. F 61364

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2600 Goodwood Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2600 Goodwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clovis H Barker
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Widowed
6 (b) Name of husband or wife Mary C. Barker
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct 4 1866
8. AGE: Years 72 Months 11 Days 13 If less than one day hr. min.
9. Birthplace Hanford Co Ind (Town, county, and state)
10. Usual Occupation
11. Industry or business At home

MOTHER / FATHER
12. Name Richard H Thompson
13. Birthplace Ind
14. Maiden Name Sarah Briarly
15. Birthplace Ind

16 (a) Informant Miss Hazel Barker
(b) Address 2600 Goodwood Rd
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 20, 1939 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md
18 (a) Funeral director John Ulbrich
(b) Address 2008 Eutaw St
19 (Signature of local registrar) Huntington Williams
SEP 19 1939
Registered by

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 17 1939, at 7:30 AM
21. I certify that death occurred on the date above stated, that I attended deceased from June 1 1938 to Sept 17 1939, and that I last saw him alive on Sept 17 1939.

Immediate cause of death.
Arteriosclerosis
Hypertension

Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Hyman Goldberg M. D.
Address 3703 Harford Rd Date signed Sept 20 1939

VS 3

61365

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

182-a F 61365 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1313 N Patterson Park Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 63

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1313 N Patterson Park (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jane Carr Rappold

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 16 1876

8. AGE: Years 63 | Months 8 | Days — | If less than one day hr. — min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation
11. Industry or business At home

MOTHER / FATHER

12. Name Charles Hawkins
13. Birthplace Baltimore
14. Maiden Name Ella Arnold
15. Birthplace Baltimore

16 (a) Informant Henry Rappold
(b) Address 1313 N Patterson Park Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 19, 1939 (month) (day) (year)

(c) Cemetery or crematory Baltimore
Location Baltimore Md.

18 (a) Funeral director John Ulluch
(b) Address 2006 Eden St

19 (a) (Date rec'd by registrar) (b) Registrar's signature

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 16 1939, at 2:45 PM

21. I certify that death occurred on the date above stated, that I attended deceased from Sept 10 1939, to Sept 16 1939, and that I last saw him alive on Sept 15 1939.

Immediate cause of death	Duration
Lobar Pneumonia	?
Due to	
Due to Arterio Sclerosis	?
Other Conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alma B Freeman M.D.
Address 1313 N Patterson Park Ave (Date signed) Sept 18 1939

61366

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C Registered No. F 61366

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 311 S East Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 6 10

(e) Length of stay in Baltimore (yrs., mos., or days) 82

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 311 S East Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Thompson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife William Thompson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5 1857

8. AGE: Years 82 Months 8 Days 13 If less than one day hr. min

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business at home

MOTHER / FATHER

12. Name William Engel

13. Birthplace Germany

14. Maiden Name Dont Know

15. Birthplace Germany

16 (a) Informant Mrs H B Ford Holmes,

(b) Address 311 S East Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 21 1939 (month) (day) (year)

(c) Cemetery or crematory Loudon

Location Balto Co. Md.

18 (a) Funeral director John Ulhart

(b) Address 2008 Gilsom St

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 18 1939, at 1:12 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-28 1939, to 9-18 1939, and that I last saw her alive on 9 18 1939.

Immediate cause of death Chronic Myocarditis — Duration 6 mos

Due to

Due to

Other Conditions Senile Dementia

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Eugene Zeller

Address 2739 Eastern Ave Date signed 9/19/39.

61367.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

34-c

F 61367.
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1328 N. Carlton St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1328 McCulloh St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Josephine Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Chas. Jones

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1904

8. AGE: Years 35 | Months | Days | If less than one day hr. min

9. Birthplace Howard Co., Md. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Leary Frances
13. Birthplace Md

MOTHER
14. Maiden Name Mary Hammond
15. Birthplace Md.

16 (a) Informant Mary Hammond
(b) Address Elkridge Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/22/39 (month) (day) (year)
(c) Cemetery or crematory Pine Orchard
Location Pine Orchard Howard Co Md

18 (a) Funeral director [illegible]
(b) Address Ellicott City, Md

19 (a) Date received SEP 18 1939 (b) Huntington Williams, M.D. Registrar

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 18 1939, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said I V (Autopsy or Inquiry) find that said deceased came
to her death on the day stated above.

Immediate cause of death: Rupture of syphilitic aneurysm of thoracic
Due to aorta.

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. M. Vanderpool M.D.
Medical Examiner
Date signed 9/19/39.

E 01368 ✓ 01368

LB 15633

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 yr. 4 mths. 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 109 Aisquith St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John F. Buckingham

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Clara
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 2, 1850

8. AGE: Years	Months	Days	If less than one day
89	0	14	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Sta. Engineer
11. Industry or business R.R.

FATHER 12. Name Elisha
13. Birthplace Md.

MOTHER 14. Maiden Name Mary Shipley
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 20 1939 (month) (day) (year)
(c) Cemetery or crematory New Park Cem.
Location Carroll Co. Md.

18 (a) Funeral director J. Howard Strong
(b) Address 715 Light St.

19 (a) SEP 19 1939 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-16 1939. 8:55 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-7 1939 to 9-16 1939 and that I last saw h(e) alive on 9-16 1939.

Immediate cause of death Benign prostatic hypertrophy with urinary retention — Duration ?

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. A. Woodward M. D.
Address Balto. City Hosp. Date signed 9-17-39

VS 3

F 61369

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61369

CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Franklin Square Hosp. St., Calhoun & Fayette Ward) 8
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frances Madeline Baby girl Schneider

(a) Residence: No. 2805 Lake Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 17, 1939

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	—	—	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Norman W. Schneider

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Frances Sunderland

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Norman W. Schneider
(Address) 2805 Lake Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date Sept 19 1939

19. UNDERTAKER Frederick Lee Lamborn
(Address) 7401 Belair Road

20. FILED SEP 19 1939 19... by ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 17, 1939 to Sept. 18, 1939 I last saw h.... alive on Sept. 18, 1939 Death is said to have occurred on the date stated above, at 1:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Nathan Wolf M. D.

(Address) Franklin Sq. Hosp.

V8 8

F 61378

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 61378 ✓ 131 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves.
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1705 de Soto Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rose Emilie Diegmann
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Ferdinand
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) June 14, 1876

8. AGE: Years	Months	Days	If less than one day: hr.	min.
63	3	4		

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name James Yeatman
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Anna Bishop
15. Birthplace Virginia

16 (a) Informant Ferdinand E. Diegmann
(b) Address 1705 De Soto Rd.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 21 1939 (month) (day) (year)
(c) Cemetery or crematory Western
Location
18 (a) Funeral director Frederick A. Dolan
(b) Address 1200 W. Lombard St
19 (a) SEP 19 1939 (Date rec'd by registrar) (b) Interment or removal

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/18/1939 at 1:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/12/1939 to 9/18/1939.
and that I last saw h ev alive on 9/18/1939.

Immediate cause of death Cerebral hemorrhage — Duration 7 days
Due to Hypertension
Due to Arteriosclerosis (communicated)
Other Conditions Chronic nephritis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Cerebral hemorrhage, active

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Charles V. Lewis M.D.
Address St Agnes Hosp Date signed 9-18-39

VS 3

F 61371

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-F

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. So. Balto. Genl. Hospital Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Frosey Milano
(a) Residence: No. 734 S. Bond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph Milano

6. DATE OF BIRTH (month, day, year) March 8, 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	6	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chicago Ill.

FATHER
13. NAME Walter Middlewicz
14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER
15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Joseph Milano
(Address) 734 S Bond

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date Sept. 21 1939

19. UNDERTAKER Fred W. Ozagowski
(Address) 1930 Eastern Ave

20. FILED SEP 19 1939 ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-18-39.

22. I HEREBY CERTIFY, That I attended deceased from 9-5-39, 19... to 9-18-39, 19... I last saw him alive on 9-18-39, 19... Death is said to have occurred on the date stated above, at 5 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Biliary obstruction probably due to Malignancy of Pancreas	
Other contributory causes of importance:	

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel L. Fox M. D.
(Address) So Balto Genl Hosp.

61372

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 ✓ Registered No. F 61372

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Walkers & Eaton Lanes
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 264 S. Hilton St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

✓

3 (a) FULL NAME Baby Boy Quinn
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 9/13/39
8. AGE: Years | Months | Days: 5 | If less than one day: hr. min.
9. Birthplace St Agnes Hospital (town, county, and state)
10. Usual Occupation Baltimore Maryland
11. Industry or business

FATHER
12. Name William Thomas Quinn
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Florence Baughman
15. Birthplace Va.

16 (a) Informant: William Thomas Quinn
(b) Address 264 S. Hilton St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 19-1939 (month) (day) (year)
(c) Cemetery or crematory Mt. Cathedral
Location Baltimore Maryland
18 (a) Funeral director George L. Schwab
(b) Address 3101 Frederick ave
19 (a) [illegible] for Baltimore M.D. Registrar
(Date received by registrar) FEB 10 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/18 1939, at 5:25 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 9/13 1939, to 9/18 1939, and that I last saw him alive on 9/18 1939.
Immediate cause of death Lobular pneumonia, premature

Duration

Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations Tapping - negative
Of autopsy Lobular pneumonia

PHYSICIAN
Underline the cause which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature James Evans M. D.
Address 311 St. Agnes Hospital Signed 9/18/39

VS 3

F 61373

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

79-a Registered No. F 61373

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood + Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1721 N. Bond St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOHN M ETTNER (ETNER)

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-03-4487

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	WHITE	MARRIED

6 (b) Name of husband or wife MATILDA ETTNER
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAR. 27 1882

8. AGE: Years	Months	Days	If less than one day hr.	min.
57	5	21		

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation CLERK
11. Industry or business MILLINERY STORE.

FATHER
12. Name CONRAD ETTNER
13. Birthplace GERMANY

MOTHER
14. Maiden Name BARBARA VASOLT
15. Birthplace GERMANY

16 (a) Informant JOHN ETTNER (SON)
(b) Address 1721 N. BOND ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT 21/39 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER CEM.
Location 4430 BELAIR ROAD.

18 (a) Funeral director Lilly + Zeiler Inc.
(b) Address 403 S. WOLFE ST.

19 (a) SEP 18 1939 (b) Registrar Williams
(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/17 1939, at 2:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 9/17 1939 to 9/18 1939, and that I last saw him alive on 9/17 1939.

Immediate cause of death: Purulent meningitis — Duration: 3 days
Due to Furuncle, thigh — 5 days
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Purulent meng.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis Calvin Garcia M. D.
Address University Hosp Date signed 9/18/39

61374

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 61374

Registered No. 210-M

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Md. Gen. Hosp
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto. City
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 3304 Auchentoroly Terrace (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1304

3 (a) FULL NAME Charles H. Bradenbaugh

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Martha E. Bampley

6 (c) If alive, give age 83 years

7. Birth date of deceased (mo., day, yr.) July 24

8. AGE: Years 78 | Months 1 | Days 25 | If less than one day hr. min.

9. Birthplace Harford Co. Md (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER 12. Name James Bradenbaugh

13. Birthplace Harford Co. Md

MOTHER 14. Maiden Name Elizabeth Stuart

15. Birthplace Harford Co.

16 (a) Informant C Lee Bradenbaugh

(b) Address 3304 Auchentoroly Terrace

17 (a) — (Burial, cremation, or removal)

(b) Date thereof Sept 22, 39 (month) (day) (year)

(c) Cemetery or crematory Bethel

Location White Hall, Md

18 (a) Funeral director P. Markle Sons

(b) Address White Hall, Md

19 (a) (Date rec'd by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION 6 40a

20. DATE OF DEATH Sept 17 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquest) obtained by said I (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Due to Cerebral Concussion

Due to Fracture of left temporal, sphenoid, ethmoid, nasal and zygomatic process

Other Conditions Lobular pneumonia

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 9/18/39
(c) Where did injury occur? Upper 1360 W. Northern (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Street (Specify type of place) While at work? No
(e) Means of injury Struck by auto car

23. Signature W W Vandersall M.D. Medical Examiner

Date signed 9/19/39 White Hall Md

61378

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-a

F 61375 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Maryland
(c) Hospital or institution: U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos 27 ds.
(e) Length of stay in Baltimore (yrs., mos., or days) 3 mos 27 ds.

2. USUAL RESIDENCE OF DECEASED:
(a) State Virginia (b) County Accomac County
(c) City or town Tangier Island, (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Parks, Arthur Colbon

3 (b) If veteran, name war: None
3 (c) Social Security Account No.:
4. Sex: m
5. Color or race: white
6 (a) Single, married, widowed, or divorced: single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) ? 1901
8. AGE: Years 38 | Months ? | Days ? | If less than one day hr. min.
9. Birthplace Tangier, Virginia (Town, county, and state)
10. Usual Occupation fisherman
11. Industry or business

FATHER
12. Name Andrew Parks
13. Birthplace Tangier, Va.

MOTHER
14. Maiden Name Nellie Preyett
15. Birthplace Tangier, Va.

16 (a) Informant U. S. Marine Hospital
(b) Address Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 20 '39 (month) (day) (year)
(c) Cemetery or crematory Tangier Island
Location Tangier Island, Md.

18 (a) Funeral director L. S. Lawson
(b) Address Crisfield, Md.

SEP 19 1939 (Date rec'd by registrar)
19 (a) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 18, 1939 at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 23, 1939 to Sept. 18 1939. and that I last saw h im alive on Sept. 18 1939.

Immediate cause of death Cardiac Disease, valvular, mitral stenosis. — Duration 12 yrs
Due to rheumatic origin
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. M. H. Au Clerc. M. D.
Address Date signed

12344-PS

F 61376

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

34-9-95-B

Registered No. F 61376

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3yr.7mo.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 829 Bevan St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Parker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: colored

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Bessie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-11-1861

8. AGE: Years 78 | Months 0 | Days 29 | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER
12. Name Edmond
13. Birthplace Va.

MOTHER
14. Maiden Name Sarah Phillips
15. Birthplace Va.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) (Burial, cremation, or removal)
(b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

UNIVERSITY MEDICAL SCHOOL SEP 19 1939
Commissioner of Health

16 (a) Funeral director Fur M. A. Moore
(b) Address

19 (a) SEP 19 1939 (Date rec'd by registrar)
(b) Hunting for Phillipus

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 10 1939, at 8 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 16 1939, to Sept 10 1939, and that I last saw him alive on Sept 1 1939.

Immediate cause of death: Bronchopneumonia — Duration: 48 hours

Due to: Acute alcoholic intoxication — Duration: unknown

Due to:

Other Conditions: Syphilis — Duration: unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jonas Weinglass M. D.
Address Balto City Hosp Date signed 9-18-39

VS 3

0042

F 61377

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 61377

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1707 Mulberry Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Daniel Palmer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/17/68

8. AGE: Years 71 | Months 5 | Days 25 | If less than one day hr. min.

9. Birthplace Pennsylvania (Town, county, and state)

10. Usual Occupation

11. Industry or business

MOTHER / FATHER

12. Name Charles Palmer

13. Birthplace Pennsylvania

14. Maiden Name Rebecca

15. Birthplace Pennsylvania

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Location

UNIVERSITY MEDICAL SCHOOL SEP 19 1939
Commissioner of Health

18 (a) Funeral director

(b) Address Per H. A. Moore

19 (a) (Date rec'd by registrar) (b) Registrar

5043

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 12 1939, at 12'15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 10 1937, to Sept 12 1939, and that I last saw h alive on Sept 12 1939.

Immediate cause of death: Carcinoma of the Colon — Duration: unknown.

Due to

Due to: Hypertension — unknown. / Other Conditions: Syphilis — unknown.

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Monaghan M. D.

Address Balto City Hosp. Date signed 9-18-39

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61378

CERTIFICATE OF DEATH

59 F 61378

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 859 Hollins St., 18th Ward)

Length of residence in city or town where death occurred ... yrs. 9 mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Agnes M. Lathroum

(a) Residence: No. 859 Hollins St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of late Peter R. Lathroum

6. DATE OF BIRTH (month, day, year) Unknown 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Peter R. Kelly

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Kirk

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr Thaddeus Lathroum
(Address) 107 S. Paca St

18. BURIAL, CREMATION, OR REMOVAL
Place St Peters Date 9/20 1939

19. UNDERTAKER John F Cowdrey & Son
(Address) 901 Hollins St

20. FILED SEP 19 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 17th 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 1. 1939. to Sept 17. 1939

last saw her alive on Sept 15. 1939. Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	9/17/39
Other contributory causes of importance:	
Chronic Diabetes Mel.	
Chronic Hypertension.	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation none

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Howard J. Bruckner M.D. Med. Exam. per D. Goodman M. D.

(Address) 888 Mt Royal Ave

OCCUPATION is very important. See instructions on back of certificate.

V62

CCK

45633

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. F 61379

F 61379

CERTIFICATE OF DEATH 137

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 1913 Penrose Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Sewell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Edith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 7, 1866

8. AGE: Years	Months	Days	If less than one day
73	6	10	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

MOTHER | FATHER

12. Name Franklin Thomas Sewell

13. Birthplace Md.

14. Maiden Name Suzanna Murphy

15. Birthplace Md.

16 (a) Informant Records

(b) Address ~~Baltimore City Hospitals~~

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 20 39 (month) (day) (year)

(c) Cemetery or crematory Chesterfield Cem. - Centreville Md

Location Kent County Md. Eastern Shore

18 (a) Funeral director C. H. B. Heppert & Son

(b) Address 1300 Eutaw Place

19 (a) Filed SEP 19 1939 Huntington Williams M.D. Registrar

(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-17 1939, at 12.50 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-14 1939, to 9-17 1939, and that I last saw him alive on 9-17 1939.

Immediate cause of death Uremia — Duration several days

Due to Benign prostatic hypertrophy ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. K. Woodward Jr. M. D.

Address Balto City Hosp. Date signed 9-17-39

F 61380

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-P ✓ Registered No. F 61380

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3919 Ridgewood Ave.,
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 5-10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3919 Ridgewood Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 66 years

3 (a) FULL NAME Margaret C. Cappallo

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife: Frank J. Cappallo.
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug. 28, 1855

8. AGE: Years	Months	Days	If less than one day
84	0	21	hr. min.

9. Birthplace: Germany (Town, county, and state)
10. Usual Occupation: Housework
11. Industry or business: at Home

MOTHER / FATHER

12. Name: Philip DeMacker
13. Birthplace: France
14. Maiden Name: Charlotte Lucas
15. Birthplace: Germany

16 (a) Informant: Mrs. Mathew H. Fallon,
(b) Address: 3919 Ridgewood Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/23/1939 (month) (day) (year)
(c) Cemetery or crematory: Wanderers Rest.
Location: Milwaukee, Wiss.

18 (a) Funeral director: C. Vernon Lemmon, C. Vernon Lemmon
(b) Address: 4611 Park Heights

19 (a) (b) Registrar

(Date rec'd by registrar) SEP 19 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 19 1939 at 2:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/28 1939 to 9/19 1939.
and that I last saw h[illegible] alive on 9/19 1939.

	Duration
Immediate cause of death: Acute Cardiac Failure	1 da.
Due to: Arterio Sclerotic Cardio Vascular Disease	10 yrs.
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph H. Lowcarter, M. D.
Address 679 Washington Blvd Date signed 9/19/39

E 64400 F 61381

SUPER

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106-B

Registered No. F 61381

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 26 days

2. USUAL RESIDENCE OF DECEASED:
(a) State N.J. (b) County Passaic
(c) City or town Passaic (If outside city or town limits, write RURAL and give town)
(d) Street No. 211 Third St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Joseph Super

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 10-29-08

8. AGE: Years	Months	Days	If less than one day
30	10	021	hr. ..... min.

9. Birthplace N.J. (Town, county, and state)

10. Usual Occupation none Clerk

11. Industry or business

FATHER 12. Name Andrew Super

13. Birthplace Czech

MOTHER 14. Maiden Name Helen Karinda

15. Birthplace Czech

16 (a) Informant Records.

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept 19 39 (month) (day) (year)

(c) Cemetery or crematory .....

Location Cypress Hill

18 (a) Funeral director William J. Hutzler & Son

(b) Address North & Eutaw Ave. Funeral Home Baltimore, Md.

19 (a) Sept 20 1939 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 19 1939 at 10 45 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 23 1939 to Sept 19 1939 and that I last saw him alive on Sept 19 1939.

Immediate cause of death: Bronchopneumonia — Duration: 3 days

Due to Operation for Bronchiectasis (Lobectomy) — 4½ yrs.

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations Bronchiectasis Rt. middle & lower lobes
Of autopsy Not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A.F. Jonas Jr. M. D.

Address The Johns Hopkins Hospital Date signed 9-19-39

VS 3

61382

HEALTH DEPARTMENT—CITY OF BALTIMORE

61382

CERTIFICATE OF DEATH

+ 1/39

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St. 11-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 28 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Cora M Zink

(a) Residence: No. 808 Reisterstown Road (Usual place of abode) Pikesville Maryland. (If non-resident give city or town and State)

Baltimore

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, HUSBAND of (or) WIFE of: William M Zink

6. DATE OF BIRTH (month, day, year): Apr 24 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): 8/1/39

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Melchoir Armacost

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Sarah E Russell

16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

17. INFORMANT: Edna V Link

(Address): 19 Dutton Ave Catonsville

18. BURIAL, CREMATION, OR REMOVAL: Interred 9/21 1939

Place: Saters Bapt. Ch. Date: 9/21

19. UNDERTAKER: [illegible]

(Address): [illegible]

20. FILED: SEP 20 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 19 1939

22. I HEREBY CERTIFY, That I attended deceased from 8-24 19 39 to 9-19-39 19

I last saw her alive on 9-19-39 19 Death is said to have occurred on the date stated above, at 6:30 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Insulin shock	9-19-39
2. Diabitis mellitus	

Other contributory causes of importance:

Carbuncle of abdominal wall

Was an operation performed? yes Date of 8-28-39

For what disease or injury? carbuncle of abdominal

Name of operation: Excision of carbuncle

What test confirmed diagnosis? Lab. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. S. Mansfield M. D.

(Address) Md. Gen. Hosp

OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 61383

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F. 61383 Registered No. 94-B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5516 Fernhurst Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) Life 28
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5516 Fernhurst Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clarence R Green

3 (b) If veteran, name war — no record
3 (c) Social Security Account No. 714-14-1417

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Florence Groves Green
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Oct 30 1872

8. AGE: Years 66 | Months 10 | Days 24 | If less than one day: hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Agent
11. Industry or business Railway Express Agy

FATHER
12. Name Thomas Green
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Lizzie Redmond
15. Birthplace Baltimore Md

16 (a) Informant Mrs Florence V Green
(b) Address 5516 Fernhurst Ave

17 (a) Burial, cremation, or removal (b) Date thereof Sept 22 37 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md

18 (a) Funeral director J Wm Cook
(b) Address 1217 Eutaw St

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 19 1937, at 8:55 M

21. I certify that death occurred on the date above stated, that I attended deceased from Aug 1937, to Sept 1937.
and that I last saw h. alive on 9/17/37 19

Immediate cause of death — **Duration**
Coronary Thrombosis
Due to Arteriosclerosis
Due to Hypertension
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J Wm Cook M.D.
Address 4710 Liberty St. Date signed 9/19/37

61384

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 61384

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden & Madison
(c) Hospital or institution: Md. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2902 Chelsea Terr. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry E. Wyatt
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M.
5. Color or race W.
6 (a) Single, married, widowed, or divorced. M.
6 (b) Name of husband or wife Mary A. Wyatt
6 (c) If alive, give age 77 years
7. Birth date of deceased (mo., day, yr.) Feb 18th 1866
8. AGE: Years 73 Months 7 Days 1 If less than one day hr. min.
9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Retired - Salesman
11. Industry or business Standard Oil Co of NJ

MOTHER / FATHER
12. Name Capt. John E. Wyatt
13. Birthplace Md
14. Maiden Name Georgeanna Shields
15. Birthplace Washington D.C

16 (a) Informant Mary E. Wyatt Jr
16 (b) Address 2902 Chelsea Terrace
17 (a) Burial (cremation, or removal)
17 (b) Date thereof 9/22/39 (month) (day) (year)
17 (c) Cemetery or crematory Greenmount
Location Balto Md
18 (a) Funeral director William Cook
18 (b) Address 1217 St. Paul St
19 SEP 20 1939 Huntington Williams M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 19, 1939 at 4:15 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 9/18/1939 to 9/19/1939. and that I last saw h im alive on 9/17/1939.

Immediate cause of death: Pulmonary abscess & bronchopneumonia — Duration
Due to Bilateral pyo-nephrosis
Due to
Other Conditions Ulcerative colitis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Bilateral suppurative pyelitis & pyelonephritis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Edward L. Bussman M. D.
Address Md. Gen. Hosp. Date signed 9/11/39

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 61385

1385

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hosp St. 26 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Laura Koester

(a) Residence: No. 700 Debelius Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. F. Koester

6. DATE OF BIRTH (month, day, year) Dec. 18 1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md

FATHER

13. NAME George Shipley

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Wm. F. Koester

(Address) 700 Debelius Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem Date Sept. 20/39

19. UNDERTAKER John J. Miller

(Address) 2334 Jefferson St.

20. FILED Huntington Williams Registrar.

SEP 20 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9.17.39 19

22. I HEREBY CERTIFY, That I attended deceased from 8.28.39 19 ... to 9.17.39 19 ...

I last saw her alive on 9.16.39 19 ... Death is said to have occurred on the date stated above, at 5:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute bacterial endo -	7 28 39
carditis	
Secondary Anemia	
Chronic nephritis c	
Other contributory causes of importance:	
Nitrogen retention	
Rheumatic heart disease	?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) M. P. Ernst M. D.

(Address) St. Joseph's Hosp.

OCCUPATION is very important. See instructions on back of certificate.

V0 8

F. 61386 F. 61386

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH √121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clarence Davis

(a) Residence: No. 309 N. Fremont ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 30, 1925

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
14	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. school - 0 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Sept -

11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) (State or country) Baltimore md

MOTHER FATHER

13. NAME Julius C. Davis

14. BIRTHPLACE (city or town) (State or country) N. Carolina

15. MAIDEN NAME Helen Driver

16. BIRTHPLACE (city or town) (State or country) Baltimore md

17. INFORMANT Helen Driver

(Address) 309 n. Fremont.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Sept 21, 1939

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St.

20. FILED SEP 20 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9.17.39. 19

22. I HEREBY CERTIFY, That I attended deceased from 9.11.39. 19 to 9.17.39. 19

I last saw him alive on 9.17.39. 19 Death is said to have occurred on the date stated above, at 3:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured appendix	9.11.39
generalized peritonitis, ileus	9.16.39

Other contributory causes of importance:

Name of operation appendectomy Date of 9.12.39

What test confirmed diagnosis operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) James M Pair M. D.

(Address) 400 N. Carrollton ave

OCCUPATION is very important. See instructions on back of certificate.

F. 61387

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F. 61387
Registered No.

1. PLACE OF DEATH: St Josephs Hosp
(a) Baltimore City, Maryland
(b) Street address North Ave and Harford Road - street car safety zone
(c) Hospital or institution
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1534 John St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Coral Corcoran

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F

5. Color or race Wh

6 (a) Single, married, widowed, or ~~divorced~~ Married

6 (b) Name of husband or wife Wm Corcoran

6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Oct 22-1875

8. AGE: Years 64 Months 4 Days 22 If less than one day hr. min

9. Birthplace Washington D.C.
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business Home

FATHER
12. Name Thos Sullivan
13. Birthplace Va

MOTHER
14. Maiden Name Jane Lloyd
15. Birthplace Va

16 (a) Informant Wm J Corcoan
(b) Address 1534 John St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 21, 39 (months) (days) (year)
(c) Cemetery or crematory Greenmount
Location Washington D.C.

18 (a) Funeral director Patterson Park
(b) Address 2400 E Baltimore St

19 SEP 20 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 18 1939, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to h death on the day stated above.

Immediate cause of death — Duration

Coronary occlusion

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. H. Vandegrift M.D.
Medical Examiner

Date signed 9/19/39

VS 6

F 61388

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 186-W

F 61388

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address — Lt. Josephs Hosp
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 5200 Park Heights Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Leah Caplan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife Jake Haas

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 84 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Jacob Joseph Hunt
13. Birthplace Russia

MOTHER
14. Maiden Name Jennie
15. Birthplace Russia

16 (a) Informant Mrs Oscar Shulman
(b) Address 1028 E Baltimore St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 20/1939 (month) (day) (year)
(c) Cemetery or crematory Helen Avery Row
Location Bonnie View Lane

18 (a) Funeral director S. L. Hermis Bros
(b) Address 1124 W North Ave

19 SEP 20 1939 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-19-39 19 , at 12:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquest) thereon and from the evidence obtained by said Inquest (Autopsy or Inquest) find that said deceased came to HER death on the day stated above.

	Duration
Immediate cause of death: Fractured skull + pelvis	2 hrs
Due to: Fall from 2nd floor.	
Due to:	
Other Conditions: (Include pregnancy within 3 months of death)	
Major findings of operations:	
Of autopsy:	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? Accident
(b) Date of occurrence 9/19/39
(c) Where did injury occur? 4703 Hampstead Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Sanitorium (Specify type of place) While at work? no
(e) Means of injury: fell out window

23. Signature Conrad Acton M.D. Medical Examiner

Date signed 9/20/39

E 61389

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a

Registered No. E 61389

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town: Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1121 Whatcoat St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Peter Franklin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	negro	married

6 (b) Name of husband or wife: Emma
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 15, 881

8. AGE: Years	Months	Days	If less than one day
57 58	6	2	hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation None
11. Industry or business

MOTHER / FATHER

12. Name [illegible]
13. Birthplace [illegible]
14. Maiden Name [illegible]
15. Birthplace [illegible]

16 (a) Informant Emma Franklin
(b) Address 1121 Whatcoat St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/21/39 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Geo. L. Kelson
(b) Address 1353 Pennsylvania Ave.

19 (a) SEP 20 1939 (Date rec'd by registrar) (b) Huntingtown, Calvert Co., Md. Registrar

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 17, 1939. at 9:15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 17 1939. to Sept. 17 1939. and that I last saw h[illegible] alive on Sept. 17 1939.

Immediate cause of death Cerebral Hemorrhage — Duration 10 hrs.

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph M. George M. D.
Address University Hospital Date signed 9/17/39

E 62390

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

43-c

E 62390

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1428 Linden Avenue

(c) Hospital or institution:

no

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County none

(c) City ~~or town~~ Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1428 Linden Avenue (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Stephen C. Harry

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23, 1867

8. AGE: Years 72 | Months 1 | Days 27 | If less than one day hr. min.

9. Birthplace Pennsylvania (Town, county, and state)

10. Usual Occupation School teacher-Balto.City Co.

11. Industry or business High School Mathematics

FATHER 12. Name William P. Harry

13. Birthplace Pa.

MOTHER 14. Maiden Name Martha Shank

15. Birthplace Pa.

16 (a) Informant Mrs. Florence Mercer

(b) Address 21 Wash. St., Upper Darby, Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/22/39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Unionville

Location Chester Co., Pa.

18 (a) Funeral director John O. Mitchell & Son, Inc.

(b) Address 1900 Eutaw Place, Baltimore, Md.

19 (a) (b) Huntington Williams, M.D. Registrar

SEP 23 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 19 - 1939, at 1.05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 20 - 1937, to Sept 19 1939, and that I last saw h~~im~~ alive on Sept 16 1939.

Immediate cause of death	Duration
Coronary occlusion	four minutes
Due to Chronic hypertrophic disease -	?
Due to Arterio Sclerosis - Hypertension -	? ?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Chas W Lamed M. D.

Address 1327 Park Avenue Date signed

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F. 61391

HEALTH DEPARTMENT—CITY OF BALTIMORE

F. 61391

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1109 Dulley St., 9-8 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME George W. Gardner

(a) Residence: No. 1109 Dulley Av St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie O. Gardner

6. DATE OF BIRTH (month, day, year) July 11 - 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired B & O.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Yard Master

10. Date deceased last worked at this occupation (month and year) 20

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Bessie I Shroll Daughter

(Address) 1109 Dulley Av

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Sept 21 1939

19. UNDERTAKER Mr. Mrs. John W. Teufel Son

(Address) 801 W. Fayette St

20. FILED SEP 20 1939 Municipal Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1939, to Sept 18, 1939

I last saw h.. alive on Sept 18, 1939 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	2d
Acute Serious Hypostatic	2d
Cerebral Hemorrhage	7d

Other contributory causes of importance: Chronic Interstitial Nephritis 3mo

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Was there an autopsy? No

What test confirmed diagnosis? Microscopy - Sputum

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Thos. F. A Stevens, M. D.

(Address) 2828 Harford Rd

OCCUPATION is very important. See instructions on back of certificate. Exact statement of CAUSES OF DEATH is plain terms, so that it may be properly classified.

V8 8

F. 61392

F. 61392 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓161-B

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 6-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby boy Madden

(a) Residence: No. 2711 Orleans St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 16/1939.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Joseph H. Madden

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Bernarden Schramm

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Joseph H. Madden
(Address) 2711 Orleans St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Sept. 20, 1939

19. UNDERTAKER Sulg & Zubeski
(Address) 432 E. Lafe St.

FILED Sep 20 1939 19 by Eugene Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/20, 1939

22. I HEREBY CERTIFY, That I attended deceased from 9/16/39, 19.. to 9/20/1939, 19.. I last saw h.. alive on 9/20/39, 19.. Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhagic Disease of Newborn	
Other contributory causes of importance:	
Veterus mentorrhexis	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. P. Ernst M. D.

(Address) St. Joseph's Hosp.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

VS 8

Spec.—8-16-29—L. F. S.—100 Bks.

61393

HEALTH DEPARTMENT—CITY OF BALTIMORE

F. 61393

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 612 Collett ST. 15-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Samuel D. Ward

(a) RESIDENCE NO. 612 Collett ST., S.S. No. 220-07-5542

(Usual place of abode) WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rebecca Ward

6 DATE OF BIRTH (month, day, and year): Dec 4-1890

7 AGE: Years 48 | Months 10 | Days 14 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Chesterlown Md

PARENTS

10 NAME OF FATHER: Saml Ward

11 BIRTHPLACE OF FATHER (city or town) (State or country): Kent Co Md.

12 MAIDEN NAME OF MOTHER: Rebecca Bond

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Kentlo Md

14 Informant: Rebecca Ward

(Address): 612 Collett

15 Filed SEP 20 1939, 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 18-1939

17 I HEREBY CERTIFY, That I attended deceased from July 22 1934 to Sept 18 1939

that I last saw h. alive on Sept 18 1939

and that death occurred, on the date stated above, at 9.40 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Phthisis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sputum

(Signed) H. C. Clark, M.D.

(Address) 1101 Brt Drive

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: Sept 21 1939

20 UNDERTAKER: V. G. Brooks

ADDRESS: 1463 W. Carey St

important. See instructions on back of certificate.

61394

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59

F. 62304

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Bon Secours Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2

(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Towson (If outside city or town limits, write RURAL and give town)

(d) Street No. 7 Burkleigh Square (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William F. Hurlbrink (William F. Hurlbrink)

3 (b) If veteran, name war ---

3 (c) Social Security Account No. ---

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Minna Hurlbrink

6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Sept 18th 1871

8. AGE: Years 68 | Months 0 | Days 0 | If less than one day: hr. min.

9. Birthplace: Germany (Town, county, and state)

10. Usual Occupation: Retired

11. Industry or business: Structural Iron Worker

MOTHER / FATHER

12. Name: ? Hurlbrink

13. Birthplace: Germany

14. Maiden Name: Unknown

15. Birthplace: Unknown

16 (a) Informant: Mrs. Minna Hurlbrink

(b) Address: 7 Burkleigh Sq. Towson, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 21st 1939 (month) (day) (year)

(c) Cemetery or crematory: Loudon Park

Location: Baltimore, Md.

18 (a) Funeral director: Wm. J. Tickner & Sons.

(b) Address: North & Penna Aves.

19 (a) Date received SEP 20 1939 (b) Registrar: Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 18 1939, at 7:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 17 1939. to Sept 18 1939. and that I last saw h i alive on Sept 18 1939.

Immediate cause of death: Cerebral Hemorrhage.

Duration:

Due to

Due to

Other Conditions: Diabetes Mellitus (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. M. Collins M. D.

Address Bon Secours Hospital Date signed 9-18-39

VS 3

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HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61395

CERTIFICATE OF DEATH

95-9 F 61395

1. PLACE OF DEATH Church Home & Inf. 6-5

CITY OF BALTIMORE: (No. N. Broadway St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth Weems

(a) Residence: No. Church Home & Inf. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 1, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sick

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Maryland.
(State or country)

FATHER

13. NAME Franklin Weems

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Mary M. Bowie

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Mrs. Wm. F. Young
(Address) Wyoming Ave. Washington D.C.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Sept 23 19 39

19. UNDERTAKER Wm. Cook
(Address) 1512 Pitcl Court

20. FILED SEP 20 1939 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-19 1939

22. I HEREBY CERTIFY, That I attended deceased from 4-26 1939 to 9-19 1939

I last saw her alive on 9-19 1939 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Art. Sclerotic Heart disease	1912
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Coakley M. D.

(Address) Church Home & Infirmary

OCCUPATION is very important. See instructions on back of certificate.

VS 8

F 61396

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53-B Registered No. F 61396

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 917 E. Chase St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 917 E. Chase St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Minnie R. Miller

3 (b) If veteran, name war —— W
3 (c) Social Security Account No. ~~none~~

4. Sex: Female
5. Color or race: White
6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed
6 (b) Name of ~~husband~~ wife: Charles R. Miller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 25 1864

8. AGE: Years 75 | Months 0 | Days 25 | If less than one day: hr. min.

9. Birthplace: Balto. Md. (Town, county, and state)
10. Usual Occupation: Housework at Home
11. Industry or business:

MOTHER / FATHER
12. Name: John Kelley
13. Birthplace: Balto. Md.
14. Maiden Name: E. Beutz
15. Birthplace: Md.

16 (a) Informant: Bertie M. Hill
(b) Address: 1737 N. Caroline St

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 9/22/39 (month) (day) (year)
(c) Cemetery or ~~crematory~~: Parkwood
Location: Balto Md

18 (a) Funeral director: William Cook
(b) Address: 1217 St. Paul St

19 (a) SEP 20 1939 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 20 1939, at 3.50 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1939 to Sept 20 1939. and that I last saw h alive on Sept 20 1939.

Immediate cause of death
Carcinoma of Bladder
Due to Retention

Due to Senile Debility

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy —

Duration
2½ yr.
own

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. N. Meyer D
Address 1500 E. 33rd. Date signed 9/20/39 (M. D.)

VS 3

F 61397

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-6

Registered No. F 61397

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wyman Park Drive and 31st St.

(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 da.

(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore City

(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)

(d) Street No. 1516 Luzerne Street (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Captain Alonzo Travers

3 (b) If veteran, name war NO | 3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Emma Warnsing

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Feb. 26, 1866

8. AGE: Years	Months	Days	If less than one day
73	6	24	hr. ..... min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Master of Ship

11. Industry or business Seafaring

FATHER

12. Name Robert H. Travers

13. Birthplace Dorchester County, Maryland

MOTHER

14. Maiden Name Annie E. Bueshaw

15. Birthplace Baltimore, Maryland

16 (a) Informant Records-U. S. Marine Hospital,

(b) Address Baltimore, Maryland.

17 (a) Burial (b) Date thereof Sept 25/39 (month) (day) (year)

(Burial, cremation, or removal)

(c) Cemetery or crematory Lakewood

Location Baltimore Md

18 (a) Funeral director Jas. L. Ford & Son

(b) Address 1217 W. Lanvale St. Huntington Williams, M.D.

19 (Date received by Reg.) SEP 20 1939 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 20, 19 39, at 12:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 16, 19 39, to Sept. 20 19 39.

and that I last saw h alive on Sept. 20, 19 39.

Immediate cause of death Myocarditis, chronic — Duration: Unknown

Due to .....

Due to .....

Other Conditions Arteriosclerosis, general — Duration: Unknown

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury .....

23. Signature [signature] M. D.

Address U. S. Marine Hospital, Baltimore, Md. Date signed 9/20/39

F 61398

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B

Registered No. F 61398

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Md. General Hosp.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or ~~town~~ Baltimore.
(If outside city or town limits, write RURAL and give town)
d. Street No. 811 Wellington St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carrie L. Lewis.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race white | 6 (a) Single, married, widowed, or divorced. married.

6 (b) Name of husband or wife Wm. E. Lewis.

6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr) April 7, 1897

8. AGE: Years 42 | Months 5 | Days 12 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Housewife.

11. Industry or business

FATHER
12. Name Jacob Shanklin.
13. Birthplace Md.

MOTHER
14. Maiden Name Alice Burgen.
15. Birthplace Md.

16 (a) Informant Wm. E. Lewis.
(b) Address 811 Wellington St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 22, 1939 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Perry Hall
Location Balto Co Md.

18 (a) Funeral director Chenoweth Son.
(b) Address 3615-17 Chestnut Ave.

SEP 20 1939

(Date received by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 19, 1939; at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-9 1939 to 9-19 1939, and that I last saw her alive on 9-19 1939.

Immediate cause of death
Coronary embolism.
Massive Coronary embolism

Duration 3 mo. 9-19-39

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. F. Mansfield M. D.
Address Md. Gen Hosp Date signed 9-19-39

correct age is especially important. Physicians, please write plainly the cause of death clearly and legibly.

F 61399

F 61399

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2123 Orleans st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 2123 Orleans st (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME August L. Mares

3 (b) If veteran, name war | 3 (c) Social Security Account No. 214-18-6839

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Margaret Mares
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 27-1899

8. AGE: Years 40 | Months 2 | Days 20 | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Pattern Maker
11. Industry or business

FATHER
12. Name Anton Mares
13. Birthplace Bohemia

MOTHER
14. Maiden Name Josephine Malda
15. Birthplace Bohemia

16 (a) Informant Margaret Mares
(b) Address 2128 Orleans st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/20/39 (month) (day) (year)
(c) Cemetery or crematory Oak Hill
Location Baltimore

18 (a) Funeral director Philip Herwig Sons
(b) Address 2016 Orleans st Baltimore, Md.

19 (a) (Date rec'd by registrar) (b) Registrar

SEP 20 1939

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 17 1939 at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 14 1936 to Sept 17 1939 and that I last saw him alive on Sept. 17 1939.

Immediate cause of death	Duration
Apoplexy	12 hours
Due to Cerebral Hemorrhage	12 hours
Due to Malignant Hypertension	Years?
Renal Calculi	Years?
Other Conditions Chr. Nephritis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

Signature Vincent W. Jooka M.D.
Address 845 N. Patterson Pk Ave Date signed 9/19/39

F 61400

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 61400

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 712 S. East Ave.
(c) Hospital or institution: - - -
(d) Length of stay in hospital or inst. (yrs., mos., or days) - 26 11
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County - -
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 712 S. East Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? - years

3 (a) FULL NAME GEORGE BRECKEL

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-09-5461

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Wilhelmina Breckel

6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) Aug. 6. 1874

8. AGE: Years 65 | Months 1 | Days 13 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Night Watchman

11. Industry or business Canning Co.

FATHER
12. Name George Breckel
13. Birthplace Germany

MOTHER
14. Maiden Name Carrie Schaefer
15. Birthplace Germany

16 (a) Informant Mrs. Minnie Breckel (Wife)
(b) Address 712 S. East Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 22. 1939 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address Baltimore & Broadway.

19 (a) Filed SEP 20 1939 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 19. 1939 at 5.25 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 10 1939. to Sept 19 1939. and that I last saw him alive on Sept. 14 1937.

Immediate cause of death Carcinoma of Stomach — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature Andrew Humanski M. D.
Address 2529 Eastern ave. Date signed 9/19/39

F 61401

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C

Registered No. F 61401

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4213 Belman Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto City Md. (If outside city or town limits, write RURAL and give town)

Street No. 4213 Belman Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Florence Ray Heffner

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: George R. Heffner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 8th 1880

8. AGE: Years 58 | Months 11 | Days 11 | If less than one day: hr. min.

9. Birthplace Balto City Md. (town, county, and state)

10. Usual Occupation at home

11. Industry or business

MOTHER FATHER

12. Name Theodore German

13. Birthplace Balto. Co. Md.

14. Maiden Name Virginia Ray

15. Birthplace Balto Md.

16 (a) Informant Mr. Howard Heffner

(b) Address 4213 Belman Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 23 1939 (month) (day) (year)

(c) Cemetery or crematory Greenmount

Location Balto City Md.

18 (a) Funeral director F. Cassahan & Son

(b) Address 740 1 Belair Rd.

19 SEP 20 1939 Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 19th 1939, at 2 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 9, 1935, to Sept 19, 1939; and that I last saw h[illegible] alive on Sept 19 1939.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Arterio-Sclerosis, Myocardial degeneration	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [illegible] M. D.

Address 5707 Belair Rd Date signed 9-20-39

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61402

CERTIFICATE OF DEATH

46-D F 61402

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 15 N. Carey St., 18-W Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Belle Wilder

If U. S. Veteran specify WAR

(a) Residence: No. 15 N. Carey St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eugene L. Wilder

6. DATE OF BIRTH (month, day, year) Feb. 5 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) Dec 15, 1938

11. Total time (years) spent in this occupation 43

12. BIRTHPLACE (city or town) (State or country) Charlotte North Carolina

FATHER

13. NAME Simeon F. Hussey

14. BIRTHPLACE (city or town) (State or country) Concord North Carolina

MOTHER

15. MAIDEN NAME Margaret A. Hunter

16. BIRTHPLACE (city or town) (State or country) Charlotte North Carolina

17. INFORMANT Eugene L. Wilder

(Address) 15 N. Carey St.

18. BURIAL, CREMATION, OR REMOVAL

Place Irvington, Va Date Sept 21 1939

19. UNDERTAKER Henry H Wolfe

(Address) 4101 Wendover Ave

20. FILED SEP 20 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from August, 1939 to Sept 19, 1939

I last saw her alive on Sept 19, 1939. Death is said to have occurred on the date stated above, at 7:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum with Abdominal metastasis	
Secondary Anemia	

Was an operation performed? yes Date of October 25, 1938

For what disease or injury? Carcinoma of rectum

Name of operation laparotomy and sigmoidotomy

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Harry M Robinson M. D.

(Address) 244 N Stricker St

SEE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 61403

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 61403

1. PLACE OF DEATH:
(a) Baltimore City, Maryland University (now) Hospital
(b) Street address [redacted]
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1455 N. Gilmor St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Lukosh
3 (b) If veteran, name war
3 (c) Social Security Account No. 250-05-0551

4. Sex M. | 5. Color or race Wh | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Sarah Kirshop
6 (c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) 3/11/1899

8. AGE: Years 40 | Months 6 | Days 7 | if less than one day hr. min.

9. Birthplace Chicago Ill (Town, county, and state)

10. Usual Occupation Steel Construction Worker
11. Industry or business

FATHER 12. Name Joseph LeKosh
13. Birthplace Unknown

MOTHER 14. Maiden Name Carl Miller
15. Birthplace Unknown

16 (a) Informant Mrs Sarah LeKosh
(b) Address 1455 Gilmor St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/21/39 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cemetery
Location A.A. Co. Maryland

18 (a) Funeral director John J. Fleischmann
(b) Address 158 Light St.

19 (a) SEP 20 1939 (Date rec'd by registrar) Catherine Williams Registrar

MEDICAL CERTIFICATION 8:30 PM

20. DATE OF DEATH Sept 18th 1939, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Cerebral Edema and Concussion — Duration
Due to Fracture of left femur
Due to Pelvis and ribs
Other Conditions
(Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 9/18/39
(c) Where did injury occur? Sparrows Point (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Bethlehem Steel Works Yes (Specify type of place)
(e) Means of injury Fell from ship

23. Signature Wm B Wardlaw M.D. Medical Examiner
Date signed 9/19/39

VS 4

F 61404

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164-a

Registered No. F 61404

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1556 Moorland Ave
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days) — 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1556 Moorland Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Moses Rose

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Emma Rose

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 7/1871

8. AGE: Years 68 Months 7 Days 12 If less than one day hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Unknown (? Rose)
13. Birthplace Germany

MOTHER 14. Maiden Name Bertha Kahn
15. Birthplace Germany

16 (a) Informant Philip Kahn
(b) Address 945 Brooks Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/21/39 (month) (day) (year)
(c) Cemetery or crematory Shekhalom Cemetery
Location Old Dome Rd

18 (a) Funeral director J. Wrang & Co
(b) Address 2432 Reisterstown Rd

19 (a) SEP 20 1939 (b) Huntington Valley, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/19/39 19 , at 4:05 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

Immediate cause of death
Asphyxiation
Due to Illuminating Gas
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 9/19/39
(c) Where did injury occur? 1556 Moorland Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? —
(Specify type of place)
(e) Means of injury Illuminating Gas

23. Signature Conrad Otto Hinman M.D.
Medical Examiner
Date signed 9/19/39

6140 5 6140 5 E. 31035

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3337 Windsor Avenue
(c) Hospital or institution: No
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3337 Windsor Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William H. Walsh

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife | 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 12, 1855

8. AGE: Years	Months	Days	If less than one day
83	10	7	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER 12. Name William H. Walsh
13. Birthplace Baltimore, Md.

MOTHER 14. Maiden Name Anne Regina Conradt
15. Birthplace West Virginia

16 (a) Informant Mrs. Nannie E. Chambers
(b) Address 3339 Windsor Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/21/39 (month) (day) (year)
(c) Cemetery or crematory Old St. Paul's, Baltimore
Location Fremont & Redwood Sts., City

18 (a) Funeral director John O. Mitchell's Sons, Inc.
(b) Address 1900 Eutaw Place, Balto., Md.

19 (a) SEP 21 1939 (Date received by registrar) (b) Hunting to Williams 11 7 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 19 1939 at 12 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 12 1939 to Sept 19 1939. and that I last saw h alive on Sept 18 1939.

Immediate cause of death — Duration
Acute Uremia
Due to
Due to
Other Conditions Chr. Bright's disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos E. Wilson M. D.
Address 3 W. Biddle St. Date signed

VS 3

61406

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C F 61406 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 503 S. Quail St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 2 5

(e) Length of stay in Baltimore (yrs., mos., or days) 76/11/17

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 503 S. Quail St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HENRY C. WEISS, SR.

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Mamie M. Weiss

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Oct. 2, 1862

8. AGE: Years 76 | Months 11 | Days 17 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Blacksmith

11. Industry or business

MOTHER / FATHER

12. Name Henry C. Weiss

13. Birthplace Germany

14. Maiden Name Johannah Zinkhand

15. Birthplace Germany

16 (a) Informant Henry C. Weiss, Jr.

(b) Address 503 S. Quail St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 21, 1939 (month) (day) (year)

(c) Cemetery or crematory Mt. Carmel Cemetery

Location Baltimore, Md.

18 (a) Funeral director [illegible] Elliott

(b) Address 2038 Orleans St.

19 (a) Date received by local registrar SEP 21 1939 (b) [illegible] Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 19 1939, at 5 30 A M

21. I certify that death occurred on the date above stated, that I attended deceased from July 17 1939. to Sept 19 1939. and that I last saw him alive on Sept 18 1939.

Immediate cause of death: Myocarditis

Duration:

Due to

Due to

Other Conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Adam Tod M. D.
Address 616 Eastern Ave Date signed 9/19/39

correct age is especially important. Physicians please write the causes of death clearly and legibly.

F 61407

61407

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3320 E. Baltimore St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26-10

(e) Length of stay in Baltimore (yrs., mos., or days) 67/0/0

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3320 E. Baltimore St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ARTHUR C. ILGENFRITZ

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lydia R. Ilgenfritz

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 18, 1872

8. AGE: Years 67 | Months 0 | Days 0 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: Machinist

11. Industry or business:

MOTHER / FATHER

12. Name: John M. Ilgenfritz

13. Birthplace: Baltimore, Md.

14. Maiden Name: Emma Bartscher

15. Birthplace: Baltimore, Md.

16 (a) Informant: Lydia R. Ilgenfritz

(b) Address: 3320 E. Baltimore St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 21. (month) (day) (year)

(c) Cemetery or crematory: Oak Lawn Cemetery

Location: Baltimore Md.

18 (a) Funeral director: John Ulrich

(b) Address: 2005 Orleans St

19 (a) SEP 21 1939 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept-18 1939, at 11-30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1939 to Sept 18 1939, and that I last saw him alive on Sept 18 1939.

Immediate cause of death: Carcinoma Stomach - Duration: 1 year -

Due to: Pyloric stenosis -

Due to:

Other Conditions: Cerebral Arteriosclerosis Glaucoma -

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Gill Hall M. D.

Address 1631 E. North Ave Date signed 9/19/39

correct age is especially important. Physicians please write the cause of death clearly and legibly.

61408 HEALTH DEPARTMENT—CITY OF BALTIMORE F. 61408

CERTIFICATE OF DEATH

93-C

Registered No. 13-4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2221 Whittier ave St. 45 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jennie Wolf.

If U. S. Veteran specify WAR

(a) Residence: No. 2221 Whittier ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (or) WIFE of: Late Abraham

6. DATE OF BIRTH (month, day, year) 12 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 30

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Wendel Brenner

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Mary Schneider

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: J. W. Wolf.
(Address) 2221 Whittier ave

18. BURIAL, CREMATION, OR REMOVAL: Harleys Herring Run Date Sept 21, 1939

19. UNDERTAKER: Sol Levinson & Bro
(Address) 1124-26 W North ave

20. SEP 21 1939 19 Huntington Hollingsworth Registrar.

(City)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1939, to Sept 20, 1939. Last saw her alive on Sept 20, 1939. Death is said to have occurred on the date stated above, at 9:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance: Myocardial Degeneration Arteriosclerosis	

Was an operation performed? no Date of

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Hans P. Roberts M. D.

(Address) 2419 Registration Book

OCCUPATION is very important. See instructions on back of certificate.

V8 8

61409

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

Registered No. 61409

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 807 S. Luzerne Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? 45 yrs. years

3 (a) FULL NAME Stanislaw Growncki (Groncki)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race White

6 (a) Single, married, widowed, or divorced. Divorced

6 (b) Name of husband or wife Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May ?

8. AGE: Years 64 - 66 ? Months 4 Days If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Joseph Growncki
13. Birthplace Poland

MOTHER
14. Maiden Name ?
15. Birthplace Poland

16 (a) Informant Records
(b) Address Baltimore City Hospitals.

17 (a) (Burial, cremation, or removal)
(b) Date thereof 9/20/39 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus Cem.
Location Baltimore, Md.

18 (a) Funeral director Geo. A. Weber.
(b) Address 705 d Ann st

19 (a) SEP 21 1939 (Date received by registrar)
(b) Huntington Station, Md. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH September 20 1939, at 5.45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 18 1939, to Sept 20 1939, and that I last saw h alive on Sept 20 1939.

Immediate cause of death: Arterio sclerotic Heart disease — Duration unknown.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Sylvan L. Harding M. D.
Address Baltimore City Hospitals Date signed 9-20-39

F 61410

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61410

CERTIFICATE OF DEATH

✓ 157-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2322 Essex St. 1-3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME George Sokczynski

(a) Residence: No. 2322 Essex St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 3 1939

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Maryland

FATHER

13. NAME John Sokczynski

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Julia Sawuska

16. BIRTHPLACE (city or town) (State or country) Balto Maryland

17. INFORMANT John Sokczynski
(Address) 2322 Essex St

18. BURIAL, CREMATION, OR REMOVAL
Place St Stanislaus Date Sep 21 1939

19. UNDERTAKER John M. Weber & Sons
(Address) 401 S. Stricker St

20. FILED SEP 21 1939 Registrar Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1939 to Sept 20, 1939

I last saw him alive on Sept 20, 1939 Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart Trouble	9/17/39

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so specify .....

(Signed) William R Barnes M. D.

(Address) 801 N Fremont Ave

OCCUPATION is very important. See instructions on back of certificate.

VS 3

F. 61411 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 46-B F. 61411

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1720 Spence St. 75-3 Ward)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Antonio Di Nicolo
(a) Residence: No. 1720 Spence St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucia Di Nicolo

6. DATE OF BIRTH (month, day, year) June 14-1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	3	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) abruzzi Italy

FATHER
13. NAME Domenico Antonio Di Nicolo
14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER
15. MAIDEN NAME Francesca Forcilese
16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Lucia Di Nicolo (wife.)
(Address) 1720 Spence St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date SEP. 23 1939

19. UNDERTAKER Frank Della Rocca
(Address) 542 N. Morley St.

20. FILED SEP 21 1939 Huntington Williams M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1939 to Sept 20, 1939
I last saw her alive on Sept 20 1939 Death is said to have occurred on the date stated above, at 8 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the stomach.	
Exhaustion	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Luigi D. DiStefano M. D.
(Address) 407 N. Eutaw St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61412

CERTIFICATE OF DEATH

95-B F. 61412

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2906 Bayonne Ave St. 72 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George W. Green

If U. S. Veteran specify WAR .....

(a) Residence: No. 2906 Bayonne Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Green

6. DATE OF BIRTH (month, day, year) 12-8-1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Phila. Pa

FATHER

13. NAME Samuel Green

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Elizabeth Haines

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Elizabeth Green

(Address) 2906 Bayonne Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 9/23 1939

19. UNDERTAKER Leonard J. Ruck

(Address) 5305 Harford Rd

20. FILED SEP 21 1939 Huntington Hillegas Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 18, 1939, to Sept 20, 1939.

I last saw h[illegible] alive on Sept. 19, 1939. Death is said to have occurred on the date stated above, at 6[40] A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	9/8/39.
Other contributory causes of importance: Hypertensive Cardio Vascular Disease	2 year
Paralysis Right Side -	1 year.

Was an operation performed? no. Date of ~

For what disease or injury? ~

Name of operation ~

What test confirmed diagnosis? Typical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ~ Date of injury ....., 19...

Where did injury occur? ~ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ~

Manner of Injury ~

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ~

(Signed) James E. White, M. D.

(Address) 5214 Harford Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 61413 FS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

45-B

F 61413 Registered No.

Physicians: please write the causes of death clearly and legibly. Especially important. correct age is

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Balto. City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3yr. 2½mo.

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 2731 Greenmount Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Valentine Schaefer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-2-1874

8. AGE: Years	Months	Days	If less than one day
65	1	14	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation orderly

11. Industry or business

MOTHER / FATHER

12. Name Conrad

13. Birthplace Germany

14. Maiden Name Lorette Gist

15. Birthplace Germany

16 (a) Informant B.C.H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 23/39 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Leonard J. Ruck

18 (a) Funeral director 2305 Harford Rd.

(b) Address Huntington Williams, M.D.

19 (a) SEP 21 1939 (Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH September 16 1939, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1936, to Sept 16 1939, and that I last saw him alive on Sept 16 1939.

Immediate cause of death	Duration
Arteriosclerotic Heart disease	unknown
Due to	
Due to	
Other Conditions Bronchial asthma	unknown

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. Morag Lebolein M. D.

Address Balto City Hosp. Date signed

VS 3

61414

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

23 Registered No. 61414

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 149 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 21 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 925 China St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Susie Brown (44063)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Divorced

6 (b) Name of husband or wife William
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct, 9, 1906

8. AGE: Years	Months	Days	If less than one day hr.	min.
32	11	9		

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

MOTHER / FATHER
12. Name Andrew Jackson
13. Birthplace N. Car.
14. Maiden Name Emma Rain
15. Birthplace Va.

16 (a) Informant Hospital Records
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/22/39 (month) (day) (year)
(c) Cemetery or crematory Portsmouth Va
Location

18 (a) Funeral director Isaiah L. Brown
(b) Address 10 W Montgomery St

19 (a) SEP 21 1939 (Date rec'd by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 18, 1939, at 1:35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 22, 1939, to Sept. 18, 1939, and that I last saw her alive on Sept. 18, 1939.

Immediate cause of death Tuberculosis of lungs — Duration Oct. 1938

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto. City Hospitals Date signed 9-18-39

Spec.—9-36—A. & Co.—250 Bks.

61415

F 61415

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√108

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1032 Leadenhall St. WARD) 23-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME David Johnson

(a) RESIDENCE NO. 1032 Leadenhall St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	M

5a If married, widowed or divorced HUSBAND of (or) WIFE of Evelyn Johnson

6 DATE OF BIRTH (month, day, and year) Dec. 4 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	11	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) SC.

PARENTS

10 NAME OF FATHER Isaac Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) SC.

12 MAIDEN NAME OF MOTHER Bennett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) SC.

14 Informant (Address) Evelyn Johnson 1032 Leadenhall St

15 Filed SEP 21 1939 Huntington Pollegreen, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/18/39

17

I HEREBY CERTIFY, That I attended deceased from Sept 1, 1939, to Sept 18, 1939

that I last saw h[illegible] alive on Sept 18, 1939

and that death occurred, on the date stated above, at 4P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(acute)

(duration) yrs. mos. 18 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) S H Carroll M. D.

9/19 1939 (Address) 711 Warren Ave

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mannings S.C.

DATE OF BURIAL 9/21 1939

20 UNDERTAKER Isaiah D Brompton

ADDRESS 1038 Montgomery

F 61416 48079-F8

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

146-F Registered No. F 61416

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 13 W. York St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Hance

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife Kate
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-14-67

8. AGE: Years	Months	Days	If less than one day
71	11	4	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation stevedore
11. Industry or business

FATHER
12. Name Lemuel Hance
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah Murray
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/21/39 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Co
Location Anne Arundel Co Md

18 (a) Funeral director Isaiah L. Brown & Son
(b) Address 108 W Montgomery St

19 (a) (Signature of registrar)
(b) Rec'd by registrar SEP 21 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH September 18 1939, at 4.45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 5 1939, to Sept 18 1939, and that I last saw h im alive on Sept 18 1939.

Immediate cause of death: Carcinoma of Pancreas — Duration unknown.
Due to — Duration
Due to — Duration
Other Conditions Arteriosclerosis, generalized — Duration unknown.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Carcinoma of pancreas.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. M. Waydelspain M. D.
Address Balto City Hosp. Date signed 9-19-39

29207 - HB

F 61417

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 34-9-13 F. 61417

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr -8 mo - 19 dys
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 500 Druid Hill Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Johnson, Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Black

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 7, 1888

8. AGE: Years 51 | Months 1 | Days 11 | If less than one day: hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Hod Carrier

11. Industry or business

FATHER
12. Name Henry Sr.
13. Birthplace N. C.

MOTHER
14. Maiden Name Virginia Banks
15. Birthplace Va.

16 (a) Informant B.C.H.
(b) Address Records

17 (a) (Burial, cremation, or removal)
(b) Date thereof 9-22-39 (month) (day) (year)
(c) Cemetery or crematory Location Mt Auburn Cem.

18 (a) Funeral director Frances A. Hemsley
(b) Address 578 W Biddle St

19 (a) SEP 21 1939 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 18 1939, at 10:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-19 1937, to 9-18 1939, and that I last saw h alive on 9-18 1939.

	Duration
Immediate cause of death: Arteriosclerosis nephrosclerosis	unknown
Due to	
Due to	
Other Conditions: Hypertension (Include pregnancy within 3 months of death)	unknown

Major findings:
Of operations
Of autopsy Dilated kidneys, enlarged heart.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work)
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed 9-20-39

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DAMAR Brown

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61418 — CERTIFICATE OF DEATH — 51-C F 61418

Registered No.

1. PLACE OF DEATH Provident Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1514 Division St. 14-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos 13 da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Damas Brown

(a) Residence: No. 18 Winter's Ave Ln St. ... Ward. Catonsville Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race C | 5. Single, Married, Widowed, or Divorced (write the word)

If married, widowed, or divorced: HUSBAND of (or WIFE of) Martha Brown

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 60 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070
10. Date deceased last worked at this occupation (month and year) 2 months ago | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER
13. NAME Caleb Brown
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER
15. MAIDEN NAME Mary J. Oliver
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Martha Brown (Address) 18 Winters Ave, Catonsville Md

18. BURIAL, CREMATION, OR REMOVAL Place Holy Cross Mem. Date Sept 24 1939

19. UNDERTAKER Mrs Frances A. Hemsley (Address) 518 N. Bridle St.

20. FILED SEP 21 1939 Huntington Williams Md. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/19/39

22. I HEREBY CERTIFY, That I attended deceased from 9/6/39 to 9/19/39 that I last saw him alive on the morning of 9/19/39 and that death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	?
Other contributory causes of importance: Chronic Bronchitis	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, ...

(Signed) H. Welcome, M. D.

(Address) Provident Hosp.

SEE CAUSE OF DEATH as plain terms as that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V8 P

F 61419

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

121

F 61419 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — 14-3
(b) Street address 1
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. County Balto
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1309 Fremont Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Sheppard

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex M
5. Color or race Col
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1930, Sept 20

8. AGE: Years 9 | Months — | Days — | If less than one day hr. — min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Louis
13. Birthplace Baltimore

MOTHER
14. Maiden Name Portia Hobbs
15. Birthplace Baltimore

16 (a) Informant Mother
(b) Address 1309 Fremont Ave.

17 (a) Mt Calvary (Burial, cremation, or removal) (b) Date thereof 9/22/39 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location —

18 (a) Funeral director Geo. G. Nelson
(b) Address 1813 Presstman St. Baltimore, Md.

19 (a) (Date rec'd by Local Registrar) (b) 1939 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 20 1939, at 9 1/4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 19 1939, to Sept 20 1939, and that I last saw him alive on Sept 20 1939.

Immediate cause of death Peritonitis — Duration 6 hours

Due to (acute Perforated Appendicitis) — 6 days

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Jas. Sheppard
Address Same Date signed 9/22/39

VS 3

E. 61420 COLEMAN F. 61420

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 948

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1014 N. Eutaw

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11

(e) Length of stay in Baltimore (yrs., mos., or days) 39 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) [illegible] 1014 (b) County N. Eutaw

(c) City or town Balto. Md (If outside city or town limits, write RURAL and give town)

(d) Street No. 1014 Balto. Md (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Lina Coleman

3 (b) If veteran, name war —

3 (c) Social Security Account No. 0

4. Sex F.

5. Color or race W.

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Thomas Coleman

6 (c) If alive, give age 79 years

7. Birth date of deceased (mo., day, yr.) 12/7/1860

8. AGE: Years 79 | Months 7 | Days 22 | If less than one day: hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation House wife

11. Industry or business None

MOTHER / FATHER

12. Name Wilson Jackson

13. Birthplace Va.

14. Maiden Name Maggie Fields

15. Birthplace Va.

16. (a) Informant Thos. A. Coleman

(b) Address 1014 N. Eutaw

17 (a) (Burial, cremation, or removal)

(b) Date thereof Sept 23 1939 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cemetery

Location

18 (a) Funeral director Adolphus Halstead

(b) Address 968 Druid Hill Ave

Interring for Williams, M.D.

SEP 21 1939 (Date received by Registrar)

Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/19/1939, at M

21. I certify that death occurred on the date above stated, that I attended deceased from 9/19/1939 to 9/19/1939, and that I last saw h — alive on 9/19/1939.

Immediate cause of death: Pneumonia Lobar

Due to: Arterio Sclerosis

Due to: Heart Weak

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No

Duration: 4 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. Ceg Ellis M. D.

Address 527 Mad. Ave Date signed 9/20/39

U. S. Williams Surgeon

61421

F 61421

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

194-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address City Hospital
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. City Hospital (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jacob Craft

3 (b) If veteran, name war No

3 (c) Social Security Account No. 11316

4. Sex M

5. Color or race wh

6 (a) Single, married, widowed, or divorced Divorced

6 (b) Name of husband or wife Mary F Craft

6 (c) If alive, give age 60 years

7. Birth date of deceased mo., day, yr. March 12, 1879

8. AGE: Years 60 Months 6 Days 5 If less than one day hr. min.

9. Birthplace York Pa (Town, county, and state)

10. Usual Occupation Gastrologist

11. Industry or business

FATHER
12. Name Jacob Craft
13. Birthplace Balto Md

MOTHER
14. Maiden Name Marie Stokmann
15. Birthplace Germany

16 (a) Informant Mrs Mary F Craft
(b) Address 2823 Clifton Av

17 (a) Cremation (b) Date thereof Sept 21 39 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Oliver - Greenmount

18 (a) Funeral director William Cook
(b) Address 1217 St Paul Street

19 (a) Filed SEP 21 1939 (Date rec'd by registrar) (b) Thurlow or Ionia, Md Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH September 17 1939, at 12:01 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coagulation by Embolism of meat lodging in Larynx — Duration

Due to

Due to Right hemiplegia-old cerebral infarct

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Medical Examiner M.D.

Date signed 9-21-39.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 61422

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

167

Registered No. 61422

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Room 640 Emerson Hotel
(c) Hospital or institution: Baltimore and Calvert Sts
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 2512 Virginia Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles William Hodgson

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-4225

4. Sex M

5. Color or race wh

6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife Eva Hodgson

6 (c) If alive, give age 33 years

7. Birth date of deceased (mo., day, yr.) June 1, 1902

8. AGE: Years 37 Months 3 Days 19 If less than one day hr min

9. Birthplace Homer, Ill (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business

FATHER 12. Name J. H. Hodgson

13. Birthplace Homer, Ill.

MOTHER 14. Maiden Name Elizabeth - Known

15. Birthplace Homer, Ill

16 (a) Informant Eva M. Hodgson

(b) Address 2512 Virginia Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 23, 1939 (month) (day) (year)

(c) Cemetery or crematory Homer, Ill.

Location

18 (a) Funeral director Howard R. Bright Jr.

(b) Address 4914 Belair Road

(b) Date received by Registrar SEP 21 1939

(b) Harrington Hollingsworth M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH September 19 1939, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Bullet wound of head — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence 9/19/39
(c) Where did injury occur? Room 640 Emerson Hotel (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Hotel (Specify type of place) While at work? No
(e) Means of injury Pistol shot wound self inflicted

23. Signature [illegible] M.D. Medical Examiner

Date signed 9/21/39

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 61423 HEALTH DEPARTMENT—CITY OF BALTIMORE F 61423

CERTIFICATE OF [redacted] D.

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital St. (or Ward) 261-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Howard

(a) Residence: No. 633 Smithson St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9-12-39

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Robert Johnson

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary Howard

16. BIRTHPLACE (city or town) (State or country) Jane Gudd Co.

17. INFORMANT Mary Howard

(Address) 633 Smithson St

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date SEP 21 1939

Commissioner of Health

19. UNDERTAKER Per M. A. [redacted]

(Address) Huntington Williams, M.D.

20. SEP 21 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-12, 1939

22. I HEREBY CERTIFY, That I attended deceased from 9-12, 1939, to 9-12, 1939

I last saw him alive on 9-12, 1939. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Atelectasis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. D. Butler M. D.

(Address) Provident Hospital

State CAUSE OF DEATH in plain terms so that it may be properly coded. Also state OCCUPATION in every case, even if not important. See instructions on back of certificate.

5045

F 61424

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a F 61424

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 723 W. Fayette St., 4-7 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Robert C. Pielert

(a) Residence: No. 723 W. Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie T. Pielert

6. DATE OF BIRTH (month, day, year) Nov 28-1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jersey City N. J.

FATHER

13. NAME George Pielert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Hannah Lachmann

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Irvin Sponsler

(Address) 622 N. Dennison St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Sept 23 1939

19. UNDERTAKER Raff & Sons M. Walter

(Address) Fred'k & Stricker St

20. FILED SEP 21 1939 Huntington Williams, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1939 to Sept 20, 1939

I last saw h... alive on Sept 20 1939 Death is said to have occurred on the date stated above, at 7.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Sept 16-39
Other contributory causes of importance: Pulmonary Edema	Sept 20-39

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Harry Glassman M. D.

(Address) 753 W. Fayette St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 3

F 61425

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59

Registered No. F 61425

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wilkens & Caton Ave

(c) Hospital or institution: St Agnes' Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2351 N. Stricker St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Stavroula Pappas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: William Pappas

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 59 Months: Days: If less than one day: hr. min.

9. Birthplace: Greece (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER 12. Name: Mak Zavos

13. Birthplace: Greece

MOTHER 14. Maiden Name: Pazone

15. Birthplace: Greece

16 (a) Informant: Hospital records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof SEP 22 1939 (month) (day) (year)

(c) Cemetery or crematory: Woodlawn

Location: Balto Md

18 (a) Funeral director: John R. Byers

(b) Address: Westminster Md

19 (a) SEP 21 1939 (Date received by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-21 1939. at 2:58 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-19 1939. to 9-21 1939. and that I last saw her alive on 9-21 1939.

Immediate cause of death	Duration
Hypostatic Pneumonia	
Due to Diabetic Coma	
Due to Severe diabetes mellitus	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Charles A. Lucas M. D.

Address St Agnes Hosp. Date signed 9-21-39

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 61426

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C

Registered No. F 61426

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 600 Winans Way.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 600 Winans Way (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

28-4

3 (a) FULL NAME Hulda L. Müller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Anton Müller

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 25. 1865

8. AGE: Years 74 Months Days 25 If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business Home

MOTHER / FATHER

12. Name John H. Miller

13. Birthplace Germany

14. Maiden Name Mary Bufflay

15. Birthplace York Pa.

16 (a) Informant Mrs. Mullen

(b) Address 600 Winans Way

17 (a) Burial (Burial, cremation, or removal)

(b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Nev. Bath.

Location Old Frederick Rd.

18 (a) Funeral director John A. Hogan

(b) Address 3000 E. Balto. St.

19 (a) SEP 21 1939 (Date rec'd by registrar)

(b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 19 1939, at 4:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1, 1939, to Sept. 19 1939, and that I last saw her alive on Sept. 18, 1939.

Immediate cause of death Myocarditis (Chronic)

Duration 5 mos.

Due to Obesity

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Eugene L. Pessano M. D.

Address 514 Druid Lane Date signed 9/21/39

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

M. D. B. 1268-9

F 61427 HEALTH DEPARTMENT—CITY OF BALTIMORE F 61427

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2218 E. Chase St., 8-4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Herbst

(a) Residence: No. 2218 E. Chase St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles E. Herbst

6. DATE OF BIRTH (month, day, year) Dec 17, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) May 1939
11. Total time (years) spent in this occupation? 25 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George Benz
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sophie Lenhart
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Elizabeth Lorenz
(Address) 204 S. Linwood

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore County Date Sept. 23, 1939

19. UNDERTAKER John R. Lemmo
(Address) 1242 Lee Ave. Arbutus

20. SEP 21 1939 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 20 1939

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1939 to September 20, 1939
I last saw her alive on Sept. 20, 1939 Death is said to have occurred on the date stated above, at 3:30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio Vascular Disease	1937
Other contributory causes of importance: Cerebral Hemorrhage	8/19/39 4 weeks

Name of operation none Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) G. Neil Simpson M. D.

(Address) 2124 N. Patterson Park Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 61428

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-F

Registered No. F 61428

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wyman Park Drive and 31st St.

(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 days

(e) Length of stay in Baltimore (yrs., mos., or days) 25 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Virginia (b) County

(c) City or town Harryhogan (If outside city or town limits, write RURAL and give town)

(d) Street No. Harryhogan, Virginia (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James W. Jewell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Lula Pritchett

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15, 1869

8. AGE: Years	Months	Days	If less than one day
70	6	6	hr. min.

9. Birthplace Northumberland County, Virginia (Town, county, and state)

10. Usual Occupation Fisherman

11. Industry or business Fishing

FATHER

12. Name James Jewell

13. Birthplace Northumberland County, Va.

MOTHER

14. Maiden Name Jane Ashman

15. Birthplace Northumberland County, Va.

16 (a) Informant Records - U. S. Marine Hospital,

(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 21 39 (month) (day) (year)

(c) Cemetery or crematory Fairmount Va

Location Virginia

18 (a) Funeral director William Boots

(b) Address 1217 St Paul Street

19 (a) SEP 21 1939 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH September 21, 19 39, at 6:15a M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 27, 19 39, to Sept. 21 19 39, and that I last saw h in alive on Sept. 21, 19 39.

Immediate cause of death Carcinoma of head of pancreas — Duration 3 mo.

Due to

Due to

Other Conditions Bronchial pneumonia Terminal

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature T. M. W. Audenn. M. D.

Address U. S. Marine Hospital Date signed 9/21/39

F 61429

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

23

Registered No. F 61429

PLEASE WRITE PLAINLY. WITH INK OR INDELIBLE PENCIL. Entry must be made on this certificate before burial or removal is authorized. Physicians: please write the causes of death clearly and legibly. Give correct age in all cases, and if less than one day, the hours or minutes. Underlining is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1306 N. Milton Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 63 yrs 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1306 N. Milton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Benjamin Watson
3 (b) If veteran, name war
3 (c) Social Security Account No. 213-07-8867

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Olivia Watson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 10 1876

8. AGE: Years 63 Months 5 Days 10 If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Die Tender
11. Industry or business Bethlehem Steel Co

MOTHER / FATHER
12. Name William T. Watson
13. Birthplace Scotland
14. Maiden Name Margaret Smith
15. Birthplace Baltimore Md

16 (a) Informant Mrs. M. Watson
(b) Address 1306 N. Milton Ave

17. Burial (Burial, cremation, or removal) (b) Date thereof 9-22-39 (month) (day) (year)
(c) Cemetery or crematory Carlwood Cem
Location Taylor Ave
18 (a) Funeral director John E. Milligan
Address 1535 E. Oliver St
19 (a) SEP 21 1939 Huntington Williams M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 20, 1939 at 10:A.M

21. I certify that death occurred on the date above stated, that I attended deceased from July 10, 1939 to Sept. 20 1939. and that I last saw him alive on Sept. 20, 1939

Immediate cause of death: Phthisis Pulmonalis — Duration: 6 Mos.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward E. Fitzgerald M.D.
Address 613 E. North Ave Date signed 9/21/39

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61430 F 61430

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Leitzer

If U. S. Veteran specify WAR

(a) Residence: No. 2038 E Hoffman St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 9-19-39

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
—	—	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Joseph F. Leitzer

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Gertrude C. Raab

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Gertrude C. Leitzer

(Address) 2038 E. Hoffman St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cem. Date 9/21/39

19. UNDERTAKER George E. Rutkow

(Address) 935 Washington Blvd

20. FILED SEP 21 1939 by Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-21, 1939

22. I HEREBY CERTIFY, That I attended deceased from 9-19-39, 1939, to 9-21, 1939

I last saw him alive on 9-21, 1939 Death is said to have occurred on the data stated above, at 1:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Data of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. P. Lumpert M. D.

(Address) St. Josephs Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

61431 48505-FS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

130 Registered No. F 61431

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1303 Edmondson Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1941

3 (a) FULL NAME Olivia ~~Foster~~ or (Forrester)
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex: female
5. Color or race: colored
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Oliver
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr) ? ?
8. AGE: Years: 40 Months: Days: If less than one day: hr min.
9. Birthplace Md. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business
FATHER 12. Name James Addison
13. Birthplace Md.
MOTHER 14. Maiden Name Malinda Brown
15. Birthplace Md.
16 (a) Informant B.C.H. Records
(b) Address
17 (a) (Burial, cremation, or removal) (b) Date thereof 9/24/39 (month) (day) (year)
(c) Cemetery or crematory Lower Marlboro
Location Calvert Co.
18 (a) Funeral director Thos. E. Kelson
(b) Address 1303 Presstman St
19 (a) Date received by Registrar SEP 22 1939 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 20 1939, at 9.00 P M
21. I certify that death occurred on the date above stated; that I attended deceased from Sept 20 1939, to Sept 20 1939, and that I last saw her alive on Sept 20 1939.

Immediate cause of death: Acute hemorrhagic nephritis & uremia — Duration: unknown

Due to — Duration: over

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Scarred, hemorrhagic kidneys.

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 9-21-39

VS 8

Office use is especially important. Physicians: please write the causes of death clearly and legibly.

61432

HEALTH DEPARTMENT—CITY OF BALTIMORE

61432

CERTIFICATE OF DEATH

X 1108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 435 Druid Hill Ave St. 11-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 3 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jessie Hall

If U. S. Veteran specify WAR

(a) Residence: No. 435 Druid Hill Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Hall

6. DATE OF BIRTH (month, day, year) Feb 5-1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME William Hill

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Katie Smith

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Wallace L. Smith (Uncle)

(Address) 1701 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL Date 9/22/39

Mt. Olivet Cemetery

19. UNDERTAKER Mgr. John H. Scott

(Address) 1700 Druid Hill Ave

FILED SEP 22 1939 19 Registrar. Hunter for Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1939 to Sept 19, 1939

I last saw her alive on Sept 19, 1939 Death is said to have occurred on the date stated above, at 2:45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Edema of lungs	9-13-39
Other contributory causes of importance: Right lobar pneumonia	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... No

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Geo. H. Pendleton M. D.

(Address) 1632 Druid Hill Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 61433 48350-13

F 61450

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 119

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Physicians:

F 61434 CGK F 61434

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48433 Registered No. 159

Please write clearly and legibly. Physicians: please write the causes of death clearly and legibly. Be sure that correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) N B

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 606 Archer St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Glascoe

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced. N B
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 9-18-39
8. AGE: Years N | Months B | Days | If less than one day 10 hr. min.
9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John Davis (Baby's father)
13. Birthplace Md.

MOTHER
14. Maiden Name Bernice Hilda Glascoe
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals
17 (a) cremation (Burial, cremation, or removal) (b) Date thereof 9-20-39 (month) (day) (year)
(c) Cemetery or crematory Crematory
Location B-C-14.
18 (a) Funeral director
(b) Address
19 (a) SEP 22 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 18 1939, at 2:04 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 9/18 1939 to 9/18 1939 and that I last saw him alive on 9/18 1939

Immediate cause of death: Convulsions — Duration

Due to

Due to

Other Conditions: Premature (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. D.
Address Date signed

VS 8

61435

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 61435

Registered No. ...

PLEASE WRITE PLAINLY with unfading ink. Use typewriter if possible. Do not abbreviate. Give full name of deceased. If not in hospital or institution, give residence instead of institution. If residence is outside city limits, write RURAL. Give correct age in years if possible. If under one year, give age in months, days, or hours. Do not use ditto marks. Answer each question. If unknown or not applicable, write unknown or N. A. Underline cause to which death should be charged statistically. Physicians, please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2064 Linden Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Always

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2064 Linden Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME Isreal Goodman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Theresa

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 64 Months Days If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Grocery Store

11. Industry or business

FATHER
12. Name not Known
13. Birthplace Russia

MOTHER
14. Maiden Name not Known
15. Birthplace Russia

16 (a) Informant Alexander Goodman
(b) Address 2064 Linden Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/22/39 (month) (day) (year)
(c) Cemetery or crematory Cosgrave
Location Rel. Rd. Baltimore, Md.

18 (a) Funeral director J. H. Lewis Inc.
(b) Address 1438 E. Fayette St

SEP 22 1939

19 (a) (Date rec'd by registrar) (b) Huntingtor Williams, M.D. (signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/22 1939, at 6:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1938 to Sept 20 1939, and that I last saw h— alive on Sept 21 1939.

Immediate cause of death carcinoma of stomach

Duration
March 1938.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Inoperable carcinoma
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel Levine M. D.
Address 758 Linden Ave Date signed Sept 22/39

VS 3

61436

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-F

F 61436

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Monument & Rutland

(c) Hospital or institution: Sinai Hospital of Balto.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9

(e) Length of stay in Baltimore (yrs., mos., or days) √ 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. 3714 Lowndes Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Mrs. Louis Kirsner / KIRSNER

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Nettie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 78 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Merchant

11. Industry or business Retired

FATHER 12. Name Jacob Kirsner

13. Birthplace Russia

MOTHER 14. Maiden Name Rebecca

15. Birthplace Russia

16 (a) Informant Hospital Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/24/39 (month) (day) (year)

(c) Cemetery or crematory Southern Hebrew Cem

Location Walbrook Blvd & Southern Ave

18 (a) Funeral director Jewish Funeral Directors

(b) Address 1439 E. Baltimore St.

19 (a) (Date rec'd by registrar) (b) (Registrar's signature)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/22 1939, at 4:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/12/39 1939, to 9/22 1939, and that I last saw h/m alive on 9/22 1939.

Immediate cause of death Bronchopneumonia — **Duration**

Due to Hypertension & arteriosclerotic h.t. disease

Due to Cerebral cerebral arteriosclerosis

Other Conditions Benign Prostatic Hypertrophy

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature S. Clark M. D.

Address Sinai Hospital Date signed

F 61437

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a

Registered No. F 61437

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 518 Robert St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 518 Robert St. (If rural give location)
(e) If foreign born, how long in U. S. A.? Abt 20 years

3 (a) FULL NAME Edwin Rogers

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-09-1872

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Clara Rogers

6 (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) Oct 18th 1899

8. AGE: Years 40 | Months | Days | If less than one day hr. min

9. Birthplace Nassau Bahamas (Town, county, and state)

10. Usual Occupation Pressure

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace "

MOTHER 14. Maiden Name Unknown

15. Birthplace "

16 (a) Informant Clara Rogers

(b) Address 301 W. 153 St. N. Y. City

17 (a) (Burial, cremation, or removal)

(b) Date thereof 11-22-39 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn Cemetery

Location Balto. Md.

18 (a) Funeral director Archibald A Haddis

(b) Address 2101 Mc Culloch St.

19 (a) 11-22 1939 (Date received by local registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION Abt 1130 AM

20. DATE OF DEATH Nov 18 1939, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death

Due to Hemorrhage in brain stem

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Huntington Williams M.D. Medical Examiner

Date signed 11/19/39

Physicians: please write the causes of death clearly and legibly. Please give exact cause. Correct age is especially important.

VS 8

F. 61438 ✓ F. 61438

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 Registered No.

Physicians: please write the causes of death clearly and legibly. Information is especially important. Please correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 700 E Fort Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) ~~County~~

(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)

(d) Street No. 700 E. Fort Ave
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Lange

3 (b) If veteran, name war

3 (c) Social Security Account No.

~~4. Sex~~ Fem- | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 30 1884

8. AGE: Years 55 | Months 0 | Days 20 | If less than one day — hr. — min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business At home

FATHER

12. Name Frank Lange.

13. Birthplace Germany.

MOTHER

14. Maiden Name Pauline Mertens

15. Birthplace Germany.

16 (a) Informant Miss Elizabeth Lange

(b) Address 700 E. Fort Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 23/39 (month) (day) (year)

(c) Cemetery or crematory Holy Cross A A Co

Location A. A. Co.

18 (a) Funeral director Bernard E. Forker

(b) Address 121 E West St

19 (a) SEP 22 1939 (Date rec'd by registrar) Washington, Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 19 1939, at 12 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 15 1939 to Sept 19 1939.

and that I last saw h[illegible] alive on Sept 19 1939.

Immediate cause of death Myocardial Insufficiency.

Due to

Due to

Other Conditions Chronic Nephritis

(Include pregnancy within three months of death)

Major findings:

Of operations —

Of autopsy —

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)

(e) Means of injury —

23. Signature John A. Schenuit M.D.

Address 1337 S Charles St Date signed 9/21/39

VS 3

[redacted] F 61439

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-c Registered No. [redacted] F 61439

Physicians: please write the causes of death clearly and legibly. Exact age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1917 FLEET ST.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTO. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1917 FLEET ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARY G. FILIP

3 (b) If veteran, name war NO

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	WIDOWED

6 (b) Name of husband or wife FRANK FILIP
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) AUG 12 1877.

8. AGE: Years	Months	Days	If less than one day
62	1	9	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation HOUSE WIFE AT HOME
11. Industry or business

FATHER
12. Name JAMES DEVANEY
13. Birthplace BALTO. MD.

MOTHER
14. Maiden Name ELIZABETH BODER
15. Birthplace BALTO. MD.

16 (a) Informant JAMES DEVANEY BROTHER
(b) Address 507 S. CHAPEL ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT. 25/39 (month) (day) (year)
(c) Cemetery or crematory MT. CARMEL CEM.
Location ODONNEL ST.

18 (a) Funeral director Lilly & Zeiler Inc.
(b) Address 403 S. WOLFE ST.

19 (a) SEP 22 1939 (Date rec'd by Registrar) (b) Hunting Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH SEPT. 21/39 19 . at 6A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/15 19 39 to 9/21 19 39.
and that I last saw h alive on 9/20 19 39.

Immediate cause of death	Duration
Cardiac failure due to Arterio Sclerosis	over
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Treated from
Address 32 E. Eastern Date signed 9-24-39 M. D.

VS 3

47623 - HB

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 61440

F 61440

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 214 S. Castle St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Adam Schramm

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/2/1871

8. AGE: Years 68 | Months 8 | Days 17 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Julius Schramm
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Brickel
15. Birthplace Germany

16 (a) Informant B.C.H.
(b) Address Records

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT. 22/39 (month) (day) (year)
(c) Cemetery or crematory ST. PAULS GER. REFORMED
Location 5600 CARDIFF AVE.

18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) SEP 22 1939 (Date rec'd by registrar) Hunting to Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-17 1937, at 7'15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-17 1937, to 9-17 1937, and that I last saw him alive on 9-17 1937.

Immediate cause of death: Uremia — Duration: several days

Due to: Benign prostatic hypertrophy — Duration: ?

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. L. Woodruff M. D.
Address Balto city hosp. Date signed 9-20-37

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 61441

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C

Registered No. F 61441

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 529 E 20th Street

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 56 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 529 E 20th St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles E. Saylor

3 (b) If veteran, name war none

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	married

6 (b) Name of husband or wife Julia E. Saylor

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12 1857

8. AGE: Years	Months	Days	If less than one day: hr.	min.
82	2	10		

9. Birthplace York Penna. (Town, county, and state)

10. Usual Occupation Retired Conductor B.R.R

11. Industry or business

MOTHER / FATHER

12. Name Samuel Saylor

13. Birthplace York Penna

14. Maiden Name Katherine Kissinger

15. Birthplace York Penna

16 (a) Informant Julia E. Saylor

(b) Address 529 E. 20th Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 25-39 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Frederick Road

18 (a) Funeral director Albert W Berry

(b) Address 440 E. North Ave

19 (a) SEP 22 1939 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/22/39 19 . at 6 35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1935 to 9/22/39.

and that I last saw him alive on 9/22/39 19

Immediate cause of death

Myocarditis

Arterio sclerosis

Due to Pulmonary Edema

Duration: Gradual, 5 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy not Done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature W. H. Moody M.D.

Address 1403 Park Ave Date signed 9/22/39

VS 3

F 61442

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131

F 61442

Registered No.

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Physicians:

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61443

CERTIFICATE OF DEATH

F 61443

1. PLACE OF DEATH West Balto Genl Hosp

CITY OF BALTIMORE: (No.) St. 16-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred (Colored) yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Maud Schlee

(a) Residence: No. 3021 Fait Ave St., Ward. Balto Co.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (or) WIFE of Andrew Schlee

6. DATE OF BIRTH (month, day, year) Feb. 23 - 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME John T. Biggs

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Emily Gardner

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Andrew Schlee

(Address) Helena Ave. Essex

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Sept. 25 1939

19. UNDERTAKER John G. Connelly

(Address) Essex Md.

20. FILED SEP 22 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1939 to Sept 21, 1939

I last saw h[illegible] alive on Sept 21, 1939. Death is said to have occurred on the date stated above, at 3 1m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subarachnoid Hemorrhage	Sept 13, 39

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinic, Spinal tap Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Sheal M. D.

(Address) Wardell

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V0 8

F 61444 46616-PB

#46616

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1953

Registered No. F 61444

Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution:

Balto. City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo.

(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

1807

Street No. 1107 Edmondson Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Crump

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-14-2319

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	colored	widowed

6 (b) Name of husband or wife Lucy

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-1-1872

8. AGE: Years	Months	Days	If less than one day
67	3	19	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation unemployed

11. Industry or business

FATHER

12. Name Jack

13. Birthplace Va.

MOTHER

14. Maiden Name Henietta Moss

15. Birthplace Va.

16 (a) Informant B.C.H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-24-39 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location A.A. County, Md.

18 (a) Funeral director William A Jackson

(b) Address 916 Pennsylvania ave Huntington Williamsport Md.

19 SEP 22 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-20 1939, at 9 50 P M

21. I certify that death occurred on the date above stated, that I attended deceased from 7-17 1939, to 7-20 1939, and that I last saw h/~~s~~ alive on 7-20 1939.

Immediate cause of death	Duration
Arteriosclerotic gangrene foot	four weeks
Due to arteriosclerosis and hypertensive cardiovascular disease ?	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy No Post

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature L.A. Woodward Jr M. D.

Address Balto city hosp Date signed 9-21 39

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61445

CERTIFICATE OF DEATH

✓ 50 F 61445

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 N. Montford Ave., St., 7-2 Ward)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Josephine C. Sulc (Schultz)

(a) Residence: No. 711 N. Montford Ave., St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frank Sulc (Schultz)

6. DATE OF BIRTH (month, day, year) May 19, 1870

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
69	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Czeckoslovakia

FATHER

13. NAME Frank Svacek

14. BIRTHPLACE (city or town) (State or country) Czeckoslovakia

MOTHER

15. MAIDEN NAME Sole

16. BIRTHPLACE (city or town) (State or country) Czeckoslovakia

17. INFORMANT Frank Sulc -husband
(Address) 711 N. Montford Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 9/23/39 19

19. UNDERTAKER Charles E. Schimunek.
(Address) 2603 E. Madison St.

20. FILED SEP 22 1939 19 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1939 to Sept 20, 1939.

I last saw her alive on Sept 20, 1939. Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lypostatic Pneumonia	9/7/39
Other contributory causes of importance: Cerebral Thrombosis	9/1/38

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Huntington Williams M. D.

(Address) 801 N. Eutaw St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

36503

61446

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 61446

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days

(e) Length of stay in Baltimore (yrs., mos., or days) 39 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street 131 E. Central Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Josephine Carullo

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Anthony

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — 1883.

8. AGE: Years 56 | Months | Days | If less than one day hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Jos. Picarelli

13. Birthplace Italy

MOTHER 14. Maiden Name

15. Birthplace —

16 (a) Informant Rosa

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof 9/23/39 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Road

18 (a) Funeral director Wendell Heppel

(b) Address 1805 E. Monument St.

SEP 22 1939 (Date rec'd by registrar) (b) Huntington & Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 20 1939, at 5:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 8 1939, to Sept 20 1939 and that I last saw her alive on Sept 20 1939.

	Duration
Immediate cause of death: Cardiac Failure	2 mins.
Due to: Coronary Thrombosis	1 mo.
Due to: Coronary arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature W. B. McAllister Jr. M. D.

Address Date signed 9-20-39

F 61447

F 61447

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Madison & Linden Aves

(c) Hospital or institution: Md. Gen. Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days

(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs +

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

4-6

(d) Street No. 1919 E. 29th St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert V. Dallmus

3 (b) If veteran, name war: no

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband~~ or wife Bessie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 1 – 1890

8. AGE: Years	Months	Days	If less than one day: hr.	min.
48	10	21		

9. Birthplace Pennsylvania (Town, county, and state)

10. Usual Occupation Conductor

11. Industry or Business P.R.R.

FATHER

12. Name John F. Dallmus

13. Birthplace Penna

MOTHER

14. Maiden Name Catherine Myers

15. Birthplace Penna

16 (a) Informant Mrs Bessie Dallmus

(b) Address 1919 E. 29th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/25/39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Moreland Park

Location Balto. Co. Md

18 (a) Funeral director William Cook

(b) Address 1217 St Paul St.

19 (a) SEP 23 1939 (b) Huntington Williams, M.D. Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 22 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 21, 1939, to Sept 22, 1939, and that I last saw him alive on Sept 22 1939.

Immediate cause of death	Duration
Heart failure	
Due to Lobar pneumonia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Edward J. Glassman M. D.

Address Md. Gen. Hosp. Date signed

VS 3

F 61448

F 61448

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1933 W. Franklin St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 d

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 1933 W. Franklin St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Julia Ann Orndorff

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) ~~Single~~, married, ~~widowed, or~~ divorced. Married

6 (b) Name of husband ~~or wife~~ Geo. H. Orndorff

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 2nd 1879

8. AGE: Years 60 | Months 1 | Days 14 | If less than one day: hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business Self

MOTHER / FATHER

12. Name August Troos

13. Birthplace Germany

14. Maiden Name Amelia Pachnert

15. Birthplace Germany

16 (a) Informant Geo. H. Orndorff

(b) Address 1933 W. Franklin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 22nd 1939 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Lorraine

Location Balto. Co. Md

18 (a) Funeral director Williams Bros

(b) Address 217 St. Paul St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 21st 1939. at M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 20 1938. to Sept 21 1939.

and that I last saw h er alive on Sept 21 1939.

Immediate cause of death

Due to Chronic interstitial nephritis — Duration: 8 yrs

Due to — Duration: 11 days

Other Conditions Uraemia

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature M Bernard Good M. D.

Address 2200 Garrison Blvd Date signed 9/21/39

PLEASE WRITE PLAINLY, WITH INK OR INDELIBLE PENCIL. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

V8 3

F 61449

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61449

CERTIFICATE OF DEATH

95-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4608 York Rd St. 27-11 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ida J. McCarthy

(a) Residence: No. 4608 York Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Eugene J McCarthy

6. DATE OF BIRTH (month, day, year): May 10 - 1874

7. AGE: Years 65 | Months 4 | Days 11 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): 1/4/32

11. Total time (years) spent in this occupation: 50 Yrs

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Joseph L. Griffith

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Dora L Styles

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Daisy T. Foster

(Address) 4710 York Road

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: Sept 25 39

19. UNDERTAKER: Wenzgan Book

(Address) 1217 St Paul St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1939, to Sept 21, 1939.

I last saw her alive on Sept 20, 1939. Death is said to have occurred on the date stated above, at 4:15 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiovascular disease	1934
Other contributory causes of importance: Acute Cardiac dilatation	9/20/39
Pulmonary Edema	9/20/39

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Anthony J Thomas M. D.

(Address) 4600 York Road

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 8

SEP 25 1939

F 61450

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 310 Ilchester Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 310 Ilchester Ave (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John F Preller
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Emma M
6 (c) If alive, give age 60 years
7. Birth date of deceased (mo., day, yr.) Jan. 13-1869

8. AGE: Years 70 Months 8 Days 8 If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Manager
11. Industry or business Koch Importing Co

FATHER
12. Name John H. Preller
13. Birthplace Balto Md

MOTHER
14. Maiden Name Elizabeth Fraunholtz
15. Birthplace Germany

16 (a) Informant Emma M. Preller
(b) Address 310 Ilchester Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 25 39 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 217 S. Paul Street

19 SEP 23 1939 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 22 1939, at 2-10 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1939 to Sept 21 1939.
and that I last saw h in alive on Sept 21 1939.

Immediate cause of death: Pulmonary Tuberculosis — Duration: 2

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter F Jones M.D.
Address 3136 Harford Ave Date signed Sept 22 1939

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

61451 3-8568

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a

Registered No. F 61451

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4521 Harford Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Garrison Boyle

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Dolly
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 14 1894

8. AGE: Years 45 | Months 8 | Days 21 | If less than one day hr. min.

9. Birthplace: Del (Town, county, and state)

10. Usual Occupation: none
11. Industry or business

FATHER
12. Name Christopher Boyle
13. Birthplace Ireland

MOTHER
14. Maiden Name Ida Wilson
15. Birthplace Ireland ? Records

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/26/39 (month) (day) (year)
(c) Cemetery or crematory Moreland Pk
Location Baltimore Md

18 (a) Funeral director Kluwand & Covington
(b) Address 21 W. 25th St

SEP 23 1939 (b) Registrar
(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 22 1939, at 12 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 18 1939, to Sept 22 1939, and that I last saw him alive on Sept 22 1939.

Immediate cause of death: Cerebral Hemorrhage — Duration: 4 days
Due to: Hypertension
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. E. Ireland M. D.
Address Johns Hopkins Hospital Date signed 9-22-39

61452

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106-a

F 61452 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 2045 Wilkens Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Robert Wright

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10, 1924

8. AGE: Years 15 | Months 2 | Days 10 | If less than one day: hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Robert A. Wright
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Mildred Elloff
15. Birthplace Baltimore, Md

16 (a) Informant Robert A. Wright
(b) Address 2045 Wilkens Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/23/39 (month) (day) (year)

(c) Cemetery or crematory London Park
Location Baltimore, Md

18 (a) Funeral director Durward G. Cunningham
(b) Address 21 W. 20th St.

19 (a) SEP 23 1939 (Date rec'd by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 20 1939, at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 17 1939, to Sept. 20 1939, and that I last saw him alive on Sept. 20 1939.

Immediate cause of death Respiratory Failure and Atelectasis. Left Lung

Due to Acute Bronchitis

Due to Complicating - Pseudo - hypertrophic Muscular Dystrophy

Other Conditions

(Include pregnancy within 3 months of death)

Duration: 4 hours; 8 days; 8 years

Major findings:
Of operations
Of autopsy Confirmatory

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Stanley Q. Bradley M. D.
Address Univ. Hosp. Date signed 9. 20 39

61453

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48447 S 61453 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days

(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 10 N. Highland Avenue (If rural give location)

(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME John Travers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Rosa

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 29, 1854

8. AGE: Years 84 Months 10 Days 23 If less than one day hr. min.

9. Buthplace Maryland (Town, county, and state)

10. Usual Occupation Laborer on Boat

11. Industry or business

MOTHER / FATHER

12. Name Addison

13. Birthplace Maryland

14. Maiden Name Mary Wilson

15. Birthplace Maryland

16 (a) Informant Records

(b) Address Baltimore City Hospitasl

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/25/39 (month) (day) (year)

(c) Cemetery or crematory Mt. Carmel

Location Baltimore, Md

18 (a) Funeral director Durward D. Covington

(b) Address 21 W. 25th St

19 (a) (Date rec'd by registrar) SEP 26 1939 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-22 1939, at 6 35 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-18 1939, to 9-22 1939, and that I last saw h[illegible] alive on 9-21 1939.

Immediate cause of death	Duration
Uremia	several days
Due to Benign Prostatic Hypertrophy	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature L. T. Woodward, M. D.

Address Balto City Hosp. Date signed 9-22-39

61434

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 61434
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2038 Mayfield Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles H. Bursch.

3 (b) If veteran, name war: World War
3 (c) Social Security Account No.:
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Anna M. Bursch
6 (c) If alive, give age: 40 years
7. Birth date of deceased (mo., day, yr.): June 16 1897
8. AGE: Years 75 | Months 3 | Days 5 | If less than one day: hr. min.
9. Birthplace: Baltimore Md (Town, county, and state)
10. Usual Occupation: Patrolman
11. Industry or business:

MOTHER / FATHER
12. Name: Joseph Bursch
13. Birthplace: Austria
14. Maiden Name: Rose Lang
15. Birthplace: Austria

16 (a) Informant: Anna M Bursch
(b) Address: 2038 Mayfield Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept 25 34 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Baltimore

18 (a) Funeral director: John Ulrich
(b) Address: 2208 Greene St

19 (a) (Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-21 1934. at 4.05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 9-20 1934. to 9-21 1934. and that I last saw h[illegible] alive on 9-21 1934.

Immediate cause of death Bilateral Bronchopneumonia
Staphylococcus Septicemia — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leo. E Woodland M. D.
Address Univ. Hosp Date signed 9-21-34

F 61455

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

F 61455 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Harbor Pratt & Light Sts
(c) Hospital or institution
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Unknown (If outside city or town limits, write RURAL and give town)
(d) Street No. Unknown (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Gibson

3 (b) If veteran, name war Unknown

3 (c) Social Security Account No. Unknown

4. Sex Male

5. Color or race Col.

6 (a) Single, married, widowed, or divorced Unknown

6 (b) Name of husband or wife Unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 51 | Months | Days | If less than one day: hr. min

9. Birthplace Unknown (Town, county, and state)

10. Usual Occupation Stevedor

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace Unknown

MOTHER 14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant Ericson Steamship Co

(b) Address Pratt & Light Sts

17 (a) (Burial, cremation, or removal)

(b) Date thereof 9/25/39 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location A. A. Co. Md.

18 (a) Funeral director B. C. Harle

(b) Address 21 E. West St.

19 Sept 25 1939

(b) 39

Hunting [illegible]

VS-4

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-18-? 1939, at ~ M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Accidental Drowning — Duration

Due to

Due to

Other Conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Two for decomposed

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence above
(c) Where did injury occur? City Pratt & Light Sts (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? Yes
(e) Means of injury Fell overboard from pier

23. Signature Wm B. Vandenhoff M.D. Medical Examiner

Date signed 9-23-39 Per. H. J. Meadows

F 61456

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C

F 61456 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 629 N Mount St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 629 N Mount St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Powhatan Bailey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male
5. Color or race: col
6 (a) ~~Single, married~~, widowed, or ~~divorced~~: widowed
6 (b) Name of husband or wife: Pennie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-18-1876

8. AGE: Years 63 Months 6 Days 2 If less than one day: hr. min.

9. Birthplace Sussex co Va (Town, county, and state)

10. Usual Occupation Miller

11. Industry or business Lumber

MOTHER / FATHER

12. Name ?

13. Birthplace ?

14. Maiden Name Antnett Hamlin

15. Birthplace Va

16 (a) Informant Ella Bailey
(b) Address 629 N Mount St

17 (a) Burial (Burial, cremation, or removal)
(b) Date thereof Sept 23rd (month) (day) (year)
(c) Cemetery or crematory Wavely Va.
Location Va.

18 (a) Funeral director Edwin O Wilson
(b) Address 1000 Brentley Av

19 SEP 23 1939 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-21 1939 at 2:45 a

21. I certify that death occurred on the date above stated, that I attended deceased from 9-1 1939 to 9-21 1939 and that I last saw h[illegible] alive on 9-21 1939

Immediate cause of death	Duration
Bronchitis	1 yr
Due to Arteriosclerosis	2 yr.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death.)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. Atwell Jones M. D.
Address 5354 Dolphin St Date signed 9-21

VS 3

F 61457

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B

F 61457 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 946 Bennett Place
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 946 Bennett Place (If rural give location)
(e) If foreign born, how long in U. S. A.? 18 years

3 (a) FULL NAME Birtie Britt Scott Gaines

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 45 | Months | Days | If less than one day: hr | min

9. Birthplace Maryland, (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Walter Scott.

13. Birthplace MD.

MOTHER 14. Maiden Name Ella Horsey.

15. Birthplace MD.

16 (a) Informant Louis Gaines (Husband)

(b) Address 946 Benett Place.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 25 39 (month) (day) (year)

(c) Cemetery or crematory Arbutus

Location Landstown

18 (a) Funeral director Elroy O Wilson

(b) Address 1000 Belair Rd Arbutus, Md

19 SEP 23 1939 (b) Hunting Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 22 1939, at 6 - P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Jury (Autopsy or Inquest) find that said deceased came to last death on the day stated above.

Immediate cause of death: Coronary Sclerosis

Due to: Hypertension

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Conrad Acton M.D. Medical Examiner

Date signed 9/22/39

VS 4

F 61458

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119

F 61458
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Baltimore, Md.
(b) Street address 232 N. Carlton St
(c) Hospital ~~or institution~~
~~Pronounced dead on arrival 9/22/39~~
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 232 N Carlton St (If rural give location)
18
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louise C. Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: child

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 14, 1938

8. AGE: Years | Months: 11 | Days: 8 | If less than one day: hr min

9. Birthplace: Baltimore, Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name: Samuel Barrett
13. Birthplace: Baltimore, Md

MOTHER
14. Maiden Name: Olivia Smith Jones
15. Birthplace: Baltimore, Md

16 (a) Informant: Olivia Jones
(b) Address: 232 N Carlton St

17 (a) (Burial, cremation, or removal)
(b) Date thereof: Sept 23, 1939 (month) (day) (year)
(c) Cemetery or crematory: Mt Auburn
Location

18 (a) Funeral director: Mrs Katie R Williams
(b) Address: 322 N Schroeder St

19 (a) SEP 23 1939 (Date received by local registrar)
(b) Huntington Williams M.D.

V8 6

MEDICAL CERTIFICATION

20. DATE OF DEATH: 9-22-1939, at 10.30 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or inquest) thereon and from the evidence obtained by said autopsy (Autopsy or inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: acute Gastro-enteritis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings Of operations

Of autopsy as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Howard J. Maddux M.D.
Medical Examiner
Date signed 9-22-39

F 61459

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

F 61459

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3006 RUEKERT AVE. (Hamilton)

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)

(d) Street No. 3006 Ruekert Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME EILEEN C. SPIESS

3 (b) If veteran, name war NO

3 (c) Social Security Account No. NO

4. Sex Female

5. Color or race WHITE

6 (a) Single, married, widowed, or divorced. SINGLE

6 (b) Name of husband or wife .....

6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) APRIL 17, 1926

8. AGE: Years 13 | Months 5 | Days 4 | If less than one day .... hr ..... min.

9. Birthplace BALTIMORE, MARYLAND (Town, county, and state)

10. Usual Occupation AT SCHOOL

11. Industry or business AT SCHOOL

FATHER

12. Name NEWTON E. SPIESS

13. Birthplace BALTIMORE? MARYLAND

MOTHER

14. Maiden Name ROSE W. DIETZ

15. Birthplace BALTIMORE, MARYLAND

16 (a) Informant MR. NEWTON E. SPIESS

(b) Address 3006 RUEKERT AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT. 23, 39 (month) (day) (year)

(c) Cemetery or crematory LOUDON PARK

Location 3801 Frederick Ave.

18 (a) Funeral director [illegible]

(b) Address 1300 EUTAW PLACE

19 SEP 23 1939 [illegible] Registrar

(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 21 1939, at 7:30 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 2 1939, to Sept 2 1939, and that I last saw h[illegible] alive on Sept 2 1939.

Immediate cause of death Organic heart disease

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Leonard E. Beach M. D.

Address 2229 St Paul St. Date signed 9/ /39

Dr. L. E. Beach.

VS 3

61460

HEALTH DEPARTMENT—CITY OF BALTIMORE

61460

CERTIFICATE OF DEATH

93c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3951 Cloverhill St., 12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. 9 mos. 0 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rosa Elizabeth Baldwin

If U. S. Veteran specify WAR NONE

(a) Residence: No. 3951 Cloverhill St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Reginal H. Baldwin

6. DATE OF BIRTH (month, day, year): Aug-2-1850

7. AGE — Years: 89 | Months: 1 | Days: 20 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): none

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Washington D.C.

FATHER

13. NAME: Barnet Stall

14. BIRTHPLACE (city or town) (State or country): Prince Georges Md

MOTHER

15. MAIDEN NAME: Virginia B. Gunnell

16. BIRTHPLACE (city or town) (State or country): Washington D.C.

17. INFORMANT: Mrs. Rosa Baldwin dy Dr.

(Address) 3951 Cloverhill Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Baldwin Mem'l - Oella Md. 9/24/ 1939

19. UNDERTAKER Stewart Memorial

(Address) 108 W. Mt. Ave.

20. FILED ..... 19 ..... Registrar.

SEP 23 1939

Hagerstown, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 22 - 1939

22. I HEREBY CERTIFY, That I attended deceased from Feby 1917 to Sept 22 1939

I last saw h... alive on Sept 22 1939 Death is said to have occurred on the date stated above, at 12.05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocardial Disease	?
Other contributory causes of importance: Cerebral Sclerosis - Hypostatic Pneumonia	?

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Chas W. Leonard M. D.

(Address) 1327 Park Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V6 8

PRESTON ✓

F 61461 ! F 61461 !

108

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH 1723 E. Eager St

CITY OF BALTIMORE: (No. Baltimore Apt. 7 St., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John H Preston

(a) RESIDENCE NO. 1723 E. Eager St WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col.	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary

6 DATE OF BIRTH (month, day, and year) Sept 22, 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
72				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Redcap (retired)

(b) General nature of industry, business, or establishment in which employed (or employer) 1070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt. Md

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) Md (State or country)

12 MAIDEN NAME OF MOTHER Harriet ?

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant Blanche R. Smith

(Address) 1723 E. Eager St

15 Filed SEP 23 1939 Huntington Williamson, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/22/39

17 I HEREBY CERTIFY, That I attended deceased from 9/18/39, 19..., to 9/22/39, 19..., that I last saw h... alive on 9/21/39 and that death occurred, on the date stated above, at 4 A.M.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Decompensation

(Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no

Was there an autopsy? no

What tests confirm diagnosis?

(Signed) H. H. Radcliffe, M. D.

9/23/39, 19 (Address) 944 N. Carey St

*Stating the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Arbutus Mem

DATE OF BURIAL 9/25/39

20 UNDERTAKER Joseph B. Locke, Jr.

ADDRESS 304 N. Central Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 61462

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

98

F 61468

Registered No.

PLEASE WRITE PLAINLY. WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Bon Secours Hosp

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 days

(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1425 W. Fayette (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie E. Harris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Samuel Harris

6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) March 17 1867

8. AGE: Years 72 | Months | Days 5 | If less than one day: hr. min.

9. Birthplace Philadelphia, Pa. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER

12. Name Louis Yeager

13. Birthplace Philadelphia Pa

MOTHER

14. Maiden Name Sarah Johnson

15. Birthplace Philadelphia Pa

16 (a) Informant [illegible]

(b) Address [illegible]

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year) Sept 25 39

(c) Cemetery or crematory [illegible]

Location [illegible]

18 (a) Funeral director [illegible]

(b) Address 1003 E. Fayette St

19 (a) (Date received by registrar) Sept 23 1939 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 22 1939, at 8 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-28 1939, to 9-22 1939, and that I last saw her alive on 9-22 1939.

Immediate cause of death	Duration
Pulmonary embolism	15 min
Embolism left popliteal artery c	4 weeks
~~Due to~~ gangrene left leg	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations Mid thigh amputation for gangrene l. leg. 9-21-39

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature William J. McClafferty M. D.

Address Bon Secours Hosp. Date signed 9-22-39

43166 - RB

F 61463

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 61463

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mos, 28 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1907 N. Regester St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Dannetell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Charles (d)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 25, 1875

8. AGE: Years 63 | Months 9 | Days 26 | If less than one day: hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER
12. Name Peter Curran (dead)
13. Birthplace Ireland

MOTHER
14. Maiden Name Carrie Dougherty (dead)
15. Birthplace Penna.

16 (a) Informant B.C.H.
(b) Address Records

17 (a) Burial (Burial, cremation, or removal)
(b) Date thereof Sept 25, 1939 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location E. North Ave.

18 (a) Funeral director Elmer Wonkling Son
(b) Address 924 Eager St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-21- 1939 at 9 55 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-7- 1939 to 9-21-1939 and that I last saw h er alive on 9-21-1939.

Immediate cause of death Cerebral Hemorrhage — Duration 5 days

Due to Hypertension & Disease — P—

Due to Generalized arterial arteriosclerosis — 7—

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Murphy Goldstein M. D.
Address Balto City Hosp. Date signed 9-22-39

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61464

61464

CERTIFICATE OF DEATH

REGISTERED NO. 85

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 715 Harlem ave ST., 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William T. Johnson Jr.

(a) RESIDENCE NO. 715 Harlem ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 6. 1921

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	9	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER William T. Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Maryland

12 MAIDEN NAME OF MOTHER Hattie Archer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant William T. Johnson Sr. (Address) 715 Harlem Ave.

15 Filed SEP 23 1939 19 Huntington Williams Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 21, 1939

17 I HEREBY CERTIFY, That I attended deceased from Sept 21. 1939. to Sept. 21. 1939. that I last saw h / my alive on Sept 21. 1939 and that death occurred, on the date stated above, at 12 P m.

The CAUSE OF DEATH* was as follows:

Epilepsy

(duration) 17 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Douglas Sheppard, M. D.

1-22-1939 (Address) 1063 Wilkens Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. DATE OF BURIAL Sept. 45 19

20 UNDERTAKER Mrs Frances A. Hemsley ADDRESS 578 Ft. Dodd

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

61465 HEALTH DEPARTMENT—CITY OF BALTIMORE E 61465

CERTIFICATE OF DEATH 85

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1127 McCulloh St., 11-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR

2. FULL NAME Sarah E. Nelson
(a) Residence: No. 1127 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 26 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	1	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER
13. NAME George W. Nelson
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER
15. MAIDEN NAME Sarah A. Tendonia
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Mrs. Jennett Nelson 1127 McCulloh St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 9-25 39

19. UNDERTAKER (Address) Mrs. Marguerite A. Hemsley 518 N. Budd St

20. FILED SEP 23 1939 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1929 to Sept 21, 1939
I last saw h[illegible] alive on Sept 20, 1939. Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epilepsy	
Other contributory causes of importance:	

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.
(Address) 207 Dru[illegible] Hall Co

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

61466

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 61466

Registered No. 1640

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2550 W. Lombard
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 2550 W. Lombard St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Gertrude Uhl

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Louis C. Uhl Sr.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 28-1879

8. AGE: Years 59 Months 9 Days 23 If less than one day hr. min

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Andrew Schwabeland

13. Birthplace Germany

MOTHER 14. Maiden Name Elizabeth J. Clark

15. Birthplace Baltimore Md.

16 (a) Informant Louis C. Uhl Sr.

(b) Address 2550 W. Lombard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 23-1939 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Baltimore Md.

18 (a) Funeral director George L. Schwatt

(b) Address 701 Frederick ave.

19 (a) SEP 23 1939 (Date rec'd by Registrar) (b) Filing Clerk

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/20/39 19 , at 5:40 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Asphyxiation — Duration

Due to Mental depression

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 9/20/39
(c) Where did injury occur? 2250 W. Lombard (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury Illuminating gas

23. Signature Conrad Acton M.D. (Medical Examiner)

Date signed 9/20/39

VS 6

F 61467

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

59

F 61467
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Howard Sts.
(c) Hospital or institution: Md. Gen Hosp 24-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) Life 8yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1415 Covington St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary E Wholey
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Fe
5. Color or race White
6 (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 16, 1931

8. AGE: Years 8 | Months 1 | Days 5 | If less than one day: hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Student
11. Industry or business Public School

MOTHER / FATHER
12. Name Fenton John Wholey
13. Birthplace Baltimore, Md.
14. Maiden Name Edna I Stricklin
15. Birthplace Baltimore, Md.

16 (a) Informant Fenton J. Wholey
(b) Address 1415 Covington St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 26, 1939 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave.

18 (a) Funeral director Geo. W Zickler
(b) Address 1737 E. Eager St.

19 (a) Date received by registrar SEP 28 1939 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-21 1939, at 11 59 P M

21. I certify that death occurred on the date above stated, that I attended deceased from 9-20 1939, to 9-21 1939, and that I last saw h alive on 9-21 1939.

Immediate cause of death: Diabetic Coma — Duration: 9-21-39
Due to: Diabetes
Due to:
Other Conditions: Bronchopneumonia Cystitis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Bronchopneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr Gutman said M. D.
Address Bed Gen Hosp Date signed 9-22-39
Howard J. Gutman
Medical Examiner

F 61468

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 61468

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1819 E. Fairmount Ave
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1819 E. Fairmount Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ernest Bauer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
M	W	Widowed

6 (b) Name of ~~husband~~ wife Catherine

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 11th 1871

8. AGE: Years	Months	Days	If less than one day: hr	min
67	9	11		

9. Birthplace Balto, Md. (Town, county, and state)

10. Usual Occupation Watchman

11. Industry or business W. P. A. - Relief

FATHER
12. Name John Bauer
13. Birthplace Germany

MOTHER
14. Maiden Name Madeline (Unknown)
15. Birthplace Germany

16 (a) Informant Harry Bauer
(b) Address 2416 Mc Elderry St.

17 (a) Burial (Burial, ~~cremation or removal~~) (b) Date thereof 9/25/39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Mt Carmel
Location Balto Md.

18 (a) Funeral director William Cook
(b) ~~Address~~ 1217 St. Paul St

19 (a) SEP 23 1939 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/22/39 19 , at 2:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death
Coronary Sclerosis

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Conrad Acton M.D. Medical Examiner

Date signed 9/22/39

F 61469

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 61469

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., ~~mos. or days~~) 15

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 104 Jackson Square (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Estelle Kidd
3 (b) If veteran, name war World 3 (c) Social Security Account No. 564-16-3181

4. Sex	5. Color or race	6 (a) ~~Single, married, widowed or~~ divorced
M	W	Divorced

6 (b) Name of ~~husband~~ wife Tabia
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years	Months	Days	If less than one day hr	min
56				

9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation Painter
11. Industry or business Self

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Gladys Kidd La Tour
(b) Address 104 Jackson Square 9/26/39
17 (a) Burial (Burial, ~~cremation~~) (b) Date thereof (month) (day) (year)
(c) Cemetery or ~~crematory~~ U. S. National
Location Balto. Md.
18 (a) Funeral director William Cook.
(b) Address 127 S. Paul St Baltimore, Md.
19 SEP 23 1939 Hunting (Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/22/39 19 , at 5:30 P M
21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Acetic Poisoning — Duration 5 hours
Due to
Due to
Other Conditions Alcoholism Chronic
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 9/22/39
(c) Where did injury occur? 104 Jackson Place (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work) ?
(e) Means of injury Poison taken by mouth
23. Signature Conrad Acton M.D. Medical Examiner
Date signed 9/23/39

F 61470

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46-F Registered No. F 61470

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2904 Springhill ave
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2904 Springhill Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? 26 years

3 (a) FULL NAME Dora. Leish
3 (b) If veteran, name war
3 (c) Social Security Account No. none
4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Abraham
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept 10 1878
8. AGE: Years 61 Months Days 14 If less than one day hr. min.
9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Home Wife
11. Industry or business

FATHER
12. Name Louis Ruben
13. Birthplace Russia

MOTHER
14. Maiden Name Etta ?
15. Birthplace Russia

16 (a) Informant Abraham Leish
(b) Address 348 S Payson St
17 (a) Burial (Burial, cremation, or removal)
(b) Date thereof Sept 24 /39 (month) (day) (year)
(c) Cemetery or crematory Hebrew Sinai Rem
Location Philadelphia Road.
18 (a) Funeral director Jos Siegman & Bros
(b) Address 1124-26 W. North ave
19 (a) SEP 24 1939 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-23 1939. at 6.25 AM
21. I certify that death occurred on the date above stated; that I attended deceased from 8-31 1939. to 9-23 1939.
and that I last saw her alive on 9-23 1939.

Immediate cause of death: Peripheral vascular collapse — Duration: 4 hrs
Due to: Hepatic insufficiency
Due to: Ca of head of pancreas (??) 2 mos.
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. D.
Address Sinai Hospital Date signed 9-23-39

ROTTMAN

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

Registered No. F 61471

F 61471

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4023 Fairview ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 37 years

3 (a) FULL NAME Eva L. Rottman
3 (b) If veteran, name war
3 (c) Social Security Account No. none

4. Sex: Female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: W
6 (b) Name of husband or wife: late Ellis
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 18 75
8. AGE: Years 64 Months — Days — If less than one day hr. min.
9. Birthplace: Poland (Town, county, and state)
10. Usual Occupation: Housework
11. Industry or business

FATHER
12. Name Abraham Kirchenbaum
13. Birthplace Poland

MOTHER
14. Maiden Name Bell. Rickle
15. Birthplace Poland

16 (a) Informant Abraham Rottman
(b) Address 4023 Fairview ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 24/39 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Philadelphia Road

18 (a) Funeral Director Sol. Swinson & Bro
(b) Address 1124-26 W. North ave

19 (a) SEP 24 1939 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 22 1939, at 5 A M
21. I certify that death occurred on the date above stated; that I attended deceased from Sept 15 1939. to Death.
and that I last saw her alive on Sept 21 1939.

Immediate cause of death
Bronchopneumonia
Pyelonephritis
Due to Arteriosclerosis
Cardio vascular disease
Due to
Other Conditions Paralysis agitans
(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Wetzel, M. D.
Address Sinai Hosp Date signed 9/22/39

F G1472

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a

Registered No. F 61472

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 400 E. 39th Street

(c) Hospital or institution: ----

(d) Length of stay in hospital or inst. (yrs., mos., or days) ---

(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 400 E. 39th St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME BARBARA E. SCHLOSSEL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	Single

6 (b) Name of husband or wife ----

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 3, 1889

8. AGE: Years	Months	Days	If less than one day
50	5	19	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER 12. Name John Schlossel

13. Birthplace Germany

MOTHER 14. Maiden Name Victoria Henneberger

15. Birthplace Germany

16 (a) Informant Miss Lillian M. Schlossel

(b) Address 400 E. 39th Street

17 (a) Burial--- (Burial, cremation, or removal) (b) Date thereof 9/25/39 (month) (day) (year)

(c) Cemetery or crematory Lorraine

Location

18 (a) Funeral director Chas. F. Knape & Son Inc

(b) Address 115 W. Mt. Royal ave

19 (a) SEP 24 1939 (Date rec'd by registrar) (b) Huntingtown Calvert Co. Md. Registrar

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 22nd. 1939, at 60 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1938, to Sept 22 1939, and that I last saw her alive on July 10 1939.

	Duration
Immediate cause of death: Cerebral hemorrhage	1/2 hour
Due to: Hypertension 260/120	3 years
Due to:	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. H. Pearce M. D.

Address 2105 Clark Date signed Sept 23/39

The F 61473

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-a

Registered No. F 61473

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Frederick Road, Irvington
(c) Hospital or institution: Mt. St. Joseph's High School
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ---
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Frederick Road Irvington (If rural give location)
(e) If foreign born, how long in U. S. A.? seven years

25-1

3 (a) FULL NAME SISTER AUREMUNDA (KATHERINE PFAU)

3 (b) If veteran, name war ---

3 (c) Social Security Account No. ---

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	Single

6 (b) Name of husband or wife ---

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 30, 1888

8. AGE: Years	Months	Days	If less than one day
50 51	4	22	hr. min.

9. Birthplace Rottinger, Germany (Town, county, and state)

10. Usual Occupation Religious

11. Industry or business

MOTHER / FATHER

12. Name George Pfau
13. Birthplace Germany
14. Maiden Name Mary Fegr
15. Birthplace Germany

16 (a) Informant Records
(b) Address Mt. St. Joseph's High School

17 (a) Shipping (Burial, cremation, or removal) (b) Date thereof Sept. 25/39 (month) (day) (year)
(c) Cemetery or crematory Meadowbrook
Location Pennsylvania

18 (a) Funeral director [illegible]
(b) Address 115 W. Mt Royal Ave

19 (a) SEP 24 1939 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 22 39 19 . at M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 21 1939 to Sept 23 1939 and that I last saw h-- alive on Sept 23 1939.

Immediate cause of death Hypertension
Arteriosclerosis
Hemoplegia

Due to —

Due to —

Other Conditions Pulmonary Edema

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Rev. Patrick C. Kehoe

Address 2151 Wilkens Ave Date signed Sept 23/39 M. D.

VS 3

F 61474 1

PLACE OF DEATH

95-B

STATE OF MARYLAND
CERTIFICATE OF DEATH

F 61474

Registration Dist. No.

County

Village or City Balto. (No. 914 S. Linwood Ave St.) 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Alberta Morris

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Nov 6, 1867 (Month) (Day) (Year)

7 AGE: 71 yrs. 10 mos. 15 da. If LESS than 1 day .... hrs. or .... min. ?

8 OCCUPATION
(a) Trade, profession or particular kind of work: At Home
(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE (State or country): Balto City

PARENTS

10 NAME OF FATHER: Edwin J. Morris

11 BIRTHPLACE OF FATHER (State or country): Balto.

12 MAIDEN NAME OF MOTHER: Mary A. Norris

13 BIRTHPLACE OF MOTHER (State or country): Balto Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Miss Margaret Griffin

(Address) 914 S. Linwood Ave.

15 SEP 24 1939 1939 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Sept (Month) 21 (Day) 1939 (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Aug. 15 1939 to Sept 21 1939.

that I last saw her alive on Sept. 21 1939.

and that death occurred on the date stated above, at 11 P.M.

The CAUSE OF DEATH* was as follows:

Generalized Arteriosclerosis

Hypertensive Cardiovascular Disease

Cerebral Hemorrhage Sept. 21, 1939.

(Duration) yrs. mos. da.

Contributory Secondary

(Duration) yrs. mos. da.

(Signed) Emmanuel A. Schumeck M.D.

Sept 23 1939 (Address) 842 S. Eutaw

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs mos da. In the State, yrs. mos da.

Where was disease contracted, if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL: Balto Cemetery DATE OF BURIAL: Sept 26, 1939

20 UNDERTAKER: A. J. Marshall ADDRESS 2359 Ellicott

Statement of OCCUPATION is very important. See instructions on back of certificate

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

F 61475

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C Registered No. F 61475

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2510 Greenmount Ave.
(c) Hospital or institution: Southern Hospital & Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 2
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2510 Greenmount Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lena Geist (Schiefer)

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 22, 1859

8. AGE: Years	Months	Days	If less than one day
79	9	--	hr. min.

9. Birthplace New York State (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name William Schiefer
13. Birthplace ?

MOTHER
14. Maiden Name ----- Barb
15. Birthplace ?

16 (a) Informant Southern Home Records
(b) Address 2510 Greenmount Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/25/39 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Lorraine
Location Windsor Mill Road, Baltimore

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

19 (a) SEP 24 1939 (Date rec'd by registrar) (b) Hunter Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 22. 1939. at M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 5 1939. to Sept. 22 1939. and that I last saw h[illegible] alive on Sept. 1, 1939.

Immediate cause of death	Duration
Due to Chronic Myocarditis	3 mo.
Due to old age	
Other Conditions Prostatism.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hunter C. Black M. D.
Address Medical Arts Bldg. Date signed

VS 3

F 61476

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

43-e

Registered No. F 61476

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address: Wyman Park Drive and 31st St.

(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.

(d) Length of stay in hospital or inst. (yrs., mos., or days): 3mo23da

(e) Length of stay in Baltimore (yrs., mos., or days): Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State: Maryland (b) County: Baltimore, City

(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No.: 203 S. Ellwood Avenue (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME: James Doyle (or) Zacharda

3 (b) If veteran, name war: 3 (c) Social Security Account No.: 219-01-7616

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Annie Levy

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Oct. 31, 1872

8. AGE: Years: 66 | Months: 10 | Days: 21 | If less than one day: hr. ..... min.

9. Birthplace: Baltimore, Maryland. (Town, county, and state)

10. Usual Occupation: Marine Fireman

11. Industry or business: Seafaring

FATHER

12. Name: James Doyle

13. Birthplace: Waterford, Ireland

MOTHER

14. Maiden Name: Mary Bishop

15. Birthplace: Waterford, Ireland

16 (a) Informant: Records-U. S. Marine Hospital,

(b) Address: Baltimore, Maryland.

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (month) (day) (year)

(c) Cemetery or crematory: Oak Hill Cem. Philadelphia Pa.

Location: Martin M.E. Chapel

18 (a) Funeral director: S. Ann St

(b) Address: Huntington Williams, M.D.

19 (a) SEP 24 1939 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 22, 1939, at 3:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 29 1939, to Sept. 22 1939, and that I last saw h... alive on ..... 19....

Immediate cause of death: Arteriosclerosis, coronary and general — Duration: Unknown

Due to .....

Due to .....

Other Conditions: Fibrosis, myocardial; Congestion, chronic passive — Duration: Unknown

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy: Same as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....

(e) Means of injury .....

23. Signature: T. M. D. [illegible]

Address: U. S. Marine Hospital, Baltimore, Maryland

Date signed: 9/22/39

VS 3

F 61477

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1119 Registered No. F 61477

PLEASE WRITE PLAINLY. WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address /

(c) Hospital or institution: Bon Secours Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1829 Mosher (If rural give location)

(e) If foreign born, how long in U. S. A.? years /

3 (a) FULL NAME George Adam Krauss Jr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3 1937

8. AGE: Years 2 Months 3 Days 19 If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

MOTHER / FATHER

12. Name George Adam Krauss

13. Birthplace Balt Md

14. Maiden Name Anna Eng Co

15. Birthplace Balto Md

16 (a) Informant George A Krauss

(b) Address 1829 Mosher

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/26/39 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore Md

18 (a) Funeral director George A Farley

(b) Address Fulton & Fayette

19 SEP 24 1939 (Date filed by Registrar) Huntington Williams (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 22 1939 at 3:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 17 1939 to Sept 22 1939 and that I last saw him alive on Sept 22 1939.

Immediate cause of death

Due to Summer Diarrhea of Infancy (Acute gastro-enteritis)

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

7 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. M. Collins M. D.

Address Bon Secours Hospital Date signed 9-22-39

VS 3

366976

F 61478

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

72-a

Registered No. F 61478

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 month 10 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3108 Orlando ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Samuel C. Bateman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-18-23

8. AGE: Years 16 | Months 6 | Days 4 | If less than one day: hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation School Boy

11. Industry or business

FATHER 12. Name William J. Bateman

13. Birthplace Md

MOTHER 14. Maiden Name Marie M. Lurz

15. Birthplace Md

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 26 1939 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Old Frederick Rd

18 (a) Funeral director William M Mareck

(b) Address 715 Light St

19 (a) (Date received by registrar) (b) Huntington Williamsport W. Va.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 22 1939, at 9 25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 14 1939, to Sept 22 1939, and that I last saw him alive on Sept 22 1939.

Immediate cause of death: Pulmonary Edema.

Duration: 4 hrs

Due to: Anemia

Due to: Lymphoid Leukemia

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature D. M. Welty M. D.

Address Johns Hopkins Hosp Date signed 9-27-39

147-39

F 61479

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 61479

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 110 W. Fort Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Balto (b) County Md

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 110 W. Fort Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Naomi Moore

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-09-6649

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 13, 1889

8. AGE: Years	Months	Days	If less than one day hr.	min.
49	11	10		

9. Birthplace Balto Md

10. Usual Occupation Clerk. Butlers

11. Industry or business Wholesale Dry Goods

FATHER 12. Name Julian B. Moore

13. Birthplace Centreville Md

MOTHER 14. Maiden Name Mary N. Manly

15. Birthplace Balto Md

16 (a) Informant Mary N. Moore

(b) Address 110 W. Fort Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 26 1939 (Month) (Day) (Year)

(c) Cemetery or crematory Mt Olivet

Location Balto Md.

18 (a) Funeral director A. Bryand Evans

(b) Address 1400 N. Charles St

19 SEP 24 1939 Huntington Williams M.D. (Date received by registrar) (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/23 1939, at 9 00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1939, to Sept 23 1939, and that I last saw h e alive on Sept 22 1939.

Immediate cause of death Acute Pulmonary Tuberculosis

Due to

Due to

Other Conditions Tuberculous Enteritis (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy none

Duration July 1939

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Isaac Miller M. D.

Address 1225 N. Charles St Date signed 9/23/39

F 61480

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61480

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH Provident Hosp (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1514 Division St. (Ward) 14

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran give WAR

2. FULL NAME Nannie Lewis

(a) Residence: No. Whitestone Va. Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: C

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: ?

6. DATE OF BIRTH (month, day, year): ? 1889

7. AGE: Years 50 | Months | Days | If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Whitestone Va

FATHER

13. NAME: ?

14. BIRTHPLACE (city or town) (State or country): ?

MOTHER

15. MAIDEN NAME: ?

16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT (Address): Mrs. Rosie Chinn Whitestone, Md.

18. BURIAL, CREMATION, OR REMOVAL: Place White Stone Va. Date Sept 24 1939

19. UNDERTAKER (Address): J. C. Kelson 1303 Fayetteman St

20. FILED SEP 25 1939 19 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 9/23/1939

22. I HEREBY CERTIFY, That I attended deceased from 7/22/39 to 9/19/39, that I last saw ... alive on the 23rd day of Sept 1939, that death occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

Dbs. Nephritis — Date of onset ?

Other contributory causes of importance:

Diabetis Mellitis

Diabetic gangrene rt. foot 4wks

Was an operation performed? No Date of ...

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G. Franklin Phillips M. D.

(Address) 1514 Division St

INSTRUCTIONS: This certificate should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should information should be in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in very important. See instructions on back of certificate. OCCUPATION

F 61481. THE MORGUE

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 61481.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland. Removed to Univ. West Balto. Unit Hosp.
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 7306 Elsmere Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Vincent J. Batz (VINCENT Joseph BATZ)

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-03-7557

4. Sex Male

5. Color or race White

6 (a) Single, married, ~~widowed~~, or divorced Married

6 (b) Name of ~~husband or~~ wife Ruth Freeland

6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr) 9/22/1895

8. AGE: Years 44 | Months 7 | Days 7 | If less than one day hr. min.

9. Birthplace Baltimore Co Maryland (Town, county, and state)

10. Usual Occupation Delivery Clerk

11. Industry or business Dept Store

FATHER
12. Name Conrad Batz
13. Birthplace Balto Co. Md.

MOTHER
14. Maiden Name Estelle Dwyer
15. Birthplace Balto Co Md

16 (a) Informant Mrs Ruth Batz
(b) Address 7306 Elsmere Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 25, 1939 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem
Location Catonsville Md

18 (a) Funeral director C. H. Jamison
(b) Address 1003 N. Eutaw St

19 (a) (Signature of registrar)
(b) Date SEP 25 1939 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-24- 1939, at 5 a. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said Autopsy find that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Immediate cause of death Ruptured Heart and Liver.
Due to Fractured ribs
Due to Hemorrhage
Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 9-24-39
(c) Where did injury occur? City (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public Street While at work) No (Specify type of place)
(e) Means of injury Struck by Automobile

23. Signature Howard J. Madden M.D. Medical Examiner.
Date signed 9-24-39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

F 61482

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61482

CERTIFICATE OF DEATH

1/46-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. W 13 D. H St. 16-6 Ward)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Viola A. Heiser (VIOLA A. HEISER) If U. S. Veteran specify WAR .....

(a) Residence: No. W Druid Hill Ave St., ... Ward. Baltimore

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	MARRIED

5a. If married, widowed, or divorced ~~Husband~~ of (or) WIFE of Wm F. Heiser

6. DATE OF BIRTH (month, day, year) May 27 1909

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
30	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc At Home

10. Date deceased last worked at this occupation (month and year) Sept 1939

11. Total time (years) spent in this occupation 10 yrs.

12. BIRTHPLACE (city or town) (State or country) Cumberland Md

FATHER

13. NAME Wm F. Heiser

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Millie McClain

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Wm F. Heiser

(Address) 1911 Druid Hill Ave

18. BURIAL, CREMATION, or REMOVAL Loudon Park Cem

Place Baltimore Md Date Sept 26 1939

19. UNDERTAKER E. Lawrence

(Address) 1201 Eutaw Place

20. FILED SEP 25 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 23 1939

22. I HEREBY CERTIFY, That I attended deceased from NOV 12 1938 to Sept 23 1939

I last saw h[illegible] alive on Sept 23 1939 Death is said to have occurred on the date stated above, at 12:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Transverse Colon with Generalized abdominal metastasis	1938
Other contributory causes of importance: Ascites of Carcinosis	

Was an operation performed? Yes Date of 11-12-38 & 9-10-39

For what disease or injury? Carcinoma of Transverse Colon

Name of operation Colostomy, Resection of Left Colon

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. F. Heiser, M. D.

(Address) W Druid Hill

VS 8

INSTRUCTIONS: PHYSICIANS should be careful with the information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

61483

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

F 61483 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) 33

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1630 N. Dentalaw St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 32 yrs. years

3 (a) FULL NAME Mrs. Shelligt Myerberg (Getty Myerberg)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Phillip

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 79 | Months | Days | If less than one day: hr. min.

9. Birthplace: Poland (Town, county, and state)

10. Usual Occupation: Home Wife

11. Industry or business

FATHER
12. Name: Simon Goldman
13. Birthplace: Poland

MOTHER
14. Maiden Name: Ena Goldman
15. Birthplace: Poland

16 (a) Informant: Isadore Myerberg
(b) Address: 3505 Forest Park Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-25-39 (month) (day) (year)
(c) Cemetery or [redacted]: Lodge Grain
Location: Wash. Co. Rd.

18 (a) Funeral director: Jos. Levi Inc.
(b) Address: 1439 E. Balto St.

19 (a) Date rec'd by registrar: SEP 25 1939 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 25 1939, at 7:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 21 1939, to Sept. 25 1939, and that I last saw her alive on Sept. 25 1939.

Immediate cause of death: Heart Failure — Duration: 4 wks.

Due to: Arteriosclerotic Heart Disease — 4 wks

Due to:

Other Conditions: Senility

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Robert C. Crawford M. D.
Address: Union Memorial Hospital Date signed 9/27/39

F G1481

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 F

Registered No. F G1484

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2458 Keymouth ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 33

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2458 Keymouth ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 33 years

3 (a) FULL NAME Fannie Anshell

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4 Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced Widow
6 (b) Name of husband or wife Elias
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 70 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Home Wife
11. Industry or business

FATHER
12. Name Mendel Phillipson
13. Birthplace Russia

MOTHER
14. Maiden Name Fabrid
15. Birthplace Russia

16 (a) Informant Judith Anshell
(b) Address 5610 Park Heights ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-25-39 (month) (day) (year)
(c) Cemetery or crematory Levering Rem. Location Balto Md. Pikesville Pike

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto St

19 (a) [illegible] (Local registrar) (b) Huntington Williamsport, Md.

SEP 25 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-24 1939, at 8:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 15 1939, to Sept 24 1939, and that I last saw h[illegible] alive on Sept 24, 1939.

Immediate cause of death	Duration
Coronary Thrombosis	6 hr
Due to	
Due to	
Other Conditions Myocarditis	14 yr

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. Bayliss M. D.
Address 240 Eutaw Pl Date signed 9/25

61485 48392-FS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

146-B

F 61485 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2419 Fait Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 45 years

3 (a) FULL NAME Vincent Garczynski

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-05-4282

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Frances

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-11-1879

8. AGE: Years 60 | Months 8 | Days 13 | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation moulder in foundry

11. Industry or business

MOTHER / FATHER

12. Name Michael Garczynski

13. Birthplace Poland

14. Maiden Name Frances Kwapik

15. Birthplace Poland

16 (a) Informant Balto. City Hospitals

(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal)

(b) Date thereof 9/27/39 (month) (day) (year)

(c) Cemetery or crematory St Stanislaus

Location Baltimore Md.

18 (a) Funeral director George A. Weber.

(b) Address 705 S Linn st

19 SEP 25 1939 (Date received by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-24 1939, at 9:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-16 1939, to 9-24 1939, and that I last saw him alive on 9-24 1939.

Immediate cause of death: Carcinoma of Stomach with pyloric obstruction — Duration: ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Same

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. K. Woodward M. D.

Address Balto city Hosp. Date signed 9-24-39

VS 3

Enld

F 61486

Wollenberg

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59

F 61486

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3703 Montonia Road

(c) Hospital or institution: Md. Gen Hosp

(d) Length of stay in hospital or inst. (~~yrs., mos.~~ or days) 69

(e) Length of stay in Baltimore (yrs., mos., or days) Life 15

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 3707 Montonia Rd. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Minnie Wallenberg

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Fe

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married.

6 (b) Name of husband or wife John Wallenberg (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6 1869

8. AGE: Years 70 Months 2 Days 17 If less than one day hr. min.

9. Birthplace Balto - Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Casper Haunert

13. Birthplace Europe

MOTHER 14. Maiden Name Mary Tatebusch

15. Birthplace Europe

16 (a) Informant John Wallenberg

(b) Address 3703 Montonia Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/26/39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Woodlawn, Md.

Location Woodlawn, Md.

18 (a) Funeral director Walter Brooks Bradley

(b) Address 1422 W North Ave. City

19 (a) (b) Huntington Williams

SEP 25 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-23 1939, at 7P M

21. I certify that death occurred on the date above stated, that I attended deceased from 7-15 1939 to 9-23 1939. and that I last saw her alive on 9-23 1939.

Immediate cause of death	Duration
Diabetes Mellitus	7-10-39
Diabetic Gangrene - Rt foot	7-39
Due to Cellulitis of Rt foot	
Due to	
Other Conditions Bronchopneumonia	9-18-39

(Include pregnancy within 3 months of death)

Major findings:

Of operations Cellulitis - Rt foot

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature De Witt Mansfield M. D.

Address Md. Gen Hosp Date signed 9-25-39

F 61487

F 61487

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 226 N. Monroe
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 226 N. Monroe st. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Webster Mills Strayer

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Annie L. Crogan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 20/1867

8. AGE: Years 72 | Months 6 | Days 4 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Attorney Md Casualty Co.

11. Industry or business

FATHER 12. Name Rev. Webster M Strayer
13. Birthplace ?

MOTHER 14. Maiden Name Martha Bevan
15. Birthplace

16 (a) Informant Mrs Webster Strayer
(b) Address 226 N. Monroe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 26/39 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Fredrick Road

18 (a) Funeral director John A. Littlefield & Sons
(b) Address 1900 Eutaw Place

19 (a) Date received by Registrar SEP 25 1939 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 24 1939. at 4:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 20 1936. to Sept. 24 1939. and that I last saw him alive on Sept. 22 1939.

Immediate cause of death Uraemia — Duration 7 days
Due to Arterio-sclerotic Cardio-vascular Disease — 4 yrs
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George H. Yeager M. D.
Address Medical Bldg. Date signed Sept. 25/39

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

File No. 61488 — 94 13 — Registered No. 1988

PLEASE WRITE PLAINLY. WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 807 Venable Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 807 Venable Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 26 yrs years

3 (a) FULL NAME Nick D Lougantino

3 (b) If veteran, name war ~~No~~ World War

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband ~~or wife~~: Elizabeth

6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) Mar. 2, 1888

8. AGE: Years 51 | Months 6 | Days 22 | If less than one day: hr. ____ min. ____

9. Birthplace Turkey (Town, county, and state)

10. Usual Occupation Coffee Wholesaler

11. Industry or business Self

FATHER — 12. Name D Lougantino

FATHER — 13. Birthplace Turkey

MOTHER — 14. Maiden Name unknown

MOTHER — 15. Birthplace Turkey

16 (a) Informant Elizabeth Lougantino

16 (b) Address 807 Venable Ave.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof Sept 24/38 (month) (day) (year)

17 (c) Cemetery or crematory Woodlawn

Location Baltimore

18 (a) Funeral director J. F. Miller Sharrer & Son

18 (b) Address Westminster Md

19. SEP 25 1938 (Date filed by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 24 1938 at 8a, M

21. I certify that death occurred on the date above stated; that I attended deceased from Pneumonia to ____ 19__, and that I last saw him alive on ____ 19__.

Immediate cause of death: Coronary occlusion — Duration: 9

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. W. Thomas M. D.
Address 3136 Garford Rd Date signed Sept 24 1938

Howard J. Malpass Medical Examiner

VS 3

(over)

F 61489

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

167 Registered No. F 61489

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Franklin Square
(c) Hospital or institution Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 318 S. Smallwood St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John J. Wright
3 (b) If veteran, name war
3 (c) Social Security Account No. 217-07-5956

4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb. 3 - 1915
8. AGE: Years 24 Months 7 Days 21 If less than one day hr. min.
9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Sea Food Dealer
11. Industry or business

FATHER
12. Name William Wright
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Mary Amsach
15. Birthplace Baltimore Md

16 (a) Informant Mrs. Mary Wright
16 (b) Address 318 S. Smallwood St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 27-1939 (month) (day) (year)
17 (c) Cemetery or crematory New Cathedral
Location Baltimore Maryland.
18 (a) Funeral director George L. Schwiat.
18 (b) Address 210 Frederick Ave.
19 (a) SEP 25 1939 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-24- 1939, at 1.30 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Gun shot of Head

Due to: and Brain

Due to:

Other Conditions: (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No.

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 9-23-39
(c) Where did injury occur? City (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Pistol

23. Signature Howard J. Madden M.D. Medical Examiner
Date signed 9-24-39

F 61490

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

63

Registered No. F 61490

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 804 S. Sharp St
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 804 Sharp St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Georgia Randolph

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced Child

6 (b) Name of husband or wife Child

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/3/39

8. AGE: Years | Months 1 | Days 29 | If less than one day hr min

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name William Randolph
13. Birthplace N C

MOTHER 14. Maiden Name Edna Carroll
15. Birthplace Baltimore Md

16 (a) Informant Edna Carroll
(b) Address 804 S Sharp St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/26/39 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Baltimore Md

18 (a) Funeral director Isaiah L. Brown Son
(b) Address 108 W Montgomery St

Filed by registrar Huntingtown Calvert Co. Md.

SEP 25 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-22-39 19 , at 4 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inq (Autopsy or Inquiry) thereon and from the evidence obtained by said Inq (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Malnutrition — Duration: 1 wks

Due to Rickets

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Conrad Oelsner M.D. Medical Examiner

Date signed 9/22/39

F 61491.7474

F 61491

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ky. (b) County

(c) City or town Pikeville (If outside city or town limits, write RURAL and give town)

(d) Street No. 72 (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Wesley Wesley Call -

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex: Male

5 Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ollie Call

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-14-68

8. AGE: Years 71 | Months 9 | Days 10 | If less than one day: hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Undertaker -

11. Industry or business

FATHER 12. Name Wm. Call -

FATHER 13. Birthplace North Carolina

MOTHER 14. Maiden Name Margaret Smith

MOTHER 15. Birthplace North Carolina

16 (a) Informant Records

16 (b) Address JOHNS HOPKINS HOSPITAL

17 (a) X (Burial, cremation, or removal) (b) Date thereof 9/25/39 (month) (day) (year)

17 (c) Cemetery or crematory

Location Pikeville, Ky.

18 (a) Funeral director H. Wigand & Son

18 (b) Address 605 N. Calvert St

19 (a) SEP 25 1939 (Date received by Registrar) (b) Burial Permit No. 1933

Sept

Ky VS 3 To C. & O. R.R. Express Mrs. John W. Call.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 24 1939, at 4:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 20 1939 to Sept 24 1939 and that I last saw him alive on Sept. 24 1939.

Immediate cause of death: Carcinoma Stomach — Duration: 10 mos

Due to

Due to

Other Conditions Post. op. pneumonia — 2 wks

(Include pregnancy within 3 months of death)

Major findings: Of operations Cara. of Stomach

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury Warfield M. Firor

23. Signature J. H. Hosp M. D.

Address Date signed Sept 24 1939

F 61492

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a

F 61492 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 405 Pappleton st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1403 N. Pappleton (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Isaiah Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race colored | 6 (a) Single, married, widowed, or divorced. unknown

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 20, 1894

8. AGE: Years 45 | Months 8 | Days 2 | If less than one day: hr. min.

9. Birthplace Balto md. (Town, county, and state)

10. Usual Occupation Waiter

11. Industry or business

MOTHER / FATHER

12. Name Isaih P. Brown

13. Birthplace md

14. Maiden Name Mary a

15. Birthplace Syd.

16 (a) Informant Mary B Thomas

(b) Address 1307 Division st.

17 (a) (Burial, cremation, or removal) (b) Date thereof 9-25-39 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Westport

18 (a) Funeral director A. Adolphus Holston

(b) Address 718 Druid Hill Ave

(b) Name of clergyman Hunter D. Wilcox Pastor

(Date received by registrar) SEP 25 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 22 1939, at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 20 1939 to Sept 22 1939 and that I last saw h alive on Sept 20 1939

Immediate cause of death (a) Cerebral Hemorrhage

Due to (b) Hypertension

Due to (c)

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: (a) 2 hrs (b) 20 yrs (c)

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.

Address 718 Druid Hill Ave Date signed

F 61493

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 61493 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Baltimore, Md
(b) Street address 43 N. Carolina St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) none
(e) Length of stay in Baltimore (yrs., mos., or days) 2 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. ~~15 Edgewood Apts~~ 43 N Carolina St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma Louise Carter
3 (b) If veteran, name war no
3 (c) Social Security Account No. no

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Henry Carter
6 (c) If alive, give age 28 years
7. Birth date of deceased (mo., day, yr.) Va
8. AGE: Years 25 | Months 9 | Days | If less than one day hr. min.
9. Birthplace Va (Town, county, and state)
10. Usual Occupation Home Work
11. Industry or business Home Work
FATHER 12. Name Henry Kellam
13. Birthplace Va
MOTHER 14. Maiden Name Sabie Robinson
15. Birthplace Va
16 (a) Informant Mary Kellam
(b) Address 43 N Carolina St
17 (a) Sept (Burial, cremation, or removal) (b) Date thereof 26 1939 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location
18 (a) Funeral director John W Henderson
(b) Address 414 Orleans St.
SEP 25 1939 (Date received by Registrar) Hunting for Wife (Registrar) Reg. No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: 9-21-1939 at 9 20 M
21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Advanced Pulmonary Tuberculosis - Cavity.	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings of operations
Of autopsy as above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Howard J. Madden M.D. Medical Examiner
Date signed 9-22-39

F 61494

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH V 184

Registered F 61494

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
(a) Baltimore City, Maryland
(b) Street address 102 St Paul St.
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos. or days~~) 22

2. USUAL RESIDENCE OF DECEASED
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No 2709 Sipple Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

26-2

3 (a) FULL NAME Thomas W. White

3 (b) If veteran, name war

3 (c) Social Security Account No. 195-07-2663

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of ~~husband~~ or wife Thelma White

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 24-1900

8. AGE: Years 39 | Months 11 | Days 26 | If less than one day: hr. min.

9. Birthplace Somerset Co. Md. (Town, county, and state)

10. Usual Occupation Messenger
11. Industry or business Banks Inc.

FATHER
12. Name David White
13. Birthplace Somerset Co Md

MOTHER
14. Maiden Name Mattie Long
15. Birthplace Somerset Co Md

16 (a) Informant Russell A. White
(b) Address 2709 Sipple Ave.

17 (a) (Burial, cremation, or removal)
(b) Date thereof 9-26-39 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location

18 (a) Funeral director Lloyd E. Humphreys
(b) Address 1501 Broadway

19 (a) (Date received by local registrar) SEP 25 1939
(b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/22/39 19 , at 1:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (or Inquiry) thereon and from the evidence obtained by said Autopsy (or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Bullet wound of heart - | Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 9-22-39
(c) Where did injury occur? 102 St Paul St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Room (Specify type of place) While at work? yes
(e) Means of injury Revolver

23. Signature Conrad Aetons M.D. Medical Examiner
Date signed 9-22-39

Hunting-ton Williams M.D. Registrar

VS 6

F 61495

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61495

CERTIFICATE OF DEATH

27-495-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3217 Evergreen Ave. St., 27 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Bullock

If U. S. Veteran specify WAR

(a) Residence: No. 3217 Evergreen Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of of Edwin B. Bullock

6. DATE OF BIRTH (month, day, year) December-10-18[illegible]

7. AGE Years	Months	Days	If LESS than 1 day..... hrs. or min.
43Yrs.	9Mo.	13Days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Joseph N. Krepp

14. BIRTHPLACE (city or town) (State or country) York Pa.

MOTHER

15. MAIDEN NAME Elizabeth Bohli

16. BIRTHPLACE (city or town) (State or country) York. Pa.

17. INFORMANT Mr. Edwin B. Bullock

(Address) 3217 Evergreen Ave.

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Cem. Date Sept.-27-1939

19. UNDERTAKER Henry Hoeck & Son Inc

(Address) 1301 E Eager St.

20. FILED SEP 25 1939 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept.-23-1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 7 19 39 to Sept 23 19 39

I last saw h[illegible] alive on Sept 23 19 39 Death is said to have occurred on the date stated above, at 11.55 A.M. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Renal disease.	1930
Other contributory causes of importance Acute heart failure	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) William H. Hall M. D.

(Address) 701 N. Fremont Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V0 9

F 61496

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

107a

F 61496
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2324 Milleman St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma Tippett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 1 1887

8. AGE: Years	Months	Days	If less than one day
51	10	21	hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name John Tippett
13. Birthplace Alex Va.

MOTHER 14. Maiden Name Rachel Reed
15. Birthplace Balto.

16 (a) Informant Mary Tippett
(b) Address 2324 Milleman St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd
18 (a) Funeral director Martin W. G. Dippel
Address 3 S. Arm St. Huntingtown Maryland

19 (a) SEP 25 1938 (Date rec'd by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 22 1939 at 1130pm

21. I certify that death occurred on the date above stated, that I attended deceased from Sept 22 1939 to Sept 22 1939.
and that I last saw h[illegible] alive on [illegible]

Immediate cause of death: Acute Nephritis — Duration 9 hrs
Due to: Acute Myocarditis
Due to: Acute Cardiac Failure
Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed Sept 23 1939

F 61497

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 173

Registered F 61497

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dead on arrival at
(c) Hospital or institution:
Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1219 Park Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Laurence Harvey

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex M

5. Color or race C

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 17 | Months | Days | If less than one day hr. min.

9. Birthplace Md 6040
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Tyler Harvey
13. Birthplace Va.

MOTHER
14. Maiden Name Mary Hunt
15. Birthplace Va.

16 (a) Informant Mary Harvey
(b) Address 1219 Park Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/30/39 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Thos. E. Kelly
(b) Address 1303 Pressman

19 (a) SEP 25 1939 (Date received by Registrar) (b) Huntingtown Calvert, Md. Registrar

MEDICAL CERTIFICATION 6 30 P

20. DATE OF DEATH Sept 20 1939, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death

Due to Bullet wound of aorta and liver

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 9/20/39
(c) Where did injury occur? Laurence Calhoun (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Back of shorthouse (Specify type of place) While at work? No
(e) Means of injury Shot by police when resisting arrest

23. Signature [illegible] M.D. Medical Examiner

Date signed 9/21/39

VS 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

F 64498

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

192-a

F 64498 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals 17-2

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days

(e) Length of stay in Baltimore (yrs., mos., or days) 35 or 40 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1712 Etting Street (If rural give location)

(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Lena Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Sylvester (d)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years 41 ? Months Days If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state) 6037

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name ?

13. Birthplace ?

MOTHER 14. Maiden Name ?

15. Birthplace ?

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Funeral (Burial, cremation, or removal) (b) Date thereof 9/26/39 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location

18 (a) Funeral director Chas. T. Kelly

(b) Address 1303 Bressman

19 (a) SEP 25 1939 (Date rec'd by registrar) (b) Huntingtown Calvert Co. Md. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 20 1939, at 3 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 18 1939, to Sept 20 1939, and that I last saw her alive on Sept 20 1939.

Immediate cause of death	Duration
Hypertensive Cardiovascular disease	unknown.
Due to	
Due to	
Other Conditions Rheumatic Heart disease	unknown.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Enlarged heart with mitral stenosis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. Murray Hochstein M. D.

Address Balto City Hosp Date signed 9-22-39

F 61499

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

173

F 61499 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dead on arrival at
(c) Hospital or institution Provident Hospital 14-3
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2143 Vienna Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eugene Duvall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 16-1918

8. AGE: Years 21 | Months 3 | Days 1 | If less than one day hr. 2 min. 40

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Wm Duvall

13. Birthplace Balto - Md.

MOTHER 14. Maiden Name Mary Merritt

15. Birthplace Balto. Md.

16 (a) Informant Mary Duvall

(b) Address 2140 Vienna Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/26/39 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location —

18 (a) Funeral director Geo. E. Kelson

(b) Address 1303 Pennsylvania Ave (Undertaker) Baltimore, Md.

19 (a) SEP 25 1939 (Date received by Registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 20 1939, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Bullet wound of	
Due to Heart	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 9/20/39
(c) Where did injury occur? Baltimore (City or town) Baltimore (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Factory (Specify type of place) While at work?
(e) Means of injury Shot by person unknown

23. Signature [illegible] M.D. Medical Examiner

Date signed 9/26/39

F 61500

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-a

Reg 64500

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 9-8

(c) Hospital or institution: Maryland Gen Hosp

(d) Length of stay in hospital or inst. (yrs., mos., or days) 25-

(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1008 Bonaparte ave (If rural, give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Grace M. Dane

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Fe

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife John B. Dane

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 10, 1888

8. AGE: Years 50 Months 9 Days 13 If less than one day hr. min.

9. Birthplace New York City - N. Y. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

MOTHER | FATHER

12. Name John Joseph Fredricks

13. Birthplace New York City

14. Maiden Name Susan Campbell.

15. Birthplace New York City

16 (a) Informant John B. Dane

(b) Address 1008 Bonaparte ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/26/39 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Woodlawn md

18 (a) Funeral director Harry H. Weitzel

(b) Address 1130 E. Monument

19 SEP 25 1939 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-23 1939, at 2 P.M. 3½

21. I certify that death occurred on the date above stated; that I attended deceased from 8-29 1939 to 9-23 1939, and that I last saw her alive on 9-23 1939.

Immediate cause of death: Carcinoma of esophagus. — Duration

Due to

Due to

Other Conditions: Pulmonary embolus (Include pregnancy within 3 months of death) — 9-23-39

Major findings:

Of operations Ca. Esophagus. (Gastrostomy)

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Dr. Mansfield M. D.

Address Md Gen Hosp Date signed 9-23-39

VS 3

F 61501

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131

F 61501
Registered No.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 302 Albemarle st
(c) Hospital or institution: 3-L
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? 70 years

3 (a) FULL NAME Vincent Montemurro

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	married

6 (b) Name of husband or wife Teresa Montemurro
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 17 1859

8. AGE: Years	Months	Days	If less than one day
80			hr. min.

9. Birthplace Italy (Town, county, and state) 0096
10. Usual Occupation Retired Musician
11. Industry or business

FATHER
12. Name Vincent Montemurro
13. Birthplace Italy

MOTHER
14. Maiden Name —
15. Birthplace Italy

16 (a) Informant Wife Teresa Montemurro
(b) Address 302 Albemarle st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 27-39 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Frederick Rd. Balto Co.

18 (a) Funeral director Frank V. Pepitone
(b) Address 2818 E. Balto st

19 (a) SEP 25 1939 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 24 1939, at 2 15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 8 1939 to Sept 24th 1939.
and that I last saw h~~im~~ alive on Sept 24th 1939.

Immediate cause of death

Pulmonary Oedema
Due to Chronic Interstitial Nephritis
Due to
Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy C

Duration
2 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. J. Sanker M. D.
Address 119 N. Milton Date signed 9/25/39

VS 3

F 61502 Med. Ex. Dr. Maldeis for ark.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 61502 Registered No. 943

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2611 Barclay st.
(c) Hospital or institution: 12-3
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2611 Barclay st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Preston Herbert

3 (b) If veteran, name war

3 (c) Social Security Account No. 717-07-6164

4. Sex	5. Color or race	6 (a) Single, married, ~~widowed, or divorced~~.
Male	White	Married

6 (b) Name of ~~husband or~~ wife Birtie May Herbert
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Dec 29th 1879

8. AGE: Years	Months	Days	If less than one day hr.	min.
59	8	24		

9. Birthplace Balto. Co. Md. (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business Penna R. R.

FATHER
12. Name John Rufus King Herbert
13. Birthplace

MOTHER
14. Maiden Name Martha E. Wilson
15. Birthplace

16 (a) Informant Mrs Birtie M. Herbert
(b) Address 2611 Barclay st

17 (a) Sept 26-1939 (Burial, ~~cremation, removal~~) (b) Date thereof (month) (day) (year)
(c) Cemetery ~~or crematory~~ Loudon Park
Location Baltimore Md

18 (a) Funeral director Wm Cook
(b) Address 1217 St Paul St

19 (a) Filed by registrar Sept 25 1939 (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 23rd 1939, at 5:45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/23/ 1939, to 9/23/ 1939; and that I last saw him alive on 9/23/ 1939.

Immediate cause of death: Coronary Occlusion — Duration: ?

Due to Arterio Sclerosis

Due to

Other Conditions ---

(Include pregnancy within 3 months of death)

Major findings:
Of operations ---

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo W Harrington M D M. D.
Address 401 E. 25th. Street Date signed 9/25/39.

Howard J. Maldeis Medical Examiner

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

No. F 61503 | BALTIMORE CITY HEALTH DEPARTMENT 107-a Registered No. F 61503 |

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 37 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 632 Portland Av. (If rural give location)
(e) If foreign born, how long in U. S. A? 37 years

3 (a) FULL NAME Rosa Yandezis

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 61 | Months | Days | If less than one day: hr. min.

9. Birthplace Lithuania (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Lithuania

MOTHER
14. Maiden Name Unknown
15. Birthplace Lithuania

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 26-39 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Blair Rd.

18 (a) Funeral director Jos Kaminska
(b) Address 602 Wash. Blvd

19 SEP 25 1939 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 22 1939, at 1.50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 21 1939, to Sept. 22 1939, and that I last saw her alive on Sept. 22 1939.

Immediate cause of death Bronchopneumonia — Duration 1 day

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph M. Geary, Jr. M. D.
Address University Hospital Date signed 9/22/39

Howard J. Madden
Medical Examiner

F 61504

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 61504

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1205 W. Cold Spring Lane

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ____ (b) County ____

(c) City or town Baltimore Maryland (If outside city or town limits, write RURAL and give town)

Street No. 2819 Kennedy Avenue (If rural give location)

(d) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Annie L. Bamberger

3 (b) If veteran, name war No

3 (c) Social Security Account No. No

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Wilmer H. Bamberger

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) June 15-1873

8. AGE: Years 66 | Months 3 | Days 9 | If less than one day hr. ____ min. ____

9. Birthplace Salisbury Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Alfred Stevens

13. Birthplace Maryland

MOTHER 14. Maiden Name Anna L. Stevens

15. Birthplace Maryland

16 (a) Informant Wilmer H Bamberger

(b) Address 2819 Kennedy Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 9/26/39 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location

18 (a) Funeral director A. L. Marshall

(b) Address 3309 Falls Road

19 (a) Filed SEP 25 1939 (Date rec'd by registrar) Registrar

(b) Permit issued

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-24 1939. at 2:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-21-1939. to 9-24 1939. and that I last saw her alive on 9-22-1939.

	Duration
Immediate cause of death: Carcinomas uterus	about 1½ yr.
Due to	
Due to	
Other Conditions metastases	

(Include pregnancy within 3 months of death)

Major findings: Of operations Abdominal carcinomatosis

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Geo. B. Tyler M. D.

Address 2807 Harford Ave Date signed 9/24/39

VS 3

Heller

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 61505 | 137 | Registered No. F 61505

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland
(c) Hospital or institution: Sinai Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City ~~or town~~ Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6100 Park Heights Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George A. Heller.

3 (b) If veteran, name war: World War
3 (c) Social Security Account No.:
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 25 1886
8. AGE: Years 53 | Months 4 | Days | If less than one day: hr. min.
9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Clerk - City Hall
11. Industry or business Tax Dept.

FATHER
12. Name Charles A. Heller
13. Birthplace Petersburg, Va.

MOTHER
14. Maiden Name Isabel Kustrian
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Hilda Ambach
(b) Address 6100 Pk. Heights Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/27/39 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Hebrew Friendship
Location Balto. Md.

18 (a) Funeral director Harid Sondheim & Son
(b) Address 1902 Eutaw Place

SEP 25 1939 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 25 1939, at 5 50 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-15 1939 to 9-25 1939, and that I last saw h / m alive on 9-25 1939.

Immediate cause of death: Septicemia — Duration: 48 hrs.
Due to Pyonephrosis, Pyelonephritis, Hydroureter
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Renoja Prostate Hypert. Diverticulum of Bladder.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. J. Mirken M. D.
Address Sinai Hosp. Date signed 9-25-39

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61506

CERTIFICATE OF DEATH

V 159

F 61506

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Johns Hopkins Hospital St., 22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Pringle (Twin "B")

If U. S. Veteran specify WAR

(a) Residence: No. 1016 Rutland Ave. St., B2 Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of single

6. DATE OF BIRTH (month, day, year) September 15, 1939

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
				7 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Phillip Pringle

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Ernestine Tuck

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date SEP 25 1939, 19

19. UNDERTAKER

(Address)

20. FILED SEP 25 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from September 15, 1939 to September 15, 1939

I last saw her alive on September 15, 1939. Death is said to have occurred on the date stated above, at 11:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

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50.52

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61507

CERTIFICATE OF DEATH

F 61507

Registered No. 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Johns Hopkins Hospital St., 324 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mon. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mon. ... ds.

2. FULL NAME Pringle (Twin "A")

If U. S. Veteran specify WAR

(a) Residence: No. 1016 Rutland Ave. St., B2 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) September 16, 1939

7. AGE	Years	Months	Days	If LESS than 1 day, 19 hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Phillip Pringle

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Ernestine Tuck

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date SEP 25 1939, 19

19. UNDERTAKER

(Address) Chas. H. A. Moore

20. FILED SEP 25 1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 15 1939

22. I HEREBY CERTIFY, That I attended deceased from September 15. 1939 to September 15. 1939.

I last saw her alive on September 15 1939. Death is said to have occurred on the date stated above, at 10 35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) E. W. Overstreet M. D.

(Address) Johns Hopkins Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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5050

F 61508

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH √131

Registered No. F 61508

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1750 Llewellyn Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 14

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1750 Llewellyn Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Frazier

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex male | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Lillie Frazier
6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 72 | Months 4 | Days — | If less than one day hr. — min.

9. Birthplace South Carolina (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER 12. Name Unknown
13. Birthplace Unknown

MOTHER 14. Maiden Name Unknown
15. Birthplace

16 (a) Informant
(b) Address 1750 Llewellyn

17 (a) (Burial, cremation, or removal)
(b) Date thereof 9-27-39 (month) (day) (year)
(c) Cemetery or crematory Greatus, Mem. Park
Location Baltimore Md.

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1421 Jefferson St.

19 (a) SEP 25 1939 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-23 1939, at 6:10 P M

21. I certify that death occurred on the date above stated, that I attended deceased from 6-15 1939, to 9-23 1939, and that I last saw him alive on 9-22 1939.

Immediate cause of death Cardio-Renal & Vascular Disease — Duration 3 mos

Due to Hypertension & Nephritis

Due to Nephritis

Other Conditions Laborer

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jas. R. Blake M.D.
Address 924 Augusta Ave Date signed 9/23

VS 3

F 61509

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 61509 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street, address 1624 E Lanvale St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1624 E Lanvale St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William George Schuerman
3 (b) If veteran, name war
3 (c) Social Security Account No. 212-01-0559

4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Augusta Schuerman
6 (c) If alive, give age 63 years
7. Birth date of deceased (mo., day, yr) March 26, 1877
8. AGE: Years 65 Months 0 Days 27 If less than one day hr. min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Dental Supplies Mfr
11. Industry or business

FATHER
12. Name Paul Schuerman
13. Birthplace Germany

MOTHER
14. Maiden Name Katherine Cuerden
15. Birthplace Germany

16 (a) Informant Augusta Schuerman
(b) Address 1624 E Lanvale St

17 (a) (Burial, cremation, removal) (b) Date thereof Sept 26 39 (month) (day) (year)
(c) Cemetery or crematory Western Cem
Location Edmondson Ave

18 (a) Funeral director John Ulmer
(b) Address 2208 Pennsylvania Ave

19 (a) SEP 25 1939 (b) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 23 1939, at 6 45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1939, to Sept 23 1939, and that I last saw h[illegible] alive on Sept 23 1939

Immediate cause of death: Acute Dilatation of Stomach — Duration

Due to: Carcinoma of Stomach

Due to:

Other Conditions: Myocarditis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Walter A Anderson M. D.
Address 3001 Shannon Drive Date signed 9-24-39

VS 3

MD
F 61510

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 61510 Registered No.

93-C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2307 E Lafayette Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 67.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2307 E Lafayette Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Jane Jenkins

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Chas S Jenkins

6 (c) If alive, give age years

7. Birth date of deceased mo., day, yr 2-2-1871

8. AGE: Years 68 | Months 7 | Days 21 | If less than one day hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business At home

MOTHER / FATHER

12. Name James Clemens

13. Birthplace Ireland

14. Maiden Name Dont Know

15. Birthplace Ireland

16 (a) Informant Chas S Jenkins

16 (b) Address 2307 E Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 27 (month) (day) (year) 39

(c) Cemetery or crematory Woodlawn

Location —

18 (a) Funeral director John Uffelder

18 (b) Address 2008 Valley St Huntingtown Williamsport, Md.

19. SEP 25 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 23 1939, at 1 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1933 to 9/23 1939. and that I last saw her alive on Sept 22 1939.

	Duration
Immediate cause of death Uremic coma	2 days
Due to Chronic Myocarditis	6 yrs chronic
Due to arteriosclerosis	

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury

23. Signature Milton H Clemens M. D.

Address 2310 Eutaw St. Date signed 9/23/39.

VS 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61511

CERTIFICATE OF DEATH

95-B F 61511

Registered No. 137

1. PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. Residing in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR ...

2. FULL NAME Louise de Scates

(a) Residence: No. Home for Incurables St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced ~~HUSBAND~~ of ~~WIFE~~ widow of Isaac Herbert Scates

6. DATE OF BIRTH (month, day, year) Sept. 24, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond, Va

FATHER

13. NAME Edward L. Entzer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Eleanor Cracke

16. BIRTHPLACE (city or town) (State or country) Richmond, Va

17. INFORMANT Home for Incurable records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Sept 26 1939

19. UNDERTAKER Wm H. Eckel & Son
(Address) Baltimore, Md.

20. FILED SEP 25 1939 Huntington Hill Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 1st, 1939 to September 24, 1939.

I last saw her alive on September 23rd, 1939. Death is said to have occurred on the date stated above, at 5.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	9/15/39
Arteriosclerotic Cardio Vasc Disease	Many years

Other contributory causes of importance:

Old arthritic changes multiple joints	Many years

Was an operation performed? No Date of ...

For what disease or injury? Not Applicable

Name of operation " " "

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify Not applicable

(Signed) I. Evoff M. D.

(Address) 11 E. Chase St. Baltimore, Md.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

VS 3

F 61512

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 61512

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 312. W. Camden St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 312 W. Camden Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME S. Norwood Conrey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Addie Conrey

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): August 8, 1879

8. AGE: Years: 60 | Months: 1 | Days: 16 | If less than one day: hr. min.

9. Birthplace: Baltimore County, Maryland
(Town, county, and state)

10. Usual Occupation: Salesman

11. Industry or business: Farm Implements

FATHER
12. Name: Henry S. Conrey
13. Birthplace: Baltimore County, Maryland

MOTHER
14. Maiden Name: Angeline Triplett
15. Birthplace: Maryland

16 (a) Informant: Mrs. Ernest R. Smoott
(b) Address: Glen Burnie, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-28-39 (month) (day) (year)
(c) Cemetery or crematory: Wards Chapel
Location: Baltimore County, Maryland.

18 (a) Funeral director: Wm. J. Tickner & Sons, Inc.,
(b) Address: North & Penna. Avenues,

19 SEP 25 1939 (Date rec'd by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-24-39 19 , at 5 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to Arteriosclerosis	
Due to Hypertension Chronic Nephritis	
Other Conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy as above	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Conrad Acton, his M.D.
Medical Examiner
Date signed 9/25/39

F 61513

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D Registered No. F 61513

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1815 W. Lanvale Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1815 W. Lanvale Street (If rural give location)
16 (e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Adolphus P. Kroll

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Anna H. Kroll 6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) August 26, 1858

8. AGE: Years	Months	Days	If less than one day
81	0	28	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired Supt. Factory
11. Industry or business Carpet Mfg. Co.

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. Irvin G. Kroll
(b) Address Cambridge Arms Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 26th 39 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Pennsylvania Avenues

19 (a) SEP 25 1938 (Date rec'd by registrar) Hunting H. Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH September 24, 1939, at 1:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/24 1939, to 9/24 1939.
and that I last saw h [illegible]alive on 9/24 1939.

Immediate cause of death	Duration
Acute dilatation Heart	2 hr.
Due to Myocardial Disorder	5 yrs
Due to Arterio-sclerosis	12 yrs
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Homer L. Todd M.D. M. D.
Address 735 N. Fulton Ave Date signed 9/25/39

F 61514

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 61514

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) ~~County~~ Balt.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 665 Sara Ann St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Theodore Smith

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
no	None	Male	Colored	Divorced.

6 (b) Name of husband or wife Mary
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) 4-17-1894

8. AGE: Years	Months	Days	If less than one day hr.	min.
45	5	6		

9. Birthplace Balto, Md (Town, county, and state)
10. Usual Occupation Huckster
11. Industry or business Grab

FATHER
12. Name Charles Smith
13. Birthplace Balto, Md.

MOTHER
14. Maiden Name Mattie ~~Johnson~~ Brodgen
15. Birthplace Balto. Md.

16 (a) Informant Mattie Smith (S.D.)
(b) Address 665 Sara Ann St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-27-39 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto Md

18 (a) Funeral director Chas G Cooper
(b) Address 514 N Calhoun St.

19 (a) SEP 25 1939 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9 23 1939 at 9 45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 9 23 1939 to ... 19 ..., and that I last saw him alive on Evening 19 39

Immediate cause of death	Duration
Pulmonary Emphysema ?	
Due to	
Due to	
Other Conditions Ureteral Stricture ?	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Exploratory Nephrotomy
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Provident Hosp. Date signed 9/24/39

VS 3

F 61515

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-W

Registered No. F 61515

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4628 Pimlico Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4628 Pimlico Rd. (If rural give location)
(e) If foreign born, how long in U. S. A. [redacted] years

3 (a) FULL NAME William N. Hildebrand

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married.

6 (b) Name of husband or wife Katherine Hildebrand
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) June 4, 1874

8. AGE: Years	Months	Days	If less than one day hr.	min.
65	3	19		

9. Birthplace Balto. City. (Town, county, and state)
10. Usual Occupation Jobbing Carpenter
11. Industry or business

FATHER
12. Name Jake Hildebrand
13. Birthplace Balto. City?

MOTHER
14. Maiden Name Grace Whitley.
15. Birthplace Balto. City

16 (a) Informant Mrs. Katherine Hildebrand
(b) Address 4628 Pimlico Rd.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof 9/26/1939 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cathedral
Location Balto. City

18 (a) Funeral director C. Vernon Lemmon
(b) Address 7611 Park Heights Av.

19 SEP 25 1939 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 23 1939, at 9:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-18 1939, to 9-23-1939, and that I last saw h[redacted] alive on 9-23 1939.

Immediate cause of death	Duration
Cerebral Hemorrhage	5 days
Due to Arterio-sclerosis & Hypertension	[illegible]
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. B. Evans M. D.
Address 4936 Park Hgts Date signed 9-24-39

VS 8

F 61516

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-C

Registered No. F 61516

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1832 West Pratt Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) ..Life..

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1832 West Pratt Street (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME .... WORTHY W. BAILEY .....

3 (b) If veteran, name war: WORLD

3 (c) Social Security Account No.

4. Sex: MALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: MABEL BAILEY

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/12/1894

8. AGE: Years ...44.... Months ..9.. Days ..10. If less than one day ....hr. .....min.

9. Birthplace: Virginia (Town, county, and state)

10. Usual Occupation: Salesman

11. Industry or business

FATHER
12. Name: Thomas Bailey
13. Birthplace: Virginia

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Virginia

16 (a) Informant: Mrs. Mabel Bailey
(b) Address: 1832 W. Pratt Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 26/39 (month) (day) (year)
(c) Cemetery or crematory: Baltimore National
Location: 5500 Frederick Ave.

18 (a) Funeral director: F. B. Shipley
(b) Address: 1300 EUTAW PLACE...C

19 (a) SEP 25 1939 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 22 1939, at 11:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1939, to Sept 22 1939, and that I last saw him alive on Sept 20 1939.

Immediate cause of death: Bronchogenic Carcinoma — Duration: Feb. 1939.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Augustine J. Von Lenz M.D.

Address 4818 Edmondson Ave. Date signed 9/27/39

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

LB 48485 / 137

Registered No. F 61517

F 61517

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days

(e) Length of stay in Baltimore (yrs., mos., or days) 24 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 4506 Schenley Road (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Richard Cahill

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Kilander (d)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 14, 1861

8. AGE: Years	Months	Days	If less than one day
77	11	9	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business unemployed 7 yrs.

FATHER

12. Name Henry Cahill (d)

13. Birthplace Ireland

MOTHER

14. Maiden Name Mary Ryan (d)

15. Birthplace Ireland

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/26/39 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location Balto. Co. Md.

18 (a) Funeral director William Cook

(b) Address 1212 St. Paul st.

19 (a) SEP 25 1939 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-23 1939, at 8 30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-17 1939, to 9-23 1939, and that I last saw him alive on 9-22 1939.

Immediate cause of death	Duration
Uremia	four days
Due to Benign prostatic hypertrophy with urinary retention ? ?	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. A. Woodward M. D.

Address Balto City Hosp Date signed 9-23-39

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61518

CERTIFICATE OF DEATH

#95-13

F 61518

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) So Balto Gen Hospital (St.) (Ward) 3

Length of residence in city or town where death occurred ... yr. ... mos. 7 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME George Meyers (Myers)

If U. S. Veteran specify WAR .....

(a) Residence: No. Riviera Beach Md. Ward ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced: HUSBAND of (or WIFE of) Minnie J. Myers

6. DATE OF BIRTH (month, day, year): Mar 7-1874

7. AGE: Years 65 | Months 6 | Days 17 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Grocer Retired 23

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year): 1936

11. Total time (years) spent in this occupation: 23

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Ferdinand Meyers

14. BIRTHPLACE (city or town) (State or country): aa Md.

MOTHER

15. MAIDEN NAME: Julia Roseman

16. BIRTHPLACE (city or town) (State or country): Balto Md.

17. INFORMANT (Address): Mrs Minnie J. Myers Riviera Beach

18. BURIAL, CREMATION, OR REMOVAL

Place: Cedar Hill Date: 9-28- 1939

19. UNDERTAKER (Address): William Cook 1217 St Paul

20. DATE RECEIVED: SEP 25 1939 Registrar: Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 9-25-39 19

22. I HEREBY CERTIFY, That I attended deceased from 9-17-39 19 to 9-24-39 19

I last saw him alive on 9-24-39 19 Death is said to have occurred on the date stated above, at 9.50 p. m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Hypertensive Cardio-Vascular Disease	
Chronic Passive Congestion of Lungs	
Cardiac hypertrophy & dilatation	
Prostatic hypertrophy	over

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel L. Lee M. D.

(Address) So Balto Gen Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

Registered No. F 61519

F 61519

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Balto. Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 28

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 528 S. Hanover st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Peter J. Martinuzzi

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-07-7420

4. Sex M

5. Color or race W

6 (a) ~~Single~~, married, ~~widowed or divorced~~ Married

6 (b) Name of ~~husband or~~ wife Frances May Martinuzzi

6 (c) If alive, give age 30 years

7. Birth date of deceased (mo., day, yr.) July 8th 1901

8. AGE: Years 38 | Months 2 | Days 16 | If less than one day: hr. ____ min.

9. Birthplace Lee, Mass. (Town, county, and state)

10. Usual Occupation Cooper

11. Industry or business John Eppler Co

FATHER
12. Name Peter Joseph Martinuzzi
13. Birthplace Italy

MOTHER
14. Maiden Name Margaret Moran
15. Birthplace Ireland

16 (a) Informant Frances M. Martinuzzi
(b) Address 692 Light St

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 9/27/39 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Cathedral
Location Balto. Md.

18 (a) Funeral director Wm Cook
(b) Address 127 St. Paul st

19 (a) SEP 25 1939 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

V8-6

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/23-39 19 , at 9 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Rheumatic heart disease	
Due to	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work
(e) Means of injury

23. Signature Conrad Acton M.D. Medical Examiner
Date signed 9-23-39

F 61520 Med Exam Case

F 61520 Elect Room

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

M4-B

F 61520 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 15 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1226 Mc Elderry (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Wright Social. SECURITY No 215-09-3986

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex male | 5. Color or race Black | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 44 | Months | Days | If less than one day hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Thomas E Wright

13. Birthplace Va

MOTHER 14. Maiden Name Nancy A F Johnson

15. Birthplace Va

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 25th (month) (day) (year)

(c) Cemetery or crematory National Cemet. Location Gadsden Road

18 (a) Funeral director Elroy O Wilson

(b) Address 1000 Brantley Ave Huntington Park Calif

19 (a) SEP 26 1939 (b) [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 22 1939, at 7:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 22 39. to Died 19 . and that I last saw h alive on Sept. 22 1939.

Immediate cause of death Acute Heart failure — Duration 1-2 hours

Due to Coronary occlusion — Duration ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James A. Hovland M.D.
Address Johns Hopkins Hosp Date signed IX-23-39

a/

61521

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C Registered No. F 61521

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2476 Shirley Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2476 Shirley Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? 54 years

1513

3 (a) FULL NAME Mary Gordon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Rubin Gordon

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years 63 Months Days If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name Benjamin Balk

13. Birthplace Russia

MOTHER 14. Maiden Name Fannie

15. Birthplace Russia

16 (a) Informant R. Gordon

(b) Address Kentwood ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 26/39 (month) (day) (year)

(c) Cemetery or crematory Hebrew Cemetery Washington Blvd

Location

18 (a) Funeral director Sol Levinson & Bro

(b) Address 1124-26 W. North ave

19 (a) SEP 26 1939 (Date received by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 25 1939 at 6 P M

21. I certify that death occurred on the date above stated, that I attended deceased from July 5 1939 to Sept 25 1939 and that I last saw her alive on Sept 25 1939

Immediate cause of death Coronary Thrombosis — Duration 3 days.

Due to Cerebral arteriosclerosis

Due to Chronic myocarditis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature I. H. Hornstein M.D.

Address 733 Argyle St Date signed 9/26/39

VS 3

F 61522

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61522

CERTIFICATE OF DEATH

1. PLACE OF DEATH East Balto Gnld Hosp. 182-D

CITY OF BALTIMORE: (No. ..... St. 3-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. ..... mos. ..... da. If born long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Cecelia Fredick

If U. S. Veteran specify WAR .....

(a) Residence: No. 125 Exeter St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph.

6. DATE OF BIRTH (month, day, year) 1899

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Johann [illegible]

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Jeannette Klugla

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Joseph Fredick

(Address) 125 S. Exeter St

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Mt Carmel Rd Date Sept 26 1939

19. UNDERTAKER Sol Levinson & Bros

(Address) 1124-26 W. North Ave

20. FILED ..... 19..... Huntington, West Virginia, M.D.

SEP 26 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 21 1939 to Sept 25 1939

I last saw h[illegible] alive on Sept 25 1939. Death is said to have occurred on the date stated above, at 12:50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension - primary	yrs.
a/Central Hemorrhage (left internal capsule)	5 days
b/Status Cerebro vascular hemorrhage.	
Other contributory causes of importance:	

Was an operation performed? no Date of ✓

For what disease or injury? ✓

Name of operation .....

What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Jos Gleed, M. D.

(Address) Wright

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V0 8

61523

HEALTH DEPARTMENT—CITY OF BALTIMORE

61523

CERTIFICATE OF DEATH

94a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2215 Chelsea Terrace) (St.) 5-6 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. 7 mos. 29 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Saville Russell

If U. S. Veteran specify WAR None

(a) Residence: No. 2215 Chelsea Terrace St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Francis M. Russell

6. DATE OF BIRTH (month, day, year): Jan 24 1863

7. AGE — Years: 76 | Months: 7 | Days: 29 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none
10. Date deceased last worked at this occupation (month and year): none
11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: William Starr
14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Elizabeth D Smith
16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Mrs Wilson Spicknall (daughter)
(Address) 2215 Chelsea Terrace

18. BURIAL, CREMATION, OR REMOVAL.
Place Londontown Date Sept 26 1939

19. UNDERTAKER: Stewart Mortuary Co.
(Address) 100 Main St.

20. FILED SEP 26 1939 21. Huntington Hill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1939 to Sept 23, 1939

I last saw her alive on Sept 23, 1939 Death is said to have occurred on the date stated above, at 2:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	9/23/39
Other contributory causes of importance: Angina Pectoris	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Maurice E. Shamer M. D.

(Address) 3300 N. Charles Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 8

F 61524

F 61524

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 73

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Redwood & Greene Sts

(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 55 days

(e) Length of stay in Baltimore (yrs., mos., or days) 51-2-4

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1218 St. Paul St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida Louise Hoen

3 (b) If veteran, name war: Nurse-Red Cross-World War

3 (c) Social Security Account No. Not available-if any

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 20, 1888

8. AGE: Years 51 | Months 2 | Days 4 | If less than one day: hr. min.

9. Birthplace (town, county, and state) Balto, Md.

10. Usual Occupation Technician

11. Industry or business University Hosp-Balto

FATHER 12. Name Frank N. Hoen

13. Birthplace Balto, Md.

MOTHER 14. Maiden Name Lily Hyde

15. Birthplace Balto, Md.

16 (a) Informant Mrs. John C. Phillips

(b) Address 79 Cedar St. Maplewood N.J. 9/26/39

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Pikesville, Md.

18 (a) Funeral director STEWART & MOWEN COMPANY (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

(b) Address

19 (a) Date rec'd by registrar SEP 26 1939 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 24 1939 at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 29, 1939 to Sept. 24 1939 and that I last saw her alive on Sept. 24 1939

Immediate cause of death	Duration
Subdiaphragmatic Abscess	3 wks.
Peritonitis, diffuse, Subacute.	
Due to Septic Infarct, Spleen	3 wks
Due to Bronchiectasis Rt. lower Lobe c Cavitation.	1 yr. 2 Mos.
Other Conditions Secondary Anemia	

(Include pregnancy within 3 months of death)

Major findings: Of operations Bronchiectasis, Rt. Lower.

Of autopsy Subdiaphragmatic Abs

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature John C. Wagner

Address University Hosp. Date signed Sept. 24 1939

F 61525

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61525

CERTIFICATE OF DEATH

✓186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp. St., 9-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lee P. McNulty

If U. S. Veteran specify WAR World War

(a) Residence: No. 1303 Wilcox St., Ward. S. S. 215-09-0102

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Alice M. Baker

6. DATE OF BIRTH (month, day, year) April 8 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wire Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Enterprise Wire Co

10. Date deceased last worked at this occupation (month and year) Sept 23, 1939

11. Total time (years) spent in this occupation 18 yrs

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME Brian McNulty

14. BIRTHPLACE (city or town) Ireland (State or country)

MOTHER

15. MAIDEN NAME Mary E. McKenna

16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMANT Mrs Alice McNulty

(Address) 1303 Wilcox St

18. BURIAL, CREMATION, OR REMOVAL

Place Burial Date Sept 28, 1939

19. UNDERTAKER Elmer J. W. Caulfield & Son

(Address) 924 E. Eager St.

20. FILED Huntington Williams Registrar

SEP 26 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1939 to Sept 25, 1939

I last saw him alive on Sept 25, 1939 Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull with Extradural Hemorrhage	9/24/39
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, ~~suicide~~ or ~~homicide~~? Accident Date of injury 9/24, 1939

Where did injury occur? Home - Baltimore (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down stairs

Nature of injury fractured Skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. R. Cargot. M. D.

(Address) St Josephs Hosp.

W. B. Faust Dept. H. O. Asst Med. Exam
per S. Sossman, secretary.

F 61526

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61526

CERTIFICATE OF DEATH

✓108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 706 W Fairmount St. 42 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sarah Fisher

(a) Residence: No. 706 W Fairmount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Fisher

6. DATE OF BIRTH (month, day, year) 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Ellen Wing

16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMANT Wm. H. Fisher (Address) 721 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL Place MT Calvary Date Sept 26 1939

19. UNDERTAKER James A. Hayes (Address) 1 N Howard St

20. FILED SEP 26 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 18 1939 to Sept 22 1939

I last saw h[illegible] alive on Sept 22 1939 Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	Sept 17

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David Strauss M. D.

(Address) 1711 N Eden

X. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 61527

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1939 Registered No. F 61527

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians, please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Balto
(c) Hospital or institution: City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 26-12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County
(c) City or town Altoona (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas McConnell

3 (b) If veteran, name war W. W. | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Pearl McConnell | 6 (c) If alive, give age 2 years

7. Birth date of deceased (mo., day, yr.) Feb 21-1896

8. AGE: Years 43 | Months | Days 7 | If less than one day hr. min.

9. Birthplace Lilly Penn (Town, county, and state)

10. Usual Occupation unknown

11. Industry or business

FATHER 12. Name Augustine McConnell
13. Birthplace Penn

MOTHER 14. Maiden Name Henrietta Howell
15. Birthplace Penn

16 (a) Informant Mrs Celia Ryan
(b) Address 1919 4th Ave Altoona Pa

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 26 39 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location Frederick Ave

18 (a) Funeral director Robert Burns & Son
(b) Address Calhoun & Hollins sts

(Signature of registrar) Huntington Williams M.D.

SEP 26 1939

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/23/39 19 , at 2:05 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fractured skull	3 days
Due to Acidosis, alcoholic	"
Due to	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide ?
(b) Date of occurrence 9/20/39 ?
(c) Where did injury occur? (City or town) (County) (State) ?
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) ? While at work? ?
(e) Means of injury ?

23. Signature Conrad Altoona M.D. (Medical Examiner)
Date signed 9/23/39

F 61528 HEALTH DEPARTMENT—CITY OF BALTIMORE F 61528

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH Govans CITY OF BALTIMORE: (No. 6009 Pinehurst Road St. no war 27-2 Ward.) Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Gratton Anderson Sr. If U. S. Veteran specify WAR .....

(a) Residence: No. 6009 Pine Hurst Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male,	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hettie anderson,

6. DATE OF BIRTH (month, day, year) Dec 18. 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	9	6 7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardner, 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) 6 years ago. 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) Baltimore Co (State or country) Maryland

FATHER

13. NAME Thomas anderson.

14. BIRTHPLACE (city or town) Baltimore Co (State or country) Md

MOTHER

15. MAIDEN NAME Martha Jane Hull

16. BIRTHPLACE (city or town) Baltimore Co (State or country) Md

17. INFORMANT William Gratton Anderson Sr. (Address) 6009 Pinehurst Road.

18. BURIAL, CREMATION, OR REMOVAL. Place Prospect Hill Date 9/27/39

19. UNDERTAKER John Burns Sons (Address) Towson Md.

20. FILED ..... 19..... ..... Registrar

SEP 26 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 11 1939 to Sept 25 1939

I last saw h.i.m alive on Sept 25 1939 Death is said to have occurred on the date stated above, at 2.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio Vascular Renal Disease	Sept 11 1939
Other contributory causes of importance: Coronary Thrombosis	Sept 1939

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Symptoms Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas R Edwards M. D.

(Address) 2 W Chesapeake

F 61529

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61529

CERTIFICATE OF DEATH

x / 87-B

1. PLACE OF DEATH Mercy Hospital

Registered No.

CITY OF BALTIMORE: (No. St. 401 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Lucie Flanigan

If U. S. Veteran specify WAR

(a) Residence: No. Timonium St. Balto Co. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Divorced

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Mr. Flanigan

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 48? Months Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own home

10. Date deceased last worked at this occupation (month and year): Aug 1939

11. Total time (years) spent in this occupation: 0?

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Caleb Chesbonnier

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Lucie Baltimore

16. BIRTHPLACE (city or town) (State or country): St. Louis, Mo.

17. INFORMANT: Mercy Hospital

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. Joseph's Date 9-28 1939

19. UNDERTAKER: John Burns Sons

(Address) Towson Md.

20. FILED 19

Registrar.

SEP 26 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1939 to Sept 25, 1939

I last saw her alive on Sept 26, 1939 Death is said to have occurred on the date stated above, at 11:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Cyst Left Frontal	
Due to	9-12-39
Right Hemiplegia &	
Aphasia	9-12-39

Other contributory causes of importance:

Was an operation performed? Yes Date of 9-23-39

For what disease or injury? Brain Cyst

Name of operation Craniotomy

What test confirmed diagnosis? Operation Was there an autopsy? Yes

28. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frederick J. Zollman M. D.

(Address) Mercy Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 61530

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61530

CERTIFICATE OF DEATH

✓ 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 501 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emanuel Duke

If U. S. Veteran specify WAR

(a) Residence: No. 243 Forrest St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Bl	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) — — 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Wash. D.C. (State or country)

FATHER

13. NAME Henry Duke

14. BIRTHPLACE (city or town) D.C. (State or country)

MOTHER

15. MAIDEN NAME Martha ?

16. BIRTHPLACE (city or town) D.C. (State or country)

17. INFORMANT Mercy Hosp. Head (Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Arlington Date Sept. 25 1939

19. UNDERTAKER George Kelly (Address) 1308 Bertonwood Rd.

20. FILED ... 19... Permit

Hunter & Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-24-39

22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1939 to Sept 24, 1939

I last saw him alive on Sept 22nd, 1939 Death is said to have occurred on the date stated above, at 12 m. (night)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic C V disease	

Other contributory causes of importance:

Cardiac dilatation, hypertrophy Pulm edema.

Was an operation performed? No Date of —

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Joseph E. Schenthal M. D.

(Address)

V0 9

Rec'd

* information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 61531

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 61531 Registered No.

209 M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Johns Hopkins Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos.~~ days) 12

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1226 Jefferson St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Miller

3 (b) If veteran, name war
3 (c) Social Security Account No. 217-01-2472

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Married

6 (b) Name of husband or wife Estella
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1895

8. AGE: Years	Months	Days	If less than one day
74			hr. min

9. Birthplace N.C. (Town, county, and state)
10. Usual Occupation labor
11. Industry or business

FATHER
12. Name John Miller
13. Birthplace N.C.

MOTHER
14. Maiden Name Parks
15. Birthplace N.C.

16 (a) Informant E Stella Miller
(b) Address 1226 Jefferson St

17 (a) (Burial, cremation, or removal) (b) Date thereof 9/28/39 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director A Hartley
(b) Address 218 Druid Hill Ave

19 (a) SEP 26 1939 (b) Date received by registrar Huntington Williams

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH September 24 1939, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon (Autopsy or Inquest) and from the evidence obtained by said Autopsy (Autopsy or Inquest) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death	Duration
Cerebral edema	
Pulmonary edema	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide accidental
(b) Date of occurrence 9/23/39
(c) Where did injury occur? Carolina St near East St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Street (Specify type of place) While at work?
(e) Means of injury Struck by truck on Carolina St

23. Signature H B Marshall M.D. Medical Examiner
Date signed 9/25/39.

61532

HEALTH DEPARTMENT—CITY OF BALTIMORE

61532

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3817 Kelly Place St., 13-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Lucinda Martin (CROWTHER ST.)

(a) Residence: No. 3817 Kelly Place St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow.

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Luther Martin.

6. DATE OF BIRTH (month, day, year) Dec 20, 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none. (none)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME James Ruby.

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Catherine ?

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Lucinda Taylor.

(Address) 3817 Kelly Place.

18. BURIAL, CREMATION, OR REMOVAL

St. Marys Hampden Date Sept 26, 1939

19. UNDERTAKER E. Lenow Tolson

(Address) 3615 1/2 Huntingdon Ave.

20. FILED SEP 26 1939 Huntington-Williams M.E.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from 9-6, 1939 to 9-23, 1939

I last saw her alive on 9-23, 1939 Death is said to have occurred on the date stated above, at 11:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation	
Arteriosclerotic Cardiovascular Disease	9-6-39
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) L. J. Chumanzh M. D.

(Address) 3711 Falls Rd.

VS 9

F 61533

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1120

F 61533
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
13-7
(d) Street No. 4705 Falls Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas A Burrier

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug 30, 1901
8. AGE: Years 38 Months - Days 24 Under one day: hr. min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

MOTHER | FATHER
12. Name Thomas Albert Burrier
13. Birthplace Maryland
14. Maiden Name Josie Shaffer
15. Birthplace Maryland

16 (a) Informant Josie Shaffer Straker
(b) Address 4705 Falls Rd.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 27 1939 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville
18 (a) Funeral director Thanhauser & Co
(b) Address 3615-17 Eastern Ave
19 (a) SEP 26 1939 (date received) (b) H Williams Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH September 24 1939, at 10:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 13, 1939 to Sept 24 1939, and that I last saw him alive on Sept 24 1939.

Immediate cause of death Ulcerative colitis with secondary hemorrhage — Duration 15 years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C Johnston Jr. M. D.
Address Md General Hospital Date signed 9/29/39

F 61534

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94-B

F 61534 Registered No.

PLEASE WRITE PLAINLY. WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2810 Baker Street
(c) Hospital or institution: ---
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2810 Baker Street (If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

56

3 (a) FULL NAME Mary A. C. Warren

3 (b) If veteran, name war	3 (c) Social Security Account No.
---	---

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife John P. Warren
6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) Sept 16th 1866

8. AGE: Years	Months	Days	If less than one day
73	0	8	hr. ... min.

9. Birthplace Somerset County, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name Thomas Langford
13. Birthplace Somerset County, Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Maryland

16 (a) Informant Mr. Wesley Warren
(b) Address 3020 Northern Parkway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 27th 1939 (month) (day) (year)
(c) Cemetery or crematory Rehobeth, Somerset Co., Md.
Location Somerset County, Md.

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Penna Aves.

19 (a) SEP 26 1939 (Date received by Registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 24th 1939, at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 3 1939 to Sept 24 1939, and that I last saw her alive on Sept 24 1939.

Immediate cause of death Coronary Thrombosis — Duration 6-8 hours.
Due to Arteriosclerosis
Due to
Other Conditions Senility - Hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury

23. Signature Walter Spurrier M.D.
Address 2603 Edmondson Ave. Date signed 9/25/39. M. D.

F 61535

F 61535

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2316 Arlington Av

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

Street No. 2316 Arlington Av
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lora Lettie Buell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband ~~of wife~~ Eli Frank Buell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 17-1860

8. AGE: Years 79 Months 7 Days 6 If less than one day hr. min.

9. Birthplace Lancaster Co. Pa
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Home

FATHER 12. Name Wm Rheoffer

13. Birthplace Penna.

MOTHER 14. Maiden Name Hoose

15. Birthplace Penna

16 (a) Informant Mrs Bernard Buell

(b) Address 1211 Brentwood Rd

17 (a) Burial (Burial, cremation, or removal)

(b) Date thereof Sept 26-1939
(month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore Md

18 (a) Funeral director Wm H Deaver

(b) Address

19 (a) (Date received by Registrar) SEP 28 1939 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 23 1939 at 8.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1927 19 to Sept 23 1939.

and that I last saw her alive on Sept 20 19 39.

Immediate cause of death	Duration
(a) Arteriosclerosis, Generalized	?
Due to (b) Chr. Hypertrophic with Decompensation	?
Due to (c) Cerebral effusion	?
Other Conditions Chr Nephritis with Anaemia	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations X

Of autopsy X

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide No

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? No While at work?
(Specify type of place)

(e) Means of injury

23. Signature William P. Gray M. D.

Address 10 E. Biddle St Date signed Sept 25 39

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 61536

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1117 Thompson St., or Ward) 5-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Levin James (THOMSEN ST.)

(a) Residence: No. 1117 Thompson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Mary James

6. DATE OF BIRTH (month, day, year): 1859

7. AGE: Years 80 | Months 0 | Days 0 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Edward James

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Miller ?

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mary James

(Address): 1117 Thompson St

18. BURIAL, CREMATION OR REMOVAL

Place: Mt. Auburn Cem. Date: Sept. 27. 1939

19. UNDERTAKER: Mrs. Frances A. Hemsley

(Address): 578 N. Bradle St.

20. [illegible] SEP 26 [illegible] Huntington [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 24, 1939

I HEREBY CERTIFY, That I attended deceased from Sept 20, 1939 to Sept 24, 1939

I last saw h. alive on Sept 23, 1939 Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Bronchitis. (Pneumonia) (Primary)	Sept 19 39
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury? no

Name of operation no

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen M. D.

(Address) 569 Lexington St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

61537

HEALTH DEPARTMENT—CITY OF BALTIMORE

61537

CERTIFICATE OF DEATH

√131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 505 N Carlton St. 18-2 (Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Eliza A Grafford

(a) Residence: No. 505 N. Carlton Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Not Known.

6. DATE OF BIRTH (month, day, year)

7. AGE: Years: 80 | Months: — | Days: — | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: House work

10. Date deceased last worked at this occupation (month and year): 1938

11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: James Parker

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Clara Johnson

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mary Butler

(Address) 506 N Carlton Ave

18. BURIAL, CREMATION, OR REMOVAL: Mt Auburn Cem Sept 29 39

Place ... Date ...

19. UNDERTAKER: Mrs Strauss & Hensley

Address 1 E Biddle St

SEP 26 1939

20. FILED: Huntington Williams Asst.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 9/23, 1939

22. I HEREBY CERTIFY, That I attended deceased from 9/21, 1939, to 9/23, 1939

I last saw her alive on 9/23, 1939. Death is said to have occurred on the date stated above, at 5:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1/1939
Arteriosclerosis Nephritis	6 mo

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Clinical Autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. T. Gregg M. D.

(Address) 522 N. Arlington Ave

GKG

V3 3

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F-61538

BALTIMORE CITY HEALTH DEPARTMENT F-61538 Registered No. [redacted]

CERTIFICATE OF DEATH

34-2-95-3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 402 N. Pearl Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anthony Ford

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M
5. Color or race Colored
6 (a) Single, married, widowed, or divorced. Widowed
6 (b) Name of husband or wife Nancy (d)
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 1, 1866
8. AGE Years 73 Months 6 Days 22 If less than one day hr. min.
9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Jacob Ford (d)
13. Birthplace North Carolina

MOTHER
14. Maiden Name Fannie ? (d)
15. Birthplace North Carolina

16 (a) Informant Records
(b) Address BaltimoreCity Hospitals

17 (a) (Burial, cremation, or removal)
(b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director
(b) Address

19 (a) Filed (by registrar) SEP 26 1939
(b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 22 1939, at 11:25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 21 1939, to Sept 22 1939, and that I last saw h alive on Sept 22 1939.

Immediate cause of death: Arteriosclerotic Heart disease — Duration: unknown.
Due to
Due to
Other Conditions: Hypertension — unknown
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address Balto. City Hosp. Date signed 9-25-39

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61539

CERTIFICATE OF DEATH

95-B F 61539

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Mary Terziew

(a) Residence: No. 27 S. Calhoun St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of John Terziew

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) Sept 39

11. Total time (years) spent in this occupation 15 yr

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Victor Terziew

(Address) 27 S. Calhoun St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Sept 29 1939

19. UNDERTAKER Dolle & B. M. Walter

(Address) Platt & Starckey St

20. FILED SEP 26 1939 Thomas J. Williams REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-23 1939

22. I HEREBY CERTIFY, That I attended deceased from 9-23 1939 to 9-23 1939

I last saw her alive on 9-23 1939 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular Disease.	
Cerebral Arteriosclerosis with Cerebral Hemorrhage	
and Cardiac Insufficiency	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Nathan Wolf M. D.

(Address) Franklin Sq Hosp.

Howard J. Madans
Medical Examiner

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

F 61540

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 61540 Registered No.

107-a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1715 W. Pratt St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1715 W. Pratt St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

19 4

3 (a) FULL NAME Mary Medora Josenhans

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 5, 1850

8. AGE: Years 89 | Months 0 | Days 18 | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Charles C. Josenhans

13. Birthplace Germany

MOTHER 14. Maiden Name Caroline Kleiteely

15. Birthplace Germany

16 (a) Informant Mrs. Laura Ward

(b) Address 1715 W. Pratt St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/26/39 (month) (day) (year)

(c) Cemetery or crematory Loudon Pk.

Location 3801 Frederick Rd.

18 (a) Funeral director Harry H. Knipple

(b) Address 1101 Edmondson Ave.

19 SEP 26 1939 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 23 1939, at 5:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 7 1939, to Sept 23 1939, and that I last saw her alive on 9/23 1939.

Immediate cause of death	Duration
Broncho-pneumonia	9/21/39
Due to Rhino pharyngitis. Ac	9/20/39
Due to Arterio-sclerosis	—

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)

(e) Means of injury —

23. Signature C P Rostine M. D.

Address 1623 Washington Blvd Date signed 9/25/39

VS 3

F 61541

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 61541 Registered No. 47-a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2520 W. Franklin St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2520 W. Franklin St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Andrew J. Leibig,

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Barbara Leibig,

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 24. 1870

8. AGE: Years	Months	Days	If less than one day hr.	min.
68	10	1		

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Interior Painter.

11. Industry or business

FATHER

12. Name Not Known

13. Birthplace Germany

MOTHER

14. Maiden Name Not Known

15. Birthplace Germany

16 (a) Informant Mrs Catherine Buckheit,

(b) Address 2520 W. Franklin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-28-39 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Baltimore City

18 (a) Funeral director Geo W. Little

(b) Address 2700 Edmondson Ave.

19 (a) Date rec'd by Registrar SEP 28 1939 (b) Registrar Huntington Williams M.D.

SEP 26 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH SEP 25 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 25 1939. to Sept 25 1939.

and that I last saw h[illegible] alive on Sept 25 1939.

Immediate cause of death Carcinoma of larynx and glands of neck — Duration ?

Due to

Due to — Duration about 1 mo.

Other Conditions Myocarditis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature W. Allen Shubert, M.D.

Address 220 Garrison Date signed Sept 26/39

F 61542

3675 61542

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 12-9-92-a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 628 N. Bond St
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 628 N. Bond St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah White

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: Negro
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Roosevelt White
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — 1890

8. AGE: Years 49 | Months | Days | If less than one day hr. min.

9. Birthplace: North Carolina (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: Lucy Carr
13. Birthplace: North Carolina

MOTHER
14. Maiden Name: Lucy —
15. Birthplace: North Carolina

16 (a) Informant: Records
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/26/39 (month) (day) (year)
(c) Cemetery or crematory: Mt. Calvary Cem
Location: A a 60 Mol

18 (a) Funeral director: Robert E. Williams
(b) Address: 1315 McElderry St

19 (Date received by registrar) SEP 26 1939 Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 20 1939, at 10 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 26 1939, to Sept 20 1939, and that I last saw h alive on Sept 20 1939

Immediate cause of death: Cerebral Thrombosis

Duration: 3 wks (or mos?)

Due to

Due to: Syphilis + Syphilitic Heart Disease

Other Conditions: Arteriosclerosis, hypertension, aortic regurgitation (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy: Cerebral Thrombosis

?

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: James H. Howland M. D.
Address: Hos Hopkins Hospital Date signed 11-21-39

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61543

CERTIFICATE OF DEATH

122a-34

F 61543

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp St. 3 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ralph Grande

(a) Residence: No. 218 S. High St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Grande

6. DATE OF BIRTH (month, day, year) May 1 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Ottavio Grande

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Carmela Pignataro

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mary Grande (Wife)

(Address) 218 S. High St.

18. BURIAL, CREMATION, OR REMOVAL

Place Dulaney Valley Date Sept 28 1939

19. UNDERTAKER Frank Della Rocca

(Address) 22 N. Monroe St.

Sept 26 1939 Bunching & Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 17, 1939 to Sept. 25, 1939

I last saw h alive on Sept. 25, 1939 Death is said to have occurred on the date stated above, at 7:10 a.m.

The principal cause of death and related causes of importance were as follows:

Myocardial failure — Date of onset 9/24/39

Bulbar type of Poliomyelitis — ?

Syphilis — ?

Other contributory causes of importance:

Was an operation performed? Yes, Date of 9/18/39

For what disease or injury? Abscess

Name of operation Bilateral inguinal hemipelectomy

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. R. Turpt M. D.

(Address) St. Joseph's Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 8

Tibbs

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61544

CERTIFICATE OF DEATH

186-a

F 61544

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hosp. St. 7-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alfred Tibbs

If U. S. Veteran specify WAR

(a) Residence: No. 1628 E. Eager St., Ward. S. S. 212-12-9826

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4/9/1814

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
25	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Truck helper

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brooklyn N.Y.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Virginia Suddeth

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Nellie Hall (Address) 1628 E. Eager St.

18. BURIAL, CREMATION, OR REMOVAL Christ Lutheran Midland Va. Date 9-27, 1939

19. UNDERTAKER Mrs. Robt. L. E. Mott & Sons (Address) 1422 N. Caroline St.

20. FILED SEP 26 1939, Huntington Williamsport Pa.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 23, 1939, to Sept. 24, 1939

I last saw him alive on Sept. 24, 1939. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture 4th Cervical vertebrae	9/23/39
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? accident Date of injury 9-23-, 1939

Where did injury occur? City 1131 Somerset St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public

Manner of injury Fell from 2nd floor landing to Street

Nature of injury as above

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify moving furniture

(Signed) M. P. Lucas M. D.

(Address) St. Josephs Hosp.

Howard J. Liebelson Medical Examiner

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V6 2

F 61545

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Reg. Prod. No. F 61545

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Balto. City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da.

(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 411 Upton St. (W. Hoffman St.) (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mercy Joyner (48292)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 15, 1903

8. AGE: Years 36 | Months 4 | Days 30 | If less than one day: hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Henry (D)

13. Birthplace Va.

MOTHER 14. Maiden Name Liza ? (D)

15. Birthplace Va.

16 (a) Informant Hospital Records

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Location

18 (a) Funeral director

(b) Address

19 (a) (Date rec'd by registrar) (b) Registrar

SEP 26 1939 Per H. A. Moor

SEP 26 1939 Commissioner of Health

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 14, 1939 at 11:05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 13, 1939 to Sept. 14, 1939 and that I last saw him alive on Sept. 14, 1939

Immediate cause of death: Tuberculosis of lungs — Duration: June 1939

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Jaleson M. D.

Address Balto. City Hospital Date signed 9-16-39

VS 3

F 61546

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 61546

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1528 E Pratt St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1528 E Pratt St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Samuel Defuller

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 60 | Months | Days | If less than one day hr min.

9. Birthplace (Town, county, and state) Md

10. Usual Occupation

11. Industry or business

FATHER 12. Name
13. Birthplace

MOTHER 14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location

18 (a) Funeral director
(b) Address

19 (a) (Date rec'd by registrar)

UNIVERSITY MEDICAL SCHOOL SEP 26 1939
Commissioner of Health
By M. A. Moore
SEP 28 1939
Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/17/39 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to h death on the day stated above.

Immediate cause of death: Coronary occlusion

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. H. Underscore M.D. Medical Examiner
Date signed 9/18/39

VS 6

F 61547

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B Registered No. F 61547

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Green & Redwood Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Halethorpe, Md. - Balto. Co.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1229 Linden Terrace.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine L. Jacob.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Rudolph Jacob.
6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) 12 8 96

8. AGE: Years 55 | Months | Days | If less than one day: hr. min.

9. Birthplace Maryland. (Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business Home.

FATHER
12. Name August Kuhl.
13. Birthplace Germany

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Friend
(b) Address

17 (a) Burial (b) Date thereof Sept 28 1939 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director Harry H Wilhelm
(b) Address 4101 Edmondson Ave

19 (a) SEP 26 1939 (Date received by registrar) Huntington Williams U.P.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 25 1939, at 3:15 P M

21. I certify that death occurred on the date above stated, that I attended deceased from Sept 21 1939 to Sept 25 1939. and that I last saw h[illegible] alive on Sept 25 1939.

Immediate cause of death Uremia toxemia — Duration 5 days.

Due to Gastric ulcer with perforated stomach. — 2

Due to

Other Conditions Arteriosclerotic C.V. Disease. — ?
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Gastric ulcer.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John Z. Bowers.
Address University Hospital Date signed Sept 25.

F 61548

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47754 F DR

F 61548 Registered No.

151-C

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2809 Miles Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Franklin Leard

3 (b) If veteran, name war

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married - Separated

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 6, 1913

8. AGE: Years	Months	Days	If less than one day
26	4	18	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Newspaper Carrier

11. Industry or business at times

FATHER

12. Name George Leard (d)

13. Birthplace Md.

MOTHER

14. Maiden Name Alice Baker

15. Birthplace Md.

16 (a) Informant B.C.H.

(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 27, 1939 (month) (day) (year)

(c) Cemetery or crematory Poplar.

Location Balto Co. Md.

18 (a) Funeral director Chenowith Hgn.

(b) Address 3615-17 Chestnut Ave

19 (a) SEP 27 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-24 1939, at 9 35 P.M

21. I certify that death occurred on the date above stated, that I attended deceased from 8-24 1939, to 9-24 1939, and that I last saw h alive on 9-24-1939.

Immediate cause of death	Duration
Pulmonary edema	4 hrs.
Due to Congenital heart disease	26 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. M. Waghelstein M. D.

Address Balto City Hosp Date signed

VS 3

61549

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 61549

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 160 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3014 Mayfield Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sylvester Shue (43947)

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife ✓

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 14, 1902

8. AGE: Years	Months	Days	If less than one day
37	5	11	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Edward
13. Birthplace Md.

MOTHER
14. Maiden Name Mary McChuoya
15. Birthplace Md.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/28/1939. (month) (day) (year)

(c) Cemetery or crematory New Cathedral
Location 4300 old Frederick Rd.

18 (a) Funeral director Foley & Conway Local
(b) Address 901 Hollins Street.

19 (a) SEP 27 1939 (b) Registrar
(Date rec'd by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 25, 1939, at 7:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 18, 1939, to Sept. 25, 1939, and that I last saw him alive on Sept. 25, 1939.

Immediate cause of death	Duration
Tuberculosis of Lungs	April 1935
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. D.
Address Balto. City Hospitals Date signed 9-26-39

F 61550

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 61550

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 6 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Elkridge (If outside city or town limits, write RURAL and give town)
Street No. 9 2/2 Furnace Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward P. Griffith
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr) Oct. 28, 1925

8. AGE: Years	Months	Days	If less than one day hr.	min.
13	11	2		

9. Birthplace Elkridge, Md. (town, county, and state)
10. Usual Occupation 6th grade schoolboy
11. Industry or business

FATHER
12. Name William A. Griffith
13. Birthplace Elkridge, Md.

MOTHER
14. Maiden Name Florence Chamberlain
15. Birthplace Baltimore, Md.

16 (a) Informant: Mother = Florence Griffith
(b) Address Furnace Ave, Elkridge, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/28/1939 (month) (day) (year)
(c) Cemetery or crematory Melville Cem. Location Elkridge, Howard Co. Md
18 (a) Funeral director John J. Govan & Son
(b) Address 701 Hollins St

19 (a) Filed (Date received by registrar) SEP 27 1939 (b) Registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 26 1939, at 3.20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 20 1939, to Sept. 26 1939, and that I last saw him alive on Sept. 26 1939.

Immediate cause of death	Duration
Acute myocarditis	
Due to naso-pharyngeal diphtheria	8 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy + dilated heart, enlarged congested liver

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Myron G. Tucker
Address Sykesville Md. Date signed 9/26/39

E 61551

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 61551

CERTIFICATE OF DEATH

95-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Church Home & Inf.

CITY OF BALTIMORE: (No. Broadway St. W-4 Ward)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Thomas Douglass

(a) Residence: No. 1718 Williams St., Ward.
(Usual place of abode) Md (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Grace

6. DATE OF BIRTH (month, day, year) March 13, 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME James W. Douglass

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Susan E Headley

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs Towers

(Address) Wife

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 9/28/39

19. UNDERTAKER

(Address)

20. FILED SEP 27 1939 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-26-1939

22. I HEREBY CERTIFY, That I attended deceased from 9-23-1939 to 9-26-1939

I last saw him alive on 9-26-1939 Death is said to have occurred on the date stated above, at 2:25 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease	10 yrs ago
Other contributory causes of importance:	
Uremia	9-19-39

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Cadden, M. D.

(Address) Church Home & Infirmary

Filed SEP 27 1939 Registrar. Cpb

INSTRUCTIONS: Information should be entered in ink. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

61552

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

V 210-9

Registered F 61552

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Fe
correct age is especially important. Physicians: please write the causes of death clearly and legibly.

61552

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Aertson and Heath Sts
(c) Hospital or institution: 23-2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1625 Clarkson St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs

3 (a) FULL NAME William Rowan

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	wh	Single

6 (b) Name of husband or wife 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) May 30, 1933

8. AGE: Years	Months	Days	If less than one day: hr.	min.
6	3	25		

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Schoolboy
11. Industry or business

FATHER 12. Name	Emery G. Rowan
13. Birthplace	Balto.
MOTHER 14. Maiden Name	Thelma Sauk
15. Birthplace	Balto.

16 (a) Informant Mrs. Thelma Rowan
(b) Address 1625 Clarkson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/27/39 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Annapolis Road
18 (a) Funeral director J. J. Mc Cauley
(b) Address 20 E. Hunting Ave.

19 SEP 27 1939 Williams M.D. Registrar
(Date rec'd by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 25 1939, at 12 30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) I find that said deceased came to his death on the day stated above.

Immediate cause of death

Due to Crushing injury of head

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 9/25/39
(c) Where did injury occur? Clarkson & Hall Sts (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Street (Specify type of place) While at work? no
(e) Means of injury run over by automobile

23. Signature [illegible] M.D.
Medical Examiner
Date signed 9/25/39

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61553

CERTIFICATE OF DEATH

F 61553

Registered No. 21-2926

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1147 Montrose St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel B Tracey

If U. S. Veteran specify WAR ...

(a) Residence: No. 1147 Montrose St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of: Mabel B Tracey

6. DATE OF BIRTH (month, day, year): June 8 1870

7. AGE: Years 69; Months 7; Days 18; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Shoe Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Shoe Store

10. Date deceased last worked at this occupation (month and year): 1935 — Total time (years) spent in this occupation: 21

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: John F Tracey

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Dawson Woodhouse

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mabel B Tracey

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Western Cem Date: 9/28 1939

19. UNDERTAKER: Edward Tilden

(Address) 2359 Woodland Ave

20. FILED SEP 27 1939

Hunting to Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 9/26/39

22. I HEREBY CERTIFY, That I attended deceased from July 1 1939 to Sept 26 1939

I last saw him alive on Sept 26, 1939. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 7/1/39

Other contributory causes of importance: Sclerosis — 8/1/39

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Edward Dunn, M. D.

(Address) 1147 Montrose Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 8

F 61554

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61554

CERTIFICATE OF DEATH

94-13

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 514 N. Patterson P. k. Ave. 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Pfeiffer

(a) Residence: No. 514 N. Patterson P. k. Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Herman J. Pfeiffer

6. DATE OF BIRTH (month, day, year) May 4 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	82	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Bach

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Margaret Merling

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Florence Bryson

(Address) 416 N. Port St.

18. BURIAL, CREMATION, OR REMOVAL

Place Bat. Sawn Date 9/28 1939

19. UNDERTAKER John H. Miller

(Address) 2334 Gilmor St.

20. FILED SEP 27 1939 Hunter-Williams Mortuary

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 24 1939 to Sept. 25 1939

I last saw her alive on Sept. 24 1939 Death is said to have occurred on the date stated above, at 11:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	9/24/39
Generalized arteriosclerosis ?	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of Injury ..... 19.....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

no If so, specify .....

(Signed) Joseph Pokorny M. D.

(Address) 2100 E Madison St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 61555

HEALTH DEPARTMENT—CITY OF BALTIMORE E 61555

CERTIFICATE OF DEATH

√ 124-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 510 S Bentelau St. 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Hoffmann

If U. S. Veteran specify WAR

(a) Residence: No. 510 S Bentelau St., 3 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helena Hoffmann

6. DATE OF BIRTH (month, day, year) June 29-1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Butcher

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Germ.

17. INFORMANT John Sibold.

(Address) 510 S Bentelau St.

18. BURIAL, CREMATION, OR REMOVAL

Place Sand Hill Date 9-28 193

19. UNDERTAKER Lilly & Zeiler Inc

(Address) 403 E Fayette St.

20. FILED SEP 27 1939 Hunter Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1- 39 to Sept 24 39, that I last saw h[illegible] alive on Sept 24 39. Death is said to have occurred on the date stated above, at 9 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocardial Degeneration	1939
Other contributory causes of importance: Cirrhosis of Liver	over

Was an operation performed? — Date of

For what disease or injury? —

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Chas A Carlson, M. D.

(Address) 1145 N Bond St.

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 61556

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a

F 61556 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3324 Auchentoroly Terrace

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3324 Auchentoroly Terrace (If rural give location)

(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME George C. Treide

3 (b) If veteran, name war: no

3 (c) Social Security Account No.:

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Susannah Winters

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct. 25. 1859

8. AGE: Years: 79 Months: 11 Days: 0 If less than one day: hr. min.

9. Birthplace: Baltimore Md. (Town, county, and state)

10. Usual Occupation: retired merchant

11. Industry or business: dry goods

FATHER

12. Name: John H. Treide

13. Birthplace: Germany

MOTHER

14. Maiden Name: Louise Pagels

15. Birthplace: Md.

16 (a) Informant: Henry E. Treide

(b) Address: 4201 St. Paul St.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof: Sept 27. 1939 (month) (day) (year)

(c) Cemetery or crematory: Woodlawn

Location: Woodlawn, Balto. Co. Md.

18 (a) Funeral director: John O. Mitchell Sons

(b) Address: 1900 Eutaw Place

19. (a) SEP 27 1939 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 25. 1939 19 .... at 1.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1935 19 .... to 9-25 1939 and that I last saw h[illegible] alive on 9-25 1939.

Immediate cause of death: CEREBRAL HEMORRHAGE — Duration: 6 Hrs.

Due to: ARTERIOSCLEROSIS

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature: John L. Dorsey M. D.

Address 1129 St. Paul St. Date signed

VS 3

61557 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 61557

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital, Loyola College Dept.)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Julia A. Murphy

(a) Residence: No. 2322 Greenmount Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Edward M. Murphy. Widowed

6. DATE OF BIRTH (month, day, year): July 9 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home 2037

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: George W Conway

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Dont Know

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Miss Mary E Murphy (Address) 2323 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL. Place: Jesu Cathedral Date: Sept 29. 1939

19. UNDERTAKER: William M Marech (Address) 715 Lin[illegible] Baltimore, Md.

20. FILED SEP 27 1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to Sept. 25, 1939

I last saw her alive on Sept. 25, 1939 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the liver	7,

Other contributory causes of importance: Cachexia

Was an operation performed? ..... Date of ..... —

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Louis J. Haeberle, M. D.

(Address) Franklin Square Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 8

F 61558

James McCrea

BALTIMORE CITY HEALTH DEPARTMENT F 61558 518 Registered No.

CERTIFICATE OF DEATH

✓ 45-B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1922

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 523 S. Oldham St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

2nd 45-1

3 (a) FULL NAME James McCrea

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 4-27-1850

8. AGE: Years 89 | Months 4 | Days 28 | If less than one day hr. min.

9. Birthplace Scotland (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business John Connors

MOTHER | FATHER

12. Name Robert

13. Birthplace ~~Mexico~~ Scotland

14. Maiden Name Anne Robertson

15. Birthplace Scotland

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, ~~cremation or removal~~) (b) Date thereof 9/27/39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Trinity

Location Balto md

18 (a) Funeral director William Cook

(b) Address 1219 St. Paul St. Phone Wilkens, MD.

19 (a) SEP 27 1939 (b) 3
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 25 1939, at 2:55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 30 1934 to Sept 25 1939, and that I last saw him alive on Sept 25 1939.

Immediate cause of death: Arteriosclerotic Heart disease — Duration unknown.

Due to

Due to

Other Conditions: Generalized arteriosclerosis — unknown.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work)
(Specify type of place)
(e) Means of injury

23. Signature J. McNaughton

Address Balto City Hosp Date signed 9-25-39 M. D.

V8 3

PLEASE WRITE PLAINLY, WITH INK OR INDELIBLE PENCIL. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 61559

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 61559 Registered No. 186-a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 113 Churchhill St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jesse George

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M. | 5. Color or race Wh | 6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Clara

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-1-1884

8. AGE: Years 51 | Months 6 | Days 25 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER 12. Name John George
13. Birthplace Md.

MOTHER 14. Maiden Name Ida M. Chaffinger
15. Birthplace Md.

16 (a) Informant B. C. H. Record
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/29/39 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 227 St. Paul St

19 (a) SEP 27 1939 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION 11 55

20. DATE OF DEATH Sept 26 1939, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death	Duration
Carcinoma of Larynx	
Due to Fracture of 12th	
Due to Thoracic Vertebra Metastables (?) to 12th Thoracic Vert.	

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accidental
(b) Date of occurrence 9/21/39
(c) Where did injury occur? 100 Block Churchhill St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Back yard (Specify type of place) While at work? yes
(e) Means of injury Fell from tree

23. Signature Wm B Vandersluis M.D. Medical Examiner
Date signed 9/26/39

VS 4

F 61560

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131 F 61560

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2127 McCulloh St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lucy A. Chase

If U. S. Veteran specify WAR

(a) Residence: No. 2127 McCulloh St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Daniel D. Chase

6. DATE OF BIRTH (month, day, year) 2-14-1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Knoxville Frederick Co. Md.

FATHER

13. NAME Thomas B. Duckett

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ellen Eglestor

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Sadie Chase
(Address) 2127 McCulloh St.

18. BURIAL, CREMATION, OR REMOVAL
Place Arbutus Date 9-29 1935

19. UNDERTAKER Samuel W. Brasington
(Address) 1338 N. Gilmor

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-25- 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-16- 1935 to 9-25- 1935

I last saw h[illegible] alive on 9-25- 1935 Death is said to have occurred on the date stated above, at 3:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Nephritis a Uremia	
Other contributory causes of importance:	

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) R. Lee Rhetty M. D.

(Address) 2139 Druid Park

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 8

F 61561

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 61561 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1110 N. Carey St
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimo (If outside city or town limits, write RURAL and give town)
(d) Street No. 1110 N Carey (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Sawyer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Col

6 (a) Single, married, widowed, or divorced M

6 (b) Name of husband or wife Calvin S. Sawyer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 7 - 1895

8. AGE: Years 43 Months 2 Days 17 If less than one day hr min

9. Birthplace A. A. Co Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Thomas H Turner

13. Birthplace Md

MOTHER 14. Maiden Name Ann E. Harris

15. Birthplace Md

16 (a) Informant Calvin S. Sawyer

(b) Address 1110 N. Carey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 28-39 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet Cem

Location Balto Co.

18 (a) Funeral director Chas H. Chase & Son

(b) Address 638 N. Gilmor St

19 (a) (Date rec'd by registrar) (b) Registrar

SEP 26 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 25 1939, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry), thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to h death on the day stated above.

Immediate cause of death — Duration

Coronary occlusion

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Wm. Swindell M.D. Medical Examiner

Date signed 9-27-39

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

No. 203

F 61562

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 61562 Registered No. 186-a

Please write plainly, using ink. Physicians: please write the causes of death clearly and legibly. Punctuation is not necessary. Do not abbreviate. Give the exact cause of death. In deaths due to violence, state the means and nature of injury. Do not state mode of dying, such as heart failure, asphyxia, or anemia. Please state the disease causing the death, or in deaths from violence, the nature of injury which caused death. Do not give symptoms or complications only. State the duration of each. In deaths of women, always state whether pregnant, or whether death occurred within three months after childbirth. Please fill in all items. Underline the cause to which death should be charged statistically. Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Physicians:

Karl Emil Erthal

61563

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 61563

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & 33rd Streets
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Same.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3923 Ridgewood Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Karl Emil Erthal

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-03-6791

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Karen Erthal
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 10, 1903

8. AGE: Years	Months	Days	If less than one day
36	1	16	3 hr. 5 min.

9. Birthplace Bristol, Penna. (Town, county, and state)
10. Usual Occupation Civil Engineer
11. Industry or business Whitman, Requardt & Smith

FATHER
12. Name Emil Christian Erthal
13. Birthplace Cleveland, Ohio

MOTHER
14. Maiden Name Nellie Hale
15. Birthplace Bristol, Penna.

16 (a) Informant Mrs. Karen Benson Erthal
(b) Address 3923 Ridgewood Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-30-39 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director Wm. J. Tichnor & Sons,
(b) Address North & Penna. Aves.,

19 (Date rec'd by reg.) SEP 27 1939 Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/26 1939, at 3:05 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/20 1939, to 3:05 AM-9/26 1939, and that I last saw him alive on 3:05 AM-9/26 1939.

Immediate cause of death Tuberculous Meningitis — Duration 20 days

Due to

Due to

Other Conditions Pott's disease — 10 years

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas and Dugan M. D.
Address Union Memorial Hosp. Date signed 9/26/39

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Spec.—1-30—M. & T.—250 Blks

F 61564

F 61564

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-C

1-PLACE OF DEATH Edgewood Nursing Home. 27-12 REGISTERED NO.

CITY OF BALTIMORE: (No. 6000 Bellona Ave ST. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Andrew W. Stuff.

(a) RESIDENCE NO. Wake P.O. Middlesex County Va WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married.

5a If married, widowed, or divorced HUSBAND of or) WIFE of Emma Whitehurst Stuff

6 DATE OF BIRTH (month, day, and year) Feb 11, 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	7	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Wake P.O. Va.

PARENTS

10 NAME OF FATHER Andrew. Stuff.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Middlesex Co. Va

12 MAIDEN NAME OF MOTHER Elizabeth Barrack

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Middlesex Co. Va

14 Informant Thos. Gordon Stuff.

(Address) Yale Beard Tavern

SEP 27 1939

Filed , 19

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/27/39.

17 I HEREBY CERTIFY, That I attended deceased from 9/26/ , 1939 to 9/27 , 1939 .

that I last saw h alive on 9/26 , 1939 .

and that death occurred, on the date stated above, at 6.40 A m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Arteriosclerosis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Gerald H. Mortimer Jr. M. D.

, 19 (Address) 2706 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL West Point Va.

DATE OF BURIAL 9/27/39

20 UNDERTAKER W. J. Tucker & Sons

ADDRESS North & Pa

Port Roland Station

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 61565

F 61565

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. V 108

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2211 Rogers Ave
(c) Hospital or institution: Methodist Home.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County City Balto
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 Rogers Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years ✓

3 (a) FULL NAME Alice Todd
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March-10-1864

8. AGE: Years 75 | Months 6 | Days 17 | If less than one day: hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Stephen Todd
13. Birthplace Balto Md

MOTHER
14. Maiden Name Louise Gallagher
15. Birthplace Balto Md

16 (a) Informant W. B. Trout
(b) Address 2211 Rogers Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 1939 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Maryland

18 (a) Funeral director William Cook
(b) Address 1217 St Paul Street

19 (a) SEP 27 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 27 1939, at 3 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1 1939 to Sept 27 1939 and that I last saw h. alive on Sept 26 1939.

Immediate cause of death
Endocarditis
Due to
Due to Pneumonia (over)
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No.
(b) Date of occurrence —
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury ✓

23. Signature George E. Thomson M. D.
Address 700 Fulton Ave Date signed 9-27-39

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 61566 11241

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 61566

45-5

Physicians: please write the causes of death clearly and legibly. Be sure correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 yr. 11 days 9 mths.

(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 4708 Curtis Avenue (If rural give location)

(e) If foreign born, how long in U. S. A.? 28 years

45-5

3 (a) **FULL NAME** Alphonse Raickas or Alfonco Rauckis

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1869 ?

8. AGE: Years 69 ? 70 Months ? Days ? If less than one day hr. min.

9. Birthplace Lithuania (Town, county, and state)

10. Usual Occupation Blind

11. Industry or business

MOTHER / FATHER

12. Name —

13. Birthplace —

14. Maiden Name —

15. Birthplace —

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 28. 1939 (month) (day) (year)

(c) Cemetery or crematory Holy Cross

Location Anne Arundel County

18 (a) Funeral director John A. Grebliunas Jr.

(b) Address 423 S. Paca Street,

SEP 29 1939 (Date received by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 25 1939, at 8:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 16 1934, to Sept 25 1939, and that I last saw h in alive on Sept 25 1939.

Immediate cause of death Hypertensive Cardiovascular disease — Duration unknown.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Thomas Williams M.D.

Address Balto City Hosp Date signed 9-25-39

VS 3

F 61567

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

195-B 48494 SD

Registered No. F 61567

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 57 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 10 West 24th Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James H. Hood

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Lillian (d)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Feb. 5, 1872

8. AGE: Years 67 | Months 7 | Days 21 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Odd Jobs 0040

11. Industry or business

FATHER
12. Name James H. Hood (d)
13. Birthplace Maryland

MOTHER
14. Maiden Name Anna Owings (d)
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 29 39 (month) (day) (year)
(c) Cemetery or crematory St Marys Hampden
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 217 S. Paca St (Signature or address of person acting for undertaker)

SEP 29 1939 (Date received by local registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 26 1939, at 2.50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 19 1939, to Sept 26 1939, and that I last saw h alive on Sept 26 1939.

Immediate cause of death: Arteriosclerotic Heart Disease — Duration unknown

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy calcified aortic valve, heart failure

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Emanuel Lebowitz M. D.
Address Balto City Hosp Date signed 9-27-39

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

61568

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157-D

F 61568 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Bon Secours Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days

(e) Length of stay in Baltimore (yrs., mos., or days) 5½ weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1203 James Street

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Marlene D Bees

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEM.	WHITE	SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) AUGUST 17 1939

8. AGE: Years	Months	Days	If less than one day
	1	10	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name Maurice Bees

13. Birthplace Maryland.

MOTHER

14. Maiden Name Edna M. Hadel

15. Birthplace Balto Md.

16 (a) Informant Maurice Bees

(b) Address 1203 James St

17 (a) buried (Burial, cremation, or removal) (b) Date thereof Sept 29/39 (month) (day) (year)

(c) Cemetery or crematory Western Cem

Location Balto Md

18 (a) Funeral director Bernard C Harle

(b) Address 121 E West St

19 (a) SEP 28 1939 (Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 27 1939, at 3:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-23 1939, to 9-27 1939, and that I last saw her alive on 9-27 1939.

Immediate cause of death Malnutrition (2 lbs 14 oz) — Duration 5½ weeks

Due to Atresia stomach or duodenum (?)

Due to

Other Conditions Premature (7½ mo)

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature William J. McClafferty M. D.

Address Bon Secours Hosp. Date signed

61569

HEALTH DEPARTMENT—CITY OF BALTIMORE

61569

CERTIFICATE OF DEATH

✓ 34-3

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (a) W. Balt. Gen'l Hosp. St., 14-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mr. Warner Lee March

(a) Residence: No. 743 W. North Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of May Chase

6. DATE OF BIRTH (month, day, year) Jan 3, 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. City Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Warner Lee Marsh

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Annie Wheeler

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT John W. Marsh
(Address) 4 Lee Square Dundalk

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Date Sept. 29 1939

19. UNDERTAKER John A. Mitchell & Sons
(Address) 1700 Eutaw Place

20. Filed Sept 28 1939 Hunting

MEDICAL CERTIFICATE OF DEATH

✓

21. DATE OF DEATH (month, day, year) Sept 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1939 to Sept 27, 1939

I last saw him alive on Sept 26, 1939 Death is said to have occurred on the date stated above, at 1 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1a Ruptured aortic aneurysm	1929
2a Syphilis	1909
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Jno. Shear, M. D.

(Address) Wilkens Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V.S.

61570

F 61570

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-P Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 564 W. University Pky.

(c) Hospital or institution: None

(d) Length of stay in hospital or inst. (yrs., mos., or days) Life

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 564 W. University Pkwy. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Margaret L. Preston

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Geo. C. Preston

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 24, 1865

8. AGE: Years 74 | Months 5 | Days 2 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Conrad Shumacher

13. Birthplace Germany

MOTHER 14. Maiden Name Lois Pope

15. Birthplace Baltimore, Md.

16 (a) Informant ~~Lester W. McCrea~~

(b) Address 564 W. University Pkwy.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-28-39 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cem.

Location Fred Ave. Baltimore, Md.

18 (a) Funeral director John O. Mitchell & Sons Inc.

(b) Address 1900 Eutaw Place

19 (a) Filed SEP 29 1939 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 26, 1939, at 6P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 3 1939, to Sept 26 1939, and that I last saw h[er] alive on Sept 25 1939.

Immediate cause of death	Duration
Arteriosclerosis	10 yrs
Due to Hypertensive cardiovascular disease	1 year
Due to Cardiac hypertrophy & dilatation	8 mos
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide N

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. G. Jones M. D.

Address 2818 St. Paul St. Date signed 9/27/39

61571

HEALTH DEPARTMENT—CITY OF BALTIMORE

61571

CERTIFICATE OF DEATH

92-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 312 So. Bethel St. 3-1 Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mollie Smith

(a) Residence: No. 312 So. Bethel St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Geo. Smith

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Talbot co. Md.

MOTHER FATHER

13. NAME Harrison Coldar

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mollie Coldar

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Cora White 312 So Bethel St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date Sept 29 1939

19. UNDERTAKER (Address) E. O. Wilson 1000 Brantley Ave

SEP 28 1939

Huntington Williamsport

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1939, to Sept 26, 1939

I last saw h e alive on Sept 25, 1939. Death is said to have occurred on the date stated above, at 1 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Nephritis	
Mitral +	
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If ... (Signed) J. Edward Fisher, M. D.

... (Address) 1612 E. Monument St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

61572

HEALTH DEPARTMENT—CITY OF BALTIMORE 61572

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home Hosp. St. 27-10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. William Henry Christ

If U. S. Veteran specify WAR No

(a) Residence: No. 709 McCulloh St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Mary J Christ

6. DATE OF BIRTH (month, day, year) June 10 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own farm

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Henry Christ

14. BIRTHPLACE (city or town) (State or country) Frankfurt, Germany

MOTHER

15. MAIDEN NAME Catherine Heinzerling

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Minna Catherine Christ
(Address) Orlando, Fla.

18. BURIAL, CREMATION, OR REMOVAL
Place Barlwood Date Sept 28 1939

19. UNDERTAKER Albert W Gregory
(Address) 440 E North Ave

FILED SEP 28 1939 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 19, 1939 to Sept. 25, 1939

I last saw him alive on Sept. 22, 1939 Death is said to have occurred on the date stated above, at 10:50 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Pneumonia	9-23-39
Cerebral Hemorrhage	9-19-39
Fracture of neck of femur R	7/19/39

Other contributory causes of importance:
Arteriosclerosis -
Hypostatic Congestion - Paralysis of Legs

Was an operation performed? Yes Date of 9/21/39

For what disease or injury? Fracture of neck of femur R

Name of operation - Pinning Fractured femur

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury 7/19, 1939

Where did injury occur? 709 McCulloh Ave.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury - Fell walking across floor

Nature of injury - Fracture of neck of femur

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) ... M. D.

(Address) Wm B. Dungelyer -
for Howard J. Malone
Medical Examiner

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V6 3

Spec.—1-12-23—M&T—500 Blks.

61573

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61573

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 2914 Elliott St ST. 1-1 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ritka Martin

(a) RESIDENCE NO. 2914 Elliott St ST. WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs mos ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 Single, Married, Widowed, or Divorced (write word) ~~Single~~ Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 1885

7 AGE Years 54 Months Days If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Baltimore

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS
10 NAME OF FATHER Lawrence Ritka
11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland
12 MAIDEN NAME OF MOTHER Catherine Malichi
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant Thomas Ritka
(Address) Loch Raven Road

15 Filed SEP 28 1939, 19 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep. 27 - 1939

I HEREBY CERTIFY, That I attended deceased from Sep. 25th, 1939, to Sep 27, 1939, that I last saw him alive on Sep. 27, 1939, and that death occurred, on the date stated above, at 5:30 P m.

The CAUSE OF DEATH* was as follows:
Chronic Degeneration Myocardium and Valvular Heart Disease
(duration) 5 yrs mos ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart
(duration) yrs mos. 2 days

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) Thos J. Schmidlinger M. D.
19 (Address) 350 S Bank St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosebern
DATE OF BURIAL Sept 30 1939

20 UNDERTAKER Mat H. E. Deppel
ADDRESS 37 S. Carey

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

61574 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 61574

CERTIFICATE OF DEATH

93-c

Registered No. ____

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 620 Wyanoke Ave St., 9-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Wilhelmina Foley

If U. S. Veteran specify WAR ____

(a) Residence: No. 620 Wyanoke Ave St., ____ Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of John P. Foley

6. DATE OF BIRTH (month, day, year) June 17-1863

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
76	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Tyark Deegan

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mary Foley

(Address) 620 Wyanoke ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mor. Balto. Date Sept. 29 1938

19. UNDERTAKER John. A. McDan

(Address) 3000 E. Balto St.

20. FILED ____ 19____

SEP 28 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1938 to Sept 26, 1938.

I last saw her alive on Sept 26, 1938 Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	10 yrs
Other contributory causes of importance:	

Was an operation performed? no Date of ____

For what disease or injury? ____

Name of operation none

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ____

(Signed) A. W. Wheaton, M. D.

(Address) 4309 York Rd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Fatal accident or homicide must be reported to Coroner at once. OCCUPATION is very important. See instructions on back of certificate.

61573 8
36763

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-C F 61575 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1722 Division St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Milton Lee

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lillian Lee

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) March 10, 1867

8. AGE: Years 72 | Months | Days | If less than one day: hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name ? Lee

FATHER 13. Birthplace Va.

MOTHER 14. Maiden Name Sarah Grisby

MOTHER 15. Birthplace Va.

16 (a) Informant Ricards

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal)

(b) Date thereof Sept 28 1939 (month) (day) (year)

(c) Cemetery or crematory Arlington Memorial Park-

Location Balto.

18 (a) Funeral director Archibald A Gaddis

(b) Address 2101 McCulloh St.

19 (a) SEP 28 1939 (Date received) (b) Huntington Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 26 1939 at 8:45 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 30 1939 to Sept 26 1939 and that I last saw him alive on Sept 26 1939.

Immediate cause of death Pulmonary embolism. — Duration Hrs

Due to —

Due to

Other Conditions Inoperable Carcinoma of Sigmoid. Arteriosclerosis ? (Include pregnancy within 3 months of death)

Major findings: Of operations Inoperable carcinoma of sigmoid

Of autopsy —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)

(e) Means of injury

23. Signature Henry G Bennett Jr.

Address The Johns Hopkins Hosp Date signed 9/26/39 M. D.

F 61576

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 61576

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 725 E. Ann Street

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 3

(e) Length of stay in Baltimore (yrs., mos., or days) 44 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 725 E. Ann St. (If rural give location)

(e) If foreign born, how long in U. S. A.? 44 years

3 (a) FULL NAME Mary Kwiatkowski

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Frank

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day hr.	min.
55				

9. Birthplace Poporie, Prussia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

MOTHER / FATHER

12. Name Kwiatkowski

13. Birthplace Poporie, Prussia

14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant Frank Kwiatkowski

(b) Address 725 E. Ann Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/30/39 (month) (day) (year)

(c) Cemetery or crematory St. Stanislaus

Location O'Donnell St.

18 (a) Funeral director J. F. Sadowski & Sons

(b) Address 1505 Eastern Ave.

19 (a) Date received by Local Registrar SEP 28 1939 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 27 1939, at 1 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 23 1939 to Sept. 27 1939.

and that I last saw h[illegible] alive on Sept. 26 1939.

Immediate cause of death Lobar Pneumonia (Primary) — Duration 4 days

Due to

Due to

Other Conditions Acute Cardiac Dilatation — Duration 1 day

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Irwin Steinglass M.D.

Address 7007 E. Baltimore Date signed 9/27/39

VS 3

F 61577

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 61577 Registered No. 127

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 606 Brune St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 606 Brune St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

11 3

3 (a) FULL NAME Mack Chavis

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex male | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Nellie Chavis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/6/1891

8. AGE: Years 48 | Months 6 | Days 20 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Horseman
11. Industry or business Horse Trader

FATHER 12. Name Wilson Chavis
13. Birthplace Maryland

MOTHER 14. Maiden Name Laura Johnson
15. Birthplace Maryland

16 (a) Informant Nellie Chavis
(b) Address 606 Brune St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 30 39 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Park
Location Arbutus, Md.

18 (a) Funeral director Mrs. Gus H. Holland
(b) Address 6634 Druid Hill Ave

19 (a) SEP 28 1939 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 26 1939, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 21 1939, to Sept 26 1939, and that I last saw him alive on Aug 26 1939.

Immediate cause of death: Cholecystitis and

Duration: 26 Days

Due to Adhesions - Cholangitis

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. C. Pettigrew M. D.
Address 817 Cathedral Date signed Sept 27

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61578

CERTIFICATE OF DEATH

95 F 61578

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1114 Madison Ave. ..... Ward) 11

Length of residence in city or town where death occurred 44 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Florence Brown

If U.S. Veteran specify WAR ....

(a) Residence: No. 1114 Madison Ave. St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 18, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. 60 70

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME George Brown

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Eliza Brown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Eliza Brown

(Address) 1114 Madison Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place St Peters Date 9/30 19 39

19. UNDERTAKER Geo. E. Atkinson

(Address) 130 Edmondson Ave

20. FILED SEP 28 1939 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26 1939

22. I HEREBY CERTIFY, That I attended deceased from July 17 1939 to July 26 1939

I last saw h.. alive on July 26 1939 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac decompensation	8 1

Other contributory causes of importance:

none

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George McDonald M. D.

(Address) 8449 Early St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

F 61579 8457-FS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 61579 Registered No. 51-a

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitasl
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 245 S. Conkling St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME Max Glazerow

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Annie
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
54yrs			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation carpenter
11. Industry or business

FATHER
12. Name Hyman Glazerow
13. Birthplace Russia

MOTHER
14. Maiden Name Fredie
15. Birthplace Russia

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-29-37 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Old Furnace Hill Rd

18 (a) Funeral director Jos. Levin Inc.
(b) Address 1439 E. Balto St.

19 (a) 9-28-1937 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-27 1937, at 4:33 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-18 1937, to 9-27 1937, and that I last saw h/. alive on 9-27 1937.

Immediate cause of death Hypernephroma with metastasis

Due to

Due to

Other Conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy

Duration
?
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L K Woodward M. D.
Address Balto City Hosp. Date signed 9-27-37

VS 3

F 61580

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 61580 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 132 N. Broadway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Wk
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 132 N. Broadway (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Goldie R. Singer
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F
5. Color or race Wh
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Ellis
6 (c) If alive, give age 6 years
7. Birth date of deceased (mo., day, yr.)
8. AGE: Years 33 Months Days If less than one day hr. min.
9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Home Wk 1937
11. Industry or business

FATHER
12. Name Jacob H. Witnick
13. Birthplace Lithuania

MOTHER
14. Maiden Name Bessie R.
15. Birthplace England

16 (a) Informant Ellis Singer
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-29-39 (month) (day) (year)
(c) Cemetery or crematory, Hebrew Friendship
Location Balto & Conkling Sts.

18 (a) Funeral director Jack Levy Inc.
(b) Address 1459 E. Balto St.

19 SEP 28 1939 Huntington Williams M.D.
(Date received) (Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 27 1939, at 6.35p M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Chronic nephritis	
Due to Hypertension	
Due to Cerebral hemorrhage	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Blendell Hall M.D. Medical Examiner
Date signed 9/28/39

61581

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 61581

Registered No. 131

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wyman Park Drive and 31st St.

(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 da

(e) Length of stay in Baltimore (yrs., mos., or days) 3 da

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore County

(c) City or town Cockeysville (If outside city or town limits, write RURAL and give town)

(d) Street No. 12-6 (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) **FULL NAME** George Stanley Martin

3 (b) If veteran, name war: SPW

3 (c) Social Security Account No.:

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Bertha Smith

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug. 8, 1874

8. AGE: Years 65 | Months 1 | Days 20 | If less than one day: hr. ..... min.

9. Birthplace: Baltimore County, Maryland (Town, county, and state)

10. Usual Occupation: Gasoline Salesman

11. Industry or business: Gasoline

FATHER

12. Name: Cornelius Martin

13. Birthplace: Baltimore County, Md.

MOTHER

14. Maiden Name: Rebecca Nace,

15. Birthplace: Baltimore County, Md.

16 (a) Informant: Records-U. S. Marine Hospital,

(b) Address: Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 30, 1939 (month) (day) (year)

(c) Cemetery or crematory: Jerusalem

Location: Sparks, Md.

18 (a) Funeral director: Landon M. Burgess

(b) Address: Sparks, Md.

19 (a) SEP 28 1939 (Date received by registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 28, 1939 at 7:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 25, 1939 to Sept. 28 1939, and that I last saw him alive on Sept. 28, 1939.

Immediate cause of death: Cardiac disease, Cardiovascularrenal — Duration: Unknown

Due to .....

Due to .....

Other Conditions: Generalized arteriosclerosis — Duration: Unknown

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury .....

23. Signature T. M. H. Anderson, M. D.

Address U. S. Marine Hospital Date signed 9/28/39

Please correct age is especially important. Physicians: please write the causes of death clearly and legibly.

61582 HEALTH DEPARTMENT—CITY OF BALTIMORE E 61582

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hosp St., 7-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Edward Walters

(a) Residence: No. 2616 Augusta Ste St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose (Hollins)

6. DATE OF BIRTH (month, day, year) June. 6 - 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mill Worker (Retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 1086

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME George Walters

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Addie Eckert

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs. M. J. Hadusty

(Address) 2616 Augusta Ste

18. BURIAL, CREMATION, OR REMOVAL

Place Friedwridge Cem. Sept 29 1939

19. UNDERTAKER John S. Connelly

(Address) Essex Md.

FILED SEP 28 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept - 26th 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiry find that said deceased came to h[illegible] death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1 yr.

Other contributory causes of importance:

No

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Howard J. Malden M. D.

(Address) 1211 N. Mid[illegible] Ave Coroner

Howard J. Malden
Medical Examiner

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 61583

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 61583 Registered No. 1944 B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address W. Fayette St.
(c) Hospital or institution: Bon Secours Hospital 26-5
(d) Length of stay in hospital or inst. (~~yrs.~~ ~~mos.~~, or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3302 Chesterfield av (If rural give location)
(e) If foreign born, how long in U. S. A.? 39 years

3 (a) FULL NAME Mr. Martin Peters
3 (b) If veteran, name war
3 (c) Social Security Account No. 217-09-7591

4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Pauline Peters
6 (c) If alive, give age 30 years
7. Birth date of deceased (mo., day, yr.) Feb. 18-1900
8. AGE: Years 39 Months 7 Days 9 If less than one day ~~hr.~~ ~~min.~~
9. Birthplace Baltimore Md. (Town, county and state)
10. Usual Occupation Bookkeeper
11. Industry or business Plumbing

FATHER
12. Name Henry A. Peters
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Veronica L. Burley
15. Birthplace Phila. Pa.

16 (a) Informant Mrs Pauline Peters
(b) Address 3302 Chesterfield av
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 29-39 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer.
Location Belair Rd
18 (a) Funeral director John. G. Mohan.
(b) Address 300 E Balt. St.
19 (a) Date received by registrar SEP 28 1939 (b) Registrar Huntington Willenbrock M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 27 1939, at 8 20 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 20 1939, to Sept 27 1939, and that I last saw him alive on Sept 27 1939.

	Duration
Immediate cause of death: Bronchopneumonia	9-24-39
Due to: Rt. hemiplegia (embolic)	9-24-39
Due to:	
Other Conditions: Coronary Thrombosis (Include pregnancy within 3 months of death)	9-19-39

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature William J. McCafferty M. D.
Address Bon Secours Hosp Date signed

Correct age is especially important. Physicians, please write the causes of death clearly and legibly.

61584

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107-a F 61584 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 833 W. North Ave.
(c) Hospital or institution: 14-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City ~~or town~~ Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 833 W. North Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 70 Yrs. years

3 (a) FULL NAME AARON STRASBURGER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Fannie S. Strasburger

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 10, 1847

8. AGE: Years 91 | Months 10 9 | Days 17 | If less than one day: hr. min.

9. Birthplace: Germany
(Town, county, and state)

10. Usual Occupation: None

11. Industry or business

FATHER
12. Name: Abraham Strasburger,
13. Birthplace: Germany

MOTHER
14. Maiden Name: Unknown,
15. Birthplace: Germany

16 (a) Informant: Miss. Bertie Strasburger,
(b) Address: 833 W. North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/29/39 (month) (day) (year)
(c) Cemetery or crematory: Balto. Hebrew
Location: Balto. Md.

18 (a) Funeral director: Chas. Goodrum & Son
(b) Address: 1902 Eutaw Place.

19 (a) SEP 28 1939 Huntington Williams, M.D.

V8 1

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 27, 1939, at 1230 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1939 to Sept 27 1939. and that I last saw him alive on Sept 27 1939.

Immediate cause of death: Bronchopneumonia

Due to: Senility. Generalized arteriosclerosis

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy: Not performed.

Duration: 1½ days / years.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Lawrence L. Kloss M.D.
M. D.

Address 1936 Linden Ave. Date signed

61585

HEALTH DEPARTMENT—CITY OF BALTIMORE 61585

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklyn Sq. Hospl 5-10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Anna C. Costello

If U. S. Veteran specify WAR .....

(a) Residence: No. 4319 Garrison Blvd. St., ... Ward. Balto.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles E. Costello.

6. DATE OF BIRTH (month, day, year) October 3. 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62.	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila. Penna.

FATHER

13. NAME Thompson K. Carlisle.

14. BIRTHPLACE (city or town) (State or country) Phila. Penna.

MOTHER

15. MAIDEN NAME Sarah Russell.

16. BIRTHPLACE (city or town) (State or country) Phila. Penna.

17. INFORMANT Charles E. Costello.

(Address) 4319 Garrison Blvd.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 9.30.39

19. UNDERTAKER Robert S. Suttle

(Address) 2700 Edmondson Ave.

20. FILED ....., 19..... Registrar.

SEP 28 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 24, 1939, to Sept. 28, 1939

I last saw h.e.r. alive on Sept. 28, 1939 Death is said to have occurred on the date stated above, at 7:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia	
Other contributory causes of importance:	

Was an operation performed? Yes, three Date of Aug. 24, 39 Sept. 7, 39

For what disease or injury? Fractures of neck of Femur

Name of operation Open reduction of femur

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? N.E. Date of injury ..... 19.....

Where did injury occur? 4319 Garrison Blvd

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell on floor

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Nathan Wood, M. D.

(Address) 1 Franklin Sq. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61586 | CERTIFICATE OF DEATH | 59 F 61586

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 406 N. Mount St. 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Annie Scott

If U. S. Veteran specify WAR

(a) Residence: No. 406 N. Mount St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James A Scott

6. DATE OF BIRTH (month, day, year) May 12-1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Dick Mitchell

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Matilda Jackson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Matilda Scott
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mon. Cathedral Date Sept 30. 1939

19. UNDERTAKER Joseph A Snyder
(Address) 409 N Mount St

20. FILED SEP 28 1939 Hunting Town Williamsport Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1- 1939 to Sept 26- 1939

I last saw her alive on Sept-25 1939. Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	Autumn

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. T. Coleman M. D.

(Address) 2039 N. Charles St.

VS B

OCCUPATION is very important. See instructions on back of certificate.

F 61587

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82 ✓

F 61587 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Charles x 34th Sts
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 2
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Greenway Apts. Charles & 34th (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mollie B. Sanders

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex Fem. | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow.

6 (b) Name of husband or wife Charles Edw. Sanders

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct. 31, 1857

8. AGE: Years 82 | Months 10 | Days 26 | If less than one day ..... hr. ..... min.

9. Birthplace Whitestone Va. (Town, county, and state)

10. Usual Occupation None

11. Industry, or business

FATHER 12. Name Jas Calvin Yerby
13. Birthplace Va

MOTHER 14. Maiden Name Isabel Ingram
15. Birthplace Va.

16 (a) Informant Mrs Alvina Yerby
(b) Address 2615 N. Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 29 39 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem
Location Balto. Co. Md.

18 (a) Funeral director Wm Fletcher Sons
(b) Address North & Pa Aves.

19 (a) Sept 28 1939 (Date received by registrar) (b) Hunter Miller Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 27 1939; at 12. a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from 1937 to Sept 27 1937. and that I last saw her alive on Sept 27 1939.

Immediate cause of death	Duration
Hypostatic pneumonia	2 days
Due to Cerebral softening	2 weeks
Due to Arteriosclerosis with hypertension	?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Gregory Fertig M. D.
Address 2400 Eutaw Pl Date signed 9/27/39

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 61588.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registry No. F 61588

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4533 Reisterstown Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-L3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4533 Reisterstown Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William E. Ross

3 (b) If veteran, name war None

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 24th 1874

8. AGE: Years 65 | Months 1 | Days 3 | If less than one day: hr. min

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Traveling Auditor

11. Industry or business B & O. R.R.

FATHER
12. Name George H. Ross
13. Birthplace Baltimore

MOTHER
14. Maiden Name Margaret Emsor
15. Birthplace Baltimore

16 (a) Informant Miss Ellen Ross
(b) Address 4533 Reisterstown Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/30/39 (month) (day) (year)
(c) Cemetery or crematory Loudon Park.
Location Balto. Md.

18 (a) Funeral director Wm J. Dickus & Sons
(b) Address North & Pa Aves.

19 SEP 28 1939 (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/27/39 19 , at 12:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronarysclerosis — Duration 1 yr

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Conrad Acton M.D. Medical Examiner

Date signed 9/27/39

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 61589

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

Registered No. F 61589

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1827 Fairbank Road

(c) Hospital or institution:

27-15

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) ✓✓ 72

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)

(d) Street No. 1827 Fairbank Road (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME William Thomas Curtis

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Annie M. Curtis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 5-1867

8. AGE: Years	Months	Days	If less than one day: hr.	min.
72	6	11	/	

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Plasterer

11. Industry or business

MOTHER / FATHER

12. Name Henry Curtis

13. Birthplace Virginia

14. Maiden Name Elizabeth Payne

15. Birthplace Virginia

16 (a) Informant Mrs. R. M. Anderson

(b) Address 1827 Fairbank Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 29-1939 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Baltimore Md.

18 (a) Funeral director Horace F. Burger

(b) Address 3631 Falls Road

19 (a) SEP 28 1939 (Date rec'd by registrar) Huntington Williams, M. D. Registrar

(b) Address 6-E Read St. Balto. Date signed 1/27/39

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 26 - 1939. at 9-57 P. M.

21. I certify that death occurred on the date above stated, that I attended deceased from 7-27 1938. to 1/26 1939. and that I last saw him alive on 1/26 1939.

Immediate cause of death	Duration
Renal Carcinomatosis	?
Due to Carcinoma Stomach	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma Stomach

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Zach F. McGraw M. D.

VS 3

47124 - MB

F 61590

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

77-B

Registered No. F 61590

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo., 25 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 915 N. Carey St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Arthur Brittingham

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race Black

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Ethel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/2/1883

8. AGE: Years 56 | Months 6 | Days 26 | If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Copper

11. Industry or business Unemployed

FATHER
12. Name Sidney Brittingham (dead)
13. Birthplace Md.

MOTHER
14. Maiden Name Leannier Noel
15. Birthplace Va.

16 (a) Informant Records
(b) Address B.C.H.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-30-39 (month) (day) (year)
(c) Cemetery or crematory
Location Fredricksburg Va

18 (a) Funeral director Saml. W. Chase & Son
(b) Address 608 N. Gilmor St.

19 (a) Date filed by Registrar SEP 28 1939 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-28 1939, at 2:45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-3 1939, to 9-28 1939, and that I last saw him alive on 9-28 1939.

Immediate cause of death. Tuberculosis of sacro-iliac joint — Duration ?

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature. L.K. Woodward M. D.
Address Balto city hosp. Date signed 9-28-39

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

61591

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-a F 61591 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4212 Cottman Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) ~~County~~ City Balto Md
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 4212 Cottman Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

27

3 (a) FULL NAME Clara A. Harvey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex Female | 5 Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Alfred Harvey

6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Feb 9 1868

8. AGE: Years 71 | Months 7 | Days 18 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Henry Miller

13. Birthplace Balto Md

MOTHER 14. Maiden Name Emily Sutton

15. Birthplace Virginia

16 (a) Informant Alfred Harvey

(b) Address 4212 Cottman Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 30 1939 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Mayland Park

Location Balto. Co. Md.

18 (a) Funeral director William Cook

(b) Address 1217 St Paul Huntington Ave Baltimore Md

19 (a) SEP 29 1939 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 28 1939, at 5A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 24 1939 to Sept 28 1939.
and that I last saw h[illegible] alive on Sept 28 1939.

Immediate cause of death Auricular fibrillation — Duration 4 mo

Due to

Due to

Other Conditions Acute cholecystitis

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Julia M.D.
Address 2214 E Fayette St Date signed Sept 28 39 M. D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

61592 239

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

Registered No. F 61592

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1317 Washington St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John R Blair

3 (b) If veteran, name war

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	White	Married ~~Divorced~~

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-15-95

8. AGE: Years	Months	Days	If less than one day
44	5	12	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Plumber

11. Industry of business

FATHER 12. Name John Blair
13. Birthplace md.

MOTHER 14. Maiden Name Susanna Brown
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Sept 30 1939 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Woodlawn
Location Balto Co Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 SEP 29 1939 (Date received by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 27 1939, at 7 M

21. I certify that death occurred on the date above stated, that I attended deceased from July 28 1939, to Sept 27 1939, and that I last saw him alive on Sept 27 1939.

Immediate cause of death: Carcinoma of Stomach & metastasis — Duration: 1 1/2 yrs.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature O. M. Welty M. D.
Address Johns Hopkins Date signed 9-28-39

61593

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

34-B

F 61593 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3801 N. Charles St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 53 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3501 N. Charles St (If rural give location)
(e) If foreign born, how long in U. S. A.? Unknown years

3 (a) FULL NAME James Thomson Ferguson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, ~~married, widowed, or divorced~~: Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 2, 1864

8. AGE: Years 75 | Months 8 | Days 2 | If less than one day: hr. min.

9. Birthplace Scotland (Town, county, and state)

10. Usual Occupation Chauffeur

11. Industry or business Dr. Thos. L. Shearer

MOTHER / FATHER

12. Name John Ferguson

13. Birthplace Scotland

14. Maiden Name Rebecca

15. Birthplace Scotland

16 (a) Informant Dr Thos L. Shearer

(b) Address 3801 N. Chas. St

17 (a) Burial (Burial, ~~cremation, or removal~~)

(b) Date thereof 9/30/39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ London Park

Location Balto Md

18 (a) Funeral director William Cook

(b) Address 1217 E. Pratt St

SEP 29 1939 (Date received by Registrar) (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 28th 1939, at 1:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 1st 1938, to SEPT 28th 1939, and that I last saw him alive on SEPT 28th 1939.

Immediate cause of death RUPTURE OF ANEVRYSM-AORTIC ARCH-DESCENDING PART — Duration: one

Due to SOME SUDDEN EXERTION

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas L. Shearer M. D.

Address 3801 N. Charles St Date signed SEPT 29 '39

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

61594

✓ F 61594

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1732 Ashland Av
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr
(e) Length of stay in Baltimore (yrs., mos., or days) 1908

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1732 Ashland Av (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Arthur Peterson
3 (b) If veteran, name war
3 (c) Social Security Account No. 218-10-9261

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	married

6 (b) Name of husband or wife Rosa Peterson
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years	Months	Days	If less than one day
59			hr. min.

9. Birthplace Prince George Va (Town, County, and state)
10. Usual Occupation laborer
11. Industry or business

FATHER
12. Name Moses Peterson
13. Birthplace Prince George Va

MOTHER
14. Maiden Name Betty Holloway
15. Birthplace Prince George Va

16 (a) Informant Mrs. Rosa Peterson
(b) Address 1732 Ashland Av

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Sept 29/39 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery Cemet
Location Brookland, Md.
18 (a) Funeral director E O Wilson
(b) Address 1000 Brantley a Huntington Williams, W. Va.
19 (a) Date received by registrar SEP 29 1939 (b)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9.26 1939. at 3.00 PM
21. I certify that death occurred on the date above stated; that I attended deceased from 9.23 1939. to 9.26 1939. and that I last saw him alive on 9.29 1939.

Immediate cause of death — Duration
Cardio-vascular-renal disease — unknown
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature J. [illegible] Date signed 9/28/39
Address 15 W E. Madison

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

61595

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

23 ✓

Registered No. E 61595

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 222 S. Dallas St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida Brown (48078)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife John

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 26, 1893

8. AGE: Years 45 | Months | Days 30 | If less than one day hr. min.

9. Birthplace Va. (State, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Sam Owens (D)
13. Birthplace Va.

MOTHER
14. Maiden Name Sallie Brightwell
15. Birthplace Va.

16 (a) Informant Hospital Records
(b) Address

17 (a) BURAL (Burial, cremation, or removal) (b) Date thereof Sept. 29th 1939 (Month) (day) (year)
(c) Cemetery or crematory mt Auburn Cemet
Location mt Winans

18 (a) Funeral director Elroy O Wilson
(b) Address 1000 Brantley

19 (Filled in by registrar) (b) [illegible]

VS 29 [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 25, 1939, at 1:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 5, 1939, to Sept. 25, 1939. and that I last saw her alive on Sept. 25, 1939.

Immediate cause of death: Tuberculosis of lungs — Duration: Jan 1937

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. D.
Address Balto. City Hospitals Date signed 9-25-39

F 61596

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61596

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 1400 Caroline St Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Anna Berends

If U. S. Veteran specify WAR .....

(a) Residence: No. 904 S. Kenwood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Married Bernard Berends

6. DATE OF BIRTH (month, day, year) Dec 15 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. Baltimore
(State or country)

FATHER

13. NAME ? Quinn

14. BIRTHPLACE (city or town) Baltimore
(State or country)

MOTHER

15. MAIDEN NAME Ella Staller

16. BIRTHPLACE (city or town) Baltimore
(State or country)

17. INFORMANT Mr. Louis F. Berends
(Address) 904 S. Kenwood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Sept. 30 '39
H. Sander & Son Inc.

19. UNDERTAKER Geo. F. Sander
(Address) Baltimore & Broadway

20. SEP 29 1939 19... Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 26, 1939, to Sept. 27, 1939, last saw him alive on Sept 27, 1939. Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus (coma)	
Nephritis	
Vaginal bleeding	
Undetermined cause	
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) M. P. Trust M. D.

(Address) St. Joseph's Hosp.

OCCUPATION is very important. See instructions on back of certificate.

ve 8

61597

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-D

Registered No. F 61597

47520 SD

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ mo.

(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1118 Whitelock Street (If rural give location)

(e) If foreign born, how long in U. S. A.? years

13-3

3 (a) FULL NAME Andrew J. Young (Jeane)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Colored	Married

6 (b) Name of husband or wife Mattie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/16/65

8. AGE: Years	Months	Days	If less than one day
74	6	10	hr. min.

9. Birthplace Alabama (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER

12. Name Andrew Young

13. Birthplace Alabama

MOTHER

14. Maiden Name Mary Clark

15. Birthplace Alabama

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal)

(b) Date thereof Sept 29, 1939 (month) (day) (year)

(c) Cemetery or crematory Arbutus Memorial

Location

18 (a) Funeral director Mrs Katie R Williams

(b) Address 322 N Schroeder St

19 (a) (Filed by registrar)

(b) Huntington Williams, M.D.

SEP 29 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH September 26 1939, at 4:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from August 18 1939, to Sept 26 1939, and that I last saw him alive on Sept 26 1939.

Immediate cause of death: Hypertensive Cardiovascular disease — Duration: unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Enlarged heart, cardiac failure

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J Mwagdalofsin M. D.

Address Balto City Hosp Date signed 9-25-39

61598

46316 ✓ HB

F 61598

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)

(d) Street No. 940 Mason St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Separated

6 (b) Name of husband or wife Daisy Brown (sep) 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 26, 1885

8. AGE: Years	Months	Days	If less than one day
54	3	1	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER

12. Name Henry Brown

13. Birthplace Md.

MOTHER

14. Maiden Name Elizabeth Johnston

15. Birthplace Md.

16 (a) Informant B. C. H. - Records

(b) Address

17 (a) (Burial, cremation, or removal)

(b) Date thereof Sept 29, 1939 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location

18 (a) Funeral director Mrs Katie R. Wilkins

(b) Address 322 N. Schroeder St

SEP 29 1939 (Date rec'd by Registrar)

(b) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH September 27 1939, at 4:25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 14 1939, to Sept 27 1939, and that I last saw h alive on Sept 27 1939.

Immediate cause of death: Hypertensive cardiovascular disease — Duration unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Emerson Goldstein M. D.

Address Balto City Hosp Date signed 9-27-39

61599

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 61599

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Johns Hopkins Hosp
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos. or days) 10 dy
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town 707 E. 31st Street (If outside city or town limits, write RURAL and give town)
(d) Street No. 1 Spanish Court (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Henry Jones
3 (b) If veteran, name war
3 (c) Social Security Account No. 238-07-8629

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Ruby Jones
6 (c) If wife, give age 32 years

7. Birth date of deceased (mo., day, yr.) April 20-1908

8. AGE: Years 31 | Months | Days | If less than one day hr. min

9. Birthplace Fairfield Co. S. C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Adams Jones
13. Birthplace Fairfield Co. S. C.

MOTHER
14. Maiden Name Carrie Hopkins
15. Birthplace Fairfield Co. S. C.

16 (a) Informant Mrs Ruby Jones
(b) Address Strothers S C

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 30 1939 (month) (day) (year)
(c) Cemetery or crematory Hopewell Cem
Location Fairfield S. C.

18 (a) Funeral director Robert E. Williams
(b) Address 1515 McElderry St

19 (a) (Date rec'd by Registrar) SEP 29 1939 Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 28 1939, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Acute hemorrhagic pancreatitis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work (Specify type of place)
(e) Means of injury

23. Signature W. B. Lindquist M.D. Medical Examiner

Date signed 9-28-39

61600

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

162 Registered No. F 61600

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2420 Fleet St.
(c) Hospital or institution: - - -
(d) Length of stay in hospital or inst. (yrs., mos., or days) -
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County - -
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2420 Fleet St. (If rural give location)
(e) If foreign born, how long in U. S. A.? - - years

13

3 (a) FULL NAME CATHERINE P. KREMEYER

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced. Widowed
6 (b) Name of husband or wife Frederick Kremeyer
6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) Nov. 22. 1862

8. AGE: Years 73 | Months 10 | Days 3 | If less than one day hr. - min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business At Home

MOTHER / FATHER
12. Name John Wise
13. Birthplace Germany
14. Maiden Name Dorothea Frazer
15. Birthplace Baltimore

16 (a) Informant Mr. John Kremeyer (Son)
(b) Address 2420 Fleet St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 30. 1939 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem.
Location Baltimore Md.
18 (a) Funeral director HENRY SANDER & SONS. INC
(b) Address Baltimore & Broadway

SEP 29 1939
19 (a) (Date rec'd by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 28. 1939 12.35 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 3 1939. to Sept 28 1939.
and that I last saw h er alive on Sept 27 1939.

Immediate cause of death
General Paresis — Duration 1 yr.
Due to
Due to
Other Conditions Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas. S. Keer, M. D.
Address 408 S. Patterson Pk ave Date signed 9/28/39

F 61601

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 F 61601 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2741 2500 W. Rodgers Av. (If rural give location)
(e) If foreign born, how long in U. S. A.? 2 yrs years

3 (a) FULL NAME Samuel M. Weisberger
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Ella
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)
8. AGE: Years 5 5 | Months | Days | If less than one day hr. min.
9. Birthplace Austria (Town, county, and state)
10. Usual Occupation Retired Merchant
11. Industry or business

FATHER 12. Name Jacob Weisberger
FATHER 13. Birthplace Austria
MOTHER 14. Maiden Name Lalla
MOTHER 15. Birthplace Austria

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-29-39 (month) (day) (year)
(c) Cemetery or crematory Baltimore Hebrew
Location Pulaski Rd

18 (a) Funeral director Jack Lewis Inc.
(b) Address 1432 E. Baltimore St.

SEP 29 1939 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 28 1939, at 10: Year M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 23 1939. to Sept. 28 1939. and that I last saw h alive on Sept. 25 1939.

Immediate cause of death	Duration
Pneumonia	
Due to	
Due to	
Other Conditions arteriosclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Pneumonia - left lung.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harold A. Gratz M. D.
Address. Date signed

65

VS 8

F 61602

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a

Registered No. F 61602

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 406 East 21 St

(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 - 4

(e) Length of stay in Baltimore (yrs., mos., or days) 18 yr.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 406 East 21 St (If rural give location)

(e) If foreign born, how long in U. S. A.? 18 years

3 (a) FULL NAME Bessie Kassel

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Lait Kassel

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) — 1870

8. AGE: Years 68 | Months — | Days — | If less than one day — hr. — min.

9. Birthplace Russia (Town, county, and state or country)

10. Usual Occupation Housewife

11. Industry or business

MOTHER / FATHER

12. Name Joseph Hochberg

13. Birthplace Russia

14. Maiden Name Libia Schlema

15. Birthplace Russia

16 (a) Informant Nathan Kassel

(b) Address 406 East 21 St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-1-39 (month) (day) (year)

(c) Cemetery or crematory Baltimore Cemetery Co.

Location Mt Carmel

18 (a) Funeral director Jack Lewis Joe

(b) Address 1439 E. Balto St

19 SEP 29 1939 (Date received by registrar) Huntington Williams Health Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 28 1939, at 4 P M

21. I certify that death occurred on the date above stated, that I attended deceased from Aug 31 1939, to Sep 28 1939, and that I last saw h[er] alive on Sept 28 1939.

	Duration
Immediate cause of death Arterio Sclerosis Cerebral hemorrhage	
Due to	
Due to Pulmonary Edema	1 day
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy No autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)

(e) Means of injury

23. Signature B. Kadin M. D.

Address 2306 Eutaw Pl Date signed 9-28-39

F 61603

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31 F 61603 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 18 S. Chester
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) L
(e) Length of stay in Baltimore (yrs., mos., or days) 54

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 18 S. Chester (If rural give location)
(e) If foreign born, how long in U. S. A.? 54 years

3 (a) FULL NAME Louis S. Hoffman
3 (b) If veteran, name war L
3 (c) Social Security Account No. L

4. Sex Male | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced Widower
6 (b) Name of husband or wife Esther
6 (c) If alive, give age L years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 69 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

MOTHER | FATHER
12. Name Asher Hoffman
13. Birthplace Russia
14. Maiden Name Anna Rebecca
15. Birthplace Russia

16 (a) Informant Mrs. Hoffman
(b) Address 3019 W. Garrison
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-1-39 (month) (day) (year)
(c) Cemetery or crematory Sodina Cemetery
Location Herring Run
18 (a) Funeral director Lucy Louis Bret
(b) Address 1395 Balto St
19 (a) SEP 29 1939 (Date rec'd by registrar) (b) Huntington Williams Mort

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-28-39 19 , at M

21. I certify that death occurred on the date above stated, that I attended deceased from Sept 20 1939 to Sept 28 1939, and that I last saw h alive on Sept 28 1939.

Immediate cause of death: Nephritis — Duration: over

Due to Myocarditis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Esbrace M. D.
Address 1938 N. Howard Date signed 9/29/39

VS 3

F 61604 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 F 61604

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 37 W. Hoffman St. 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Nancy Queen

(a) Residence: No. 37 W. Hoffman St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Jan. 15, 1865

7. AGE: Years 74 | Months 8 | Days 12 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Va. to Md

FATHER

13. NAME: Moses Chisley

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Nancy Hurtt

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mrs Gertrude Ragsdale

(Address) 534 N. Carey St

18. BURIAL, CREMATION, OR REMOVAL: Place Odenton Md Date Oct 1 1939

19. UNDERTAKER: Mrs Frances A. Hemsley

(Address) 578 W. Biddle St

20. FILED SEP 29 1939 19 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept-2, 1939, to Sept-27, 1939.

I last saw h alive on Sept-25, 1939. Death is said to have occurred on the date stated above, at 5:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	5 yrs.
Other contributory causes of importance: Carbuncles of Buttock	4 Yr.

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. J. Pezzoni M. D.

(Address) 1536 W. Lanvale St

OCCUPATION is very important. See instructions on back of certificate.

V8 3

6 Stevens

Spec.—8-16-29—L. F. S.—100 Bks.

F 61605

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61605

CERTIFICATE OF DEATH

131

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 711 Harlem St. 17-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Henrietta Randolph

(a) RESIDENCE NO. 711 Harlem ave ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	Colored	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 15, 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	11	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) ood

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Warner Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mrs Dora Diggs

(Address) 711 Harlem ave

Filed SEP 29 1939 19 Huntington Williams M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 27, 1939

17

I HEREBY CERTIFY, That I attended deceased from Aug. 15, 1939, to Sept 27, 1939, that I last saw her alive on Sept 27, 1939 and that death occurred, on the date stated above, at 4 A.M. m.

The CAUSE OF DEATH* was as follows:

Nephritis

(duration) 6 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Arthritis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Douglas Sheppard, M. D.

9/28/1939 (Address) 1063 Walnut ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Arbutus Mem. Park

DATE OF BURIAL Sept 30 1939

ADDRESS 578 W. Biddle

20 UNDERTAKER Mrs Frances A. Hemsley

important. See instructions on back of certificate.

F 61606

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 61606 Registered No. 175

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Baltimore Md
(b) Street address
(c) Hospital or institution: Lunacy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore Prince George
(c) City or town Laurel (If outside city or town limits, write RURAL and give town)
Street No. 4 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Andrei Perchsky Prohasky — S. S. No. 206-03-0929

3 (b) If veteran, name war: no

3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Thelma Prohasky

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 23-1882

8. AGE: Years 57 | Months 5 | Days 4 | If less than one day: hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER — 12. Name John Prohasky
13. Birthplace Poland

MOTHER — 14. Maiden Name unknown
15. Birthplace Poland

16 (a) Informant Charles Prohasky (Son)
(b) Address Laurel Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-30-1939 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart of Mary
Location German Hill Road.

18 (a) Funeral director Lilly & Zeiler, INC.
(b) Address 403 S. Wolfe St. Huntingtown Williamsport, Md.

(Signature of Registrar)

SEP 29 1939

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-27- 1939, at 8.50 A. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death: Fracture of skull.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Trephine, for fracture;
Of autopsy As above

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 9-26-39
(c) Where did injury occur? Laurel, Prince George Co (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Private (Specify type of place) While at work? yes
(e) Means of injury Struck by automobile

23. Signature Howard J. Madden M.D.
Medical Examiner

Date signed 9-27-39

F 61607

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 61607

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26-11
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3212 O'Donnell St. (If rural give location)
(e) If foreign born, how long in U. S. A.? - years

3 (a) FULL NAME George Weber

3 (b) If veteran, name war: -

3 (c) Social Security Account No. -

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of ~~husband~~ or wife: Gertrude L. Weber

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 70 | Months 3 | Days 13 | If less than one day: hr. min

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Bricklayer (Retired)

11. Industry or business Standard Oil Co.

FATHER
12. Name John Weber
13. Birthplace Germany

MOTHER
14. Maiden Name Not known
15. Birthplace Not known

16 (a) Informant Margaret Weber
(b) Address 3212 O'Donnell St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 2 1939 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart Cem.
Location German Hill Road

18 (a) Funeral director George W. Zickler
(b) Address 1737 E. Eager St.

19 SEP 29 1939 (b) Registrar Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/27/39 19 , at 9 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death: Arteriosclerosis — Duration

Due to Coronary thrombosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Conrad Acton M.D. Medical Examiner

Date signed 9/28/39

46575 - BB

F 61608

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

Registered No. F 61608

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days

(e) Length of stay in Baltimore (yrs., mos., or days) 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)

(d) Street No. 101 N. Carey St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Lillian Gilmore

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married (separated)

6 (b) Name of husband or wife: Thomas

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): March 30, 1869

8. AGE: Years: 70 Months: 5 Days: 28 If less than one day: hr. min.

9. Birthplace: W. Va. (Town, county, and state)

10. Usual Occupation: None

11. Industry or business

FATHER

12. Name: James L. Scott

13. Birthplace: Md.

MOTHER

14. Maiden Name: Marion Lamarr

15. Birthplace: W. Va.

16 (a) Informant: Records

(b) Address: B.C.H.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 30 '39 (month) (day) (year)

(c) Cemetery or crematory: Woodlawn

Location: Baltimore Md.

18 (a) Funeral director: W. J. Pickup Sons

(b) Address: North & Pa Aves.

19 SEP 29 1939 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-28- 1939, at 10.30 M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-22- 1939 to 9-28-1939, and that I last saw her alive on 9-28- 1939.

	Duration
Immediate cause of death: Cardiac failure	?
Due to: Hypertensive CVD	?
Due to: Atherosclerosis	?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. McCaghistein M. D.

Address Balto City Hosp. Date signed 9-28-39

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61609

CERTIFICATE OF DEATH

106-B

F 61609

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital St. or Ward) 10 W

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? 40 yrs. mon. ds.

If U. S. Veteran specify WAR

2. FULL NAME Olimpia Liberatore

(a) Residence: No. 2627 Ashland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John A. Liberatore

6. DATE OF BIRTH (month, day, year) August 28 1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	0 1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Capracotta Italy

FATHER

13. NAME Pasquale D'Andrea

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Emanuela Paglioni

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT John A. Liberatore (Husband)
(Address) 2627 Ashland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date Sep. 30 19 39

19. UNDERTAKER Frank Della Rocca
(Address) 32 N. Motley St.

20. Sept 29 1939 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1939 to Sept 27, 1939

I last saw her alive on Sept 27, 1939 Death is said to have occurred on the date stated above, at 7:30 P.m.

The principal cause of death and related causes of importance were as follows:

Hypostatic pneumonia — Date of onset 9/25/39

Other contributory causes of importance:

Bronchiectasis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. P. Tennyt M. D.

(Address) St. Josephs Hosp.

OCCUPATION is very important. See instructions on back of certificate.

V8 8

F 61610

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 61610

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 1 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1116 McCulloh St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Flora Davis (48076)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 26, 1912

8. AGE: Years 26 | Months 11 | Days 28 | If less than one day: hr. min.

9. Birthplace N. Car. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

MOTHER / FATHER

12. Name James Davis (D)

13. Birthplace N. Car.

14. Maiden Name Lillian Potts (D)

15. Birthplace N. Car.

16 (a) Informant Hospital Records

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location

18 (a) Funeral director

(b) Address

19 (a) (Date rec'd by registrar) Registrar

SEP 29 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 23, 1939, at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 5, 1939, to Sept. 23, 1939, and that I last saw her alive on Sept. 23, 1939.

Immediate cause of death: Tuberculosis of Lungs — Duration: Unknown.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

SEP 29 1939

23. Signature [signature] M. D.

Address Balto. City Hospitals Date signed 9-29-39

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61611 ¹ CERTIFICATE OF DEATH √93-e F 61611

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1519 JOHN STREET. St., 14-1 Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME MARY J. LANDRAGON.

(a) Residence: No. 1519 JOHN STREET. St., Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or (divorced) HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 14 - 1863

7. AGE — Years: 76 | Months: 2 | Days: 15 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Patrick M. Landrigan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Kendrick

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Wm K. Landrigan (Address) 1519 John St.

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem Date Oct 2 39

19. UNDERTAKER Chas F. Mayer & Son Lyc. (Address) 118 W. Mt. Royal Ave

20. SEP 29 1939 Hunter Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) SEPTEMBER 29 193

22. I HEREBY CERTIFY, That I attended deceased from April 1 1938 . 19 . to SEPTEMBER 29 1939

I last saw her alive on SEPTEMBER 29 1939. Death is said to have occurred on the date stated above, at 10.30 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
APOPLEXY	9/26/39
CHRONIC MYOCARDITIS	4/1.38
Other contributory causes of importance:	
HYPERTENSION	4/1/38
ARTERIOR SCLEROSIS	4/1/38

Was an operation performed? NO Date of NONE.

For what disease or injury? NONE.

Name of operation None.

What test confirmed diagnosis? CLINICAL Was there an autopsy? NO.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Edward F. Blaine M. D.

9/29/39 (Address) 3013 SAONT PAUL STREET.

OCCUPATION is very important. See instructions on back of certificate.

V9 P

368611
F 61612

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 61612

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State VA. (b) County
(c) City or town PALOMAN SPRINGS (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ABNEY John CLARKSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: Alethia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-9-86

8. AGE: Years 53 | Months 1 | Days 20 | If less than one day: hr. min.

9. Birthplace: VA (Town, county, and state)

10. Usual Occupation: NONE

11. Industry or business

FATHER / MOTHER

12. Name: Joseph CLARKSON
13. Birthplace: VA
14. Maiden Name: MARY Abney
15. Birthplace: VA

16 (a) Informant: RECORDS
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 28, 39 (month) (day) (year)
(c) Cemetery or crematory Staunton Va.
Location

18 (a) Funeral director John. F. Mitchell
(b) Address 1900 Eutaw Pl.

SEP 29 1939 (Date received by registrar) (b) Huntington Williamsport

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 28 1939 at 1153 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 19 1939, to Sept 28 1939, and that I last saw HIM alive on Sept 28 1939.

Immediate cause of death: HODGEKINS Disease — Duration: 1 1/2 yr.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. M. Welty M. D.
Address Johns Hopkins Date signed 1-29-39

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61613 ?

CERTIFICATE OF DEATH

✓ 137 B F 61613 ?

6-5

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St. 6 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 11 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Lee (Elizabeth Broome)

If U. S. Veteran specify WAR .....

(a) Residence: No. Church Home & Infirm St., ... Ward. ELKTON, MD
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 17 1939

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

FATHER

13. NAME Thomas Lee

14. BIRTHPLACE (city or town) Georgeman, Md
(State or country)

MOTHER

15. MAIDEN NAME Rebecca Constable

16. BIRTHPLACE (city or town) Elkton Md.
(State or country)

17. INFORMANT Thomas M Lee
(Address) Elkton, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Elkton Md Date Sept 30 1939

19. UNDERTAKER Howard K Melcomb
(Address) Elkton Md

20. FILED SEP 29 1939 19 Hunter for Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1939, to Sept 29, 1939.

I last saw h[illegible] alive on Sept 29, 1939. Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Imperforate anus - congenital	
Intestinal obstruction	
Getus transversus	
Spina bifida	
Other contributory causes of importance:	

Was an operation performed? yes Date of 9 15 39

For what disease or injury? Imperforate anus

Name of operation Colostomy

What test confirmed diagnosis? X Ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Isabella Hadaway M. D.

(Address) Church Home & Infirmary

OCCUPATION IS VERY IMPORTANT - SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

VS 8

Spec.—8-16-29—L. F. S.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 61614

82-a

F 61614

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 120 N. Mount ST. 19-2 WARD)

2—FULL NAME William Nelson

(a) RESIDENCE NO. 120 N. Mount ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	Colored	Married

3a If married, widowed, or divorced (or) WIFE of Louise Nelson

6 DATE OF BIRTH (month, day, and year) May 5 1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	4	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Jacksonville Fla

PARENTS

10 NAME OF FATHER William Nelson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Jacksonville Fla

12 MAIDEN NAME OF MOTHER Marling

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Jacksonville Fla

11 Informant Louise Nelson

(Address) 120 Mount St

15 SEP 29 1939 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 28, 1939

17 I HEREBY CERTIFY, That I attended deceased from July 1931 to Sept 28 1939.

that I last saw h/ alive on Sept 27 1939

and that death occurred, on the date stated above, at 1 10 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Douglas Sheppard M. D.

9-29 1939 (Address) 1963 Myrtle Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL Oct 2, 1939

20 UNDERTAKER Mrs Katie R Williams

ADDRESS 32 [illegible]

important. See instructions on back of certificate.

E 61615

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 61615

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County

(c) City or town Sac City (If outside city or town limits, write RURAL and give town)

(d) Street No. 702 Leonard St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Arend Schulte

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mabel Schulte

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-16-74

8. AGE: Years	Months	Days	If less than one day
64	10	13	hr. min.

9. Birthplace Iowa (Town, county, and state)

10. Usual Occupation Farm Agent

11. Industry or business

FATHER 12. Name Arend Schulte

13. Birthplace Germany

MOTHER 14. Maiden Name Mae Telcamp

15. Birthplace Germany

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof 9/30/39 (month) (day) (year)

(c) Cemetery or crematory

Location SAC CITY - IOWA

18 (a) Funeral director Henry Lutz

(b) Address 1936 N. Broadway

19 (a) SEP 29 1939 Thurlow for William [illegible] Registrar (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 29 1939, at 12 [illegible] M

21. I certify that death occurred on the date above stated; that I attended deceased from June 6 1939 to Sept 29 1939 and that I last saw him alive on Sept 29 1939.

Immediate cause of death Syphilitic pachymeningitis, Localized - cervical spine — Duration 7

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations Dense adhesive membrane over cervical spine

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature C. E. Ireland M. D.

Address Johns Hopkins H. Date signed 9-27

VS 3

F 61616

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163

Registered No. F 61616

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Church Home + Infirmary
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll
(c) City or town Woodbine
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME David H. Shoemaker

3 (b) If veteran, name war None

3 (c) Social Security Account No. 214-14-6567

4. Sex M

5. Color or race wh

6 (a) Single, married, widowed, or divorced Married.

6 (b) Name of husband or wife Nannie B. Shoemaker

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) April 7, 1889

8. AGE: Years 50 | Months 5 | Days 22 | If less than one day: hr min

9. Birthplace Kansas (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER
12. Name John Shoemaker
13. Birthplace Unknown

MOTHER
14. Maiden Name Mary
15. Birthplace Unknown

16 (a) Informant Mrs. Nannie B. Shoemaker
(b) Address R. D. Woodbine, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 1, 1939 (month) (day) (year)

(c) Cemetery or crematory Morgan Chapel
Location Day, Carroll Co. Md.

18 (a) Funeral director C. H. Waltz
(b) Address Winfield Md

19 SEP 29 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATION

345 A

20. DATE OF DEATH Sept 29 1939, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Wormseed Oil Poisoning

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide (?)
(b) Date of occurrence 9/28/39
(c) Where did injury occur? Back yard - Woodbine Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home - While at work? No (Specify type of place)
(e) Means of injury Wormseed Oil by mouth

23. Signature H. B. Vandegrift M.D.
Medical Examiner

Date signed 9/29/39

V8.6

6161?

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

146-D

Registered No. F 61617

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ....
(c) Hospital or institution: University
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo
(e) Length of stay in Baltimore (yrs., mos., or days) None

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto. Co.
(c) City or town Severna Park (If outside city or town limits, write RURAL and give town)
(d) Street No. Unknown (If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME George T. Smith

3 (b) If veteran, name war Unknown
3 (c) Social Security Account No. Unknown

4. Sex M
5. Color or race White
6 (a) Single, married, widowed, or divorced. Widowed
6 (b) Name of husband or wife Emma Katherine Nee Sunderland
6 (c) If alive, give age ... years
7. Birth date of deceased (mo., day, yr.) June 2, 1873
8. AGE: Years 66 | Months 3 | Days 27 | If less than one day ... hr. ... min.
9. Birthplace Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Geo. T.
13. Birthplace Md

MOTHER
14. Maiden Name Gregg Margaret
15. Birthplace Md

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 1 39 (month) (day) (year)
(c) Cemetery or crematory Cedar Bluffs
Location Annapolis Md

18 (a) Funeral director C I Hopkins
(b) Address Annapolis Md

19 Date received SEP 30 1939 Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 29 1939, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 31 1939, to Sept 29 1939, and that I last saw him alive on 9/29 1939.

Immediate cause of death: Carcinoma of Rectum — Duration: June 1939
Due to ...
Due to ...
Other Conditions: Generalized Metastasis
(Include pregnancy within 3 months of death)
Major findings: Of operations Carcinoma of Rectum & Metastasis
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hay G Arnold M. D.
Address ... Date signed 9/29/39
Annapolis Hosp

61618 4
36885

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

125-B

F 61618
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 20yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1720 Brentwood (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah Ellen Jackson
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Married

6 (b) Name of husband or wife Samuel Jackson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-4-93

8. AGE: Years	Months	Days	If less than one day hr.	min.
46	7	24		

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Saw
11. Industry or business

FATHER
12. Name Richard Prior
13. Birthplace Va

MOTHER
14. Maiden Name Edna ?
15. Birthplace

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 1, 1939 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem. Location A. A. Co

18 (a) Funeral director Raymond Sanders
(b) Address 1441 E Preston St.

19 (a) SEP 30 1939 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 28 1939, at 9 05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 17 1939 to Sept 28 1939.
and that I last saw h-e alive on Sept 28 1939.

Immediate cause of death Pyemia (?) Duration 3 days?

Due to Cellulitis of foot and ankle chiefly the left 14 days?

Due to Thrombophlebitis (?) 18 days?
in left leg.

Other Conditions Toxic hepatitis ?
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. T. Klemperer M.D.
Address J. H. H. Date signed 9/28

F 61619

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

11-B

Registered No. F 61619

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 405 S. Eden St (If rural give location)

(e) If foreign born, how long in U. S. A.? 8 years

3 (a) **FULL NAME** LAURETTA HURT

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-3-36

8. AGE: Years	Months	Days	If less than one day
3		25	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER 12. Name Sam Hurt

13. Birthplace Virginia

MOTHER 14. Maiden Name Mary Baylon

15. Birthplace Virginia

16 (a) Informant Records Off

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) BURIAL. (b) Date filed 10/1/39 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Cemetery or crematory Mt Calvery

Location Brookland

18 (a) Funeral director Edwin C Wilson

(b) Address 1000 Pennsylvania Ave.

19 (a) SEP 30 1939 Huntington, West Virginia

(Registrar's signature)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 28, 1939, at 12:25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 27 1939, to Sept 28 1939, and that I last saw her alive on Sept 28 1939.

Immediate cause of death	Duration
Meningitis	16 hours
Due to Influenal bacillus	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. **Signature** Ethel Walker M. D.

Address Baltimore Date signed 9/28/39

61620 !

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 61620

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Baltimore
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 days
(e) Length of stay in Baltimore (yrs., mos., or days) 28 days

2. USUAL RESIDENCE OF DECEASED:
(a) State New Jersey (b) County
(c) City or town Madison (If outside city or town limits, write RURAL and give town)
(d) Street No. 32 Crescent Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Laura King Taylor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widowed

6 (b) Name of husband or wife David Taylor
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 1-1873

8. AGE: Years	Months	Days	If less than one day
66	2 1	29	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Nicholas McCubbin Smith
13. Birthplace Baltimore

MOTHER
14. Maiden Name Mary King
15. Birthplace Baltimore

16 (a) Informant Son Nicholas Smith Taylor
(b) Address 32 Crescent Road Madison N.J.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/30/39 (month) (day) (year)
(c) Cemetery or crematory Location Newark, N. J.

18 (a) Funeral director J. J. Fidmor Adams
(b) Address

(Signature of registrar) Registrar

SEP 30 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 30th 1939, at 1:50 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1939, to Sept 30 1939, and that I last saw h 21 alive on Sept 30 1939.

Immediate cause of death recurrent carcinoma

Due to Cancer of rectum

Due to

Other Conditions Myles operation 10 months previously

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of rectum

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R Watts Graham Jr M. D.
Address 700 Cathedral St Date signed 9/30/39

F 61621
LB

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

149-B18255

Registered No. F 64621

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 40 Minutes 1 Hr.
(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 512 N. Carey St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

149-1

3 (a) FULL NAME Catherine Barkley (Nicholas)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife Leon Nicholas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
24	?	?	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

MOTHER / FATHER
12. Name Robert Barkley
13. Birthplace Md.

MOTHER
14. Maiden Name -
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 9/20/39 (month) (day) (year)
(c) Cemetery or crematory Washington D.C.
Location

18 (a) Funeral director H E Frazer
(b) Address 1434 W. North Ave
(b) Huntington Williams M.D.

SEP 20 1939
(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 28 1939, at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 25 1939, to Sept 28 1939. and that I last saw h[illegible] alive on Sept 28 1939.

Immediate cause of death Shock & Hemorrhage — Duration

Due to Spontaneous

Due to Rupture of uterus over

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nicholas Dann M. D.
Address Balto City, Md. Date signed 9-19-39

1622 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 61622

CERTIFICATE OF DEATH

93-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3Y9 S. Gilmor St. 14-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME THOMAS STONE

If U. S. Veteran specify WAR

(a) Residence: No. 3Y9 S. GILMOR St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	White	WIDOWER

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of JENNIE STONE

6. DATE OF BIRTH (month, day, year) SEPT 3-1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	0	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. B x O 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) St-Mary's Co Md

FATHER

13. NAME UNKNOWN

14. BIRTHPLACE (city or town) (State or country) UNKNOWN

MOTHER

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) (State or country) UNKNOWN

17. INFORMANT ELIZABETH Mc GUIRE

(Address) 229 S. CALHOUN St

18. BURIAL, CREMATION, OR REMOVAL

Place CATHEDRAL Date Oct 2nd 1937

Joh. B.M. Walter

19. UNDERTAKER

(Address) PRATT STRICKER STS

20. FILED SEP 30 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-25 1939 to 9-28 1939

I last saw him alive on 9-28-37 Death is said to have occurred on the date stated above, at 10 10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	unknown
Other contributory causes of importance: generalized arteriosclerosis	unknown

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Nathan Ravnin M. D.

(Address) 206 S. Gilmor St

V8 8

1623 F 61623

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mount Hope Retreat St., 14-1 Ward)
Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.
If U. S. Veteran specify WAR .....

2. FULL NAME Loretta M Kelly
(a) Residence: No. 1406 Mount Royal Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5-19-1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	4	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baldwin, Balt Co Md

FATHER
13. NAME William J Kelly
14. BIRTHPLACE (city or town) (State or country) Harford County, Md

MOTHER
15. MAIDEN NAME Ellen E Lynch
16. BIRTHPLACE (city or town) (State or country) Harford County Md

17. INFORMANT Martin J. Kelly
(Address) 1406 Mt Royal Ave

18. BURIAL, CREMATION, OR REMOVAL
Place H Wolfe Long Ave Date Oct 2 1939

19. UNDERTAKER Leonard J Rueck
(Address) 5305 Harford Rd.

20. FILED SEP 30 1939 ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 1939, to Sept 29, 1939.
I last saw her alive on Sept 29 1939. Death is said to have occurred on the date stated above, at 8:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis Bilateral	11 yrs
Other contributory causes of importance: Dementia Praecox	11 yrs

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Dennis P Glass M.D.
(Address) 5510 Harford Rd

GAG

61624

HEALTH DEPARTMENT—CITY OF BALTIMORE

61624

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1507 McRoyal St. 14-1 Ward)

Length of residence in city or town where death occurred 70 yrs. 10 mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Rathje

If U. S. Veteran specify WAR None

(a) Residence: No. 1507 McRoyal St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Louise Rathje

6. DATE OF BIRTH (month, day, year): Jan 2 1863

7. AGE: Years 76 | Months 8 | Days 3 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): none

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Phila. Penna

FATHER

13. NAME: Henry Rathje

14. BIRTHPLACE (city or town) (State or country): Bremen Germany

MOTHER

15. MAIDEN NAME: Friederika Gehrings

16. BIRTHPLACE (city or town) (State or country): Saxony Germany

17. INFORMANT: Mrs Louise Rathje

(Address): 1507 McRoyal Ave

18. BURIAL, CREMATION, OR REMOVAL. Place: Woodlawn Date: 9-30-1939

19. UNDERTAKER: STEWART & MOWEN COMPANY

(Address): (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

FILED: SEP 30 1939 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 24, 1939, to Sept. 28, 1939

I last saw him alive on Sept. 24, 1939. Death is said to have occurred on the date stated above, at 11:15 A.m.

The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy — Date of onset 9/24/39

Other contributory causes of importance:

Arteriosclerosis with hypertension — ?

Was an operation performed? NO Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify ...

(Signed) Maurice E. Spanier, M. D.

(Address) 3300 N. North ave

F 61625

1625

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

62-u

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2510 Greenmount Ave

(c) Hospital or institution: Southern Home

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 yrs.

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. 2510 Greenmount Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Fannie Miner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 1, 1853

8. AGE: Years 86 | Months 1 | Days 27 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county and state)

10. Usual Occupation Retired Housewife

11. Industry or business ????

FATHER 12. Name

FATHER 13. Birthplace

MOTHER 14. Maiden Name ????

MOTHER 15. Birthplace

16 (a) Informant Records Southern Home.

(b) Address 2510 Greenmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-30-39 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge Cem.

Location Pikesville, Md.

18 (a) Funeral director John O. Mitchell & Sons Inc

(b) Address 1900 Eutaw Place

19 (a) SEP 30 1939 (Date rec'd by registrar) Registrar

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-28-39 19 . at M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1 1939 to Sept 28 1939. and that I last saw h alive on Sept 25. 1939. or

Immediate cause of death — Duration

Due to Cerebral Hemorrhage 1 da

Due to old age. years.

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Lt. C. Black M. D.

Address Medical Arts Building. Date signed

F 61626 |

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

121

F 61626 |

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ST. AGNES HOSPITAL CATON & WILKENS AVE.
(c) Hospital or institution: ST. AGNES HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2644 WILKENS AVE. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARSHALL P. LUCAS

3 (b) If veteran, name war WORLD NAVY
3 (c) Social Security Account No. 212-05-4608

4. Sex MALE
5. Color or race WHITE
6 (a) Single, married, widowed, or divorced. MARRIED
6 (b) Name of husband or wife MINNIE A. LUCAS
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) JUNE 28 1890

8. AGE: Years 49. Months 3 Days 29 If less than one day hr. min.

9. Birthplace WASHINGTON D.C. (Town, county, and state)

10. Usual Occupation CONS. GAS & ELECTRIC CO.
11. Industry or business

FATHER
12. Name CHARLES LUCAS
13. Birthplace MARYLAND

MOTHER
14. Maiden Name ALICE M. HICKS
15. Birthplace MARYLAND

16 (a) Informant MRS. MINNIE A. LUCAS
(b) Address 2644 WILKENS AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT. 30/39 (month) (day) (year)
(c) Cemetery or crematory WESTERN CEMETERY
Location EDMONDSON AV. & LONGWOOD ST

18 (a) Funeral director J. B. Stephenson Sons
(b) Address [illegible]

SEP 30 1939
19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/27 1939 at 8:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-10 1939 to 9-27 1939.
and that I last saw him alive on 9/27 1939.

Immediate cause of death Pulmonary Embolism — Duration 4 Minutes

Due to

Due to

Other Conditions Generalized peritonitis — 10 days
(Include pregnancy within 3 months of death)

Major findings:
Of operations Ruptured Appendix
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Daniel Jos. Wehner M. D.
Address St Agnes Hospital Date signed 9/27/39

VS 8

61627

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 F 61627

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 9- N. Fulton Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 57 years

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. 9 N Fulton (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph A. Blatau

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-05-2704

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 26-1882

8. AGE: Years	Months	Days	If less than one day
57	2	3	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Service Dept. of

11. Industry or business Gas & Elec. Co

MOTHER / FATHER

12. Name John A. Blatau

13. Birthplace Maryland

14. Maiden Name Julia Eckelman

15. Birthplace West Virginia

16 (a) Informant John A. Blatau

(b) Address 714 N. Pulaski St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 2-39 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Balto. Md.

18 (a) Funeral director George A. Farley

(b) Address Fulton Ave & Williamson St

19 (a) SEP 30 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 29 1939 at 8a M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 22 1939 to Sept 29 1939, and that I last saw h[illegible] alive on Sept 29 1939.

Immediate cause of death Coronary thrombosis — Duration

Due to Myocarditis &

Due to hypotension

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Alalais M. D.

Address 4 N. Fallon Date signed

VS 8

61628

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C 61628

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2211 N. Rogers Ave) (Ward) 27-15

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Eleanor Baron

(a) Residence: No. Home for the Aged of the M. E. Church Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov. 26. 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Baron

14. BIRTHPLACE (city or town) (State or country) Massachusetts

MOTHER

15. MAIDEN NAME Eleanor Crom

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Record of Home for Aged of M. E. Church

(Address) 2211 Rogers Ave

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Date Sept 30 1939

19. UNDERTAKER Wm. Cook (Address) 721 N. Paca St

SEP 30 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 11 1939 to Sept 29 1939

I last saw her alive on Sept 28 1939. Death is said to have occurred on the date stated above, at 1230 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma (Intestinal)	
Other contributory causes of importance: Chronic Nephritis	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Gen. Debilitation

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George C. Shannon M. D.

9/29/39 (Address) 900 Fulton Ave

OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 61629

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 61629 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mo3da
(e) Length of stay in Baltimore (yrs., mos., or days) 2mo. 3 da

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Dorchester
(c) City or town Hudson (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Walter Wilson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Minnie Thomas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 27, 1875

8. AGE: Years	Months	Days	If less than one day
64	1	1	hr. min.

9. Birthplace Dorchester County, Maryland (Town, county, and state)
10. Usual Occupation Captain of sloop
11. Industry or business Seafaring

FATHER
12. Name Henry Wilson
13. Birthplace Philadelphia, Pa.

MOTHER
14. Maiden Name Annie Wingate
15. Birthplace Dorchester County, Pa.

16 (a) Informant Records-U. S. Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/30/39 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 2623 St Paul St

19 (a) SEP 30 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 28, 1939, at 10:35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 26, 1939 to Sept. 28, 1939, and that I last saw him alive on Sept. 28, 1939.

Immediate cause of death	Duration
Syphilis, tertiary	Unknown
Due to	
Due to	
Other Conditions Aortitis	Unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. M. H. Anderson. M. D.
Address U. S. Marine Hospital, Baltimore, Md. Date signed 9/28/39

VS 3

369089 61630

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

115-B F 61630 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 1020 Sharp Ll (If rural give location)
2351
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Hinton

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Louise Hinton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-10-12

8. AGE: Years 27 | Months 2 | Days 19 | If less than one day: hr. min.

9. Birthplace N.C. (Town, county, and state)

10. Usual Occupation Stevedore
11. Industry or business

FATHER 12. Name Percy Hinton
13. Birthplace N.C.

MOTHER 14. Maiden Name Beverly ?
15. Birthplace

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-3-1939 (month) (day) (year)
(c) Cemetery or crematory Antrim Mem Park
Location Baltimore Co Maryland

18 (a) Funeral director Joseph A Lucky
(b) Address 4098 Mount Street

19 (a) [illegible] M.D.
(Date received by Registrar) Registrar

SEP 30 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 29 1939 at 10 30 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 27 1939 to Sept 29 1939 and that I last saw h[illegible] alive on Sept 29 1939.

Immediate cause of death Ludwig's angina, acute mediastinitis — Duration: 4 days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy Ludwig's angina, mediastinitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury

23. Signature David H Brown Jr M. D.
Address The Johns Hopkins Hosp Date signed 9/29/39

VS 8

F 61631

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. F 61631

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ...
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Charles
(c) City or town Waldorf (If outside city or town limits, write RURAL and give town)
(d) Street No. ... (If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Ella Mae Butler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	B	single

6 (b) Name of husband or wife

6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) 9-24-39

8. AGE: Years	Months	Days	If less than one day
		/	hr. ... min.

9. Birthplace Waldorf, Charles Co, Md (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER
12. Name Charles Butler
13. Birthplace Md

MOTHER
14. Maiden Name Josephine Washington
15. Birthplace Md

16 (a) Informant
(b) Address

17 (a) ... (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Location ... SEP 30 1939

18 (a) Funeral director ...
(b) Address ... For M. A. Moore

19 SEP 30 1939 (Date rec'd by registrar) ... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 25, 1939, at 9 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-25-1939, to 9-25-1939, and that I last saw her alive on 9-25-1939.

Immediate cause of death PREMATURITY (wt. lbs 14½ oz)

Due to ...

Due to ...

Other Conditions ...
(Include pregnancy within 3 months of death)

Major findings:
Of operations ...

Of autopsy ...

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ...
(b) Date of occurrence ...
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury ...

23. Signature William J. Miller M. D.
Address Univ. Hosp Date signed 9-25-39

VS 3

5 61632

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161-B

Registered No. E 61632

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard
(c) City or town ~~Baltimore~~ Sykesville (If outside city or town limits, write RURAL and give town)
(d) Street No. Sykesville (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Robert Eugene Collins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: -

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 9-23-39

8. AGE: Years | Months | Days: 3 | If less than one day: hr. ..... min.

9. Birthplace md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Freddie Collins
13. Birthplace md

MOTHER 14. Maiden Name Anna Bonds
15. Birthplace md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (month) (day) (year)
(c) Cemetery or crematory [illegible] SEP 30 1939
Location [illegible] DEPARTMENT OF HEALTH

18 (a) Funeral director Per M. A. Moore
(b) Address [illegible]

19 SEP 30 1939 (Date received by Registrar) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 26 1939 at 1:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 24 1939 to Sept 26 1939 and that I last saw him alive on Sept 26 1939.

Immediate cause of death: Icterus gravis or Erythroblastosis — Duration: 3 days
Due to
Due to
Other Conditions: aspiration and suffocation
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry P. Goldberg M. D.
Address Johns Hopkins Hosp Date signed 9-26-39

VS 3

61633 !

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ 31

F 61633
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mt. General hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 626 Scott St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Cleveland Alonzo Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-05-4634

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Florence M. Johnson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 25, 1884

8. AGE: Years	Months	Days	If less than one day
54	10	3	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Asst Foreman Lab
11. Industry or business Gas & Electric Co.

MOTHER / FATHER

12. Name Alonzo Johnson
13. Birthplace Baltimore, Md.
14. Maiden Name Nancy Robinson
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Florence M. Johnson
(b) Address 626 Scott St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 2 1939 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location

18 (a) Funeral director Sanders, Inc.
(b) Address 1017 W. Cross St.

19 (a) Huntington Williams M.D.
(b) Date rec'd by registrar SEP 30 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH - September 28 1939, at 11:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 27 1939, to Sept 28 1939, and that I last saw h[illegible] alive on Sept 28 1939.

Immediate cause of death Uremia — Duration 2 days.

Due to Hypertension cardio-vascular renal disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm Mansfield M. D.
Address 1 E Fen Hop Date signed 9-29-39

61634

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

F 61634

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3020 Rockwood Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 31

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Balto.

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3020 Rockwood Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Laura Virginia Taylor

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married.

6 (b) Name of husband or wife William H. Taylor

6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) March 5, 1864

8. AGE: Years	Months	Days	If less than one day: hr.	min.
75	6	23		

9. Birthplace Carroll Co. Md. (Town, county, and state)

10. Usual Occupation Housework at home.

11. Industry or business

MOTHER / FATHER

12. Name Joshua Lockard

13. Birthplace Carroll Co. Md.

14. Maiden Name Beaver

15. Birthplace Carroll Co. Md.

16 (a) Informant Margaret L. Miller

(b) Address 3020 Rockwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/2/1939 (month) (day) (year)

(c) Cemetery or crematory St. Thomas, Lemm. Location Garrison, Balto. County

18 (a) Funeral director C. Vernon Lemmon

(b) Address 4411 Park Heights

19 Date received OCT 1 1939 Registrar Hillington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 28 1939, at 12 15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 15 1939, to Sept. 28 1939, and that I last saw h[illegible] alive on Sept. 28 1939.

Immediate cause of death

Carcinoma Stomach

Due to + left lung. —

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations Exploratory laparotomy,

Of autopsy no

Duration

3 - 4 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —

(Specify type of place)

(e) Means of injury —

23. Signature M Bunn Stout M. D.

Address 2200 Garrison Blvd Date signed 9/30/39

EHG

F 61635

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137 Registered No. F 61635

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution: Monument & Rutland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1642 Maryland ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Solomon Manekin

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Faga
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.)
8. AGE: Years 83 | Months | Days | If less than one day: hr. min.
9. Birthplace: Russia (Town, county, and state)
10. Usual Occupation: Tailor
11. Industry or business

FATHER
12. Name: Baer Manekin
13. Birthplace: Russia

MOTHER
14. Maiden Name: Sadie Manekin
15. Birthplace: Russia

16 (a) Informant: Family
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-1-39 (month) (day) (year)
(c) Cemetery or crematory: Mikro Kodish
Location: Fairview Park

18 (a) Funeral director: Isaac Levine Inc
(b) Address: 1736 E. Baltimore St

19 (a) Date received by registrar: Oct 1 1939 (b) Registered No.

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-29-39 19 at 4:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-9 1939 to 9-29 1939. and that I last saw h/ alive on 9-29 1939.

Immediate cause of death
Arteriosclerotic heart disease; acute Myocardial Failure; — Duration: ? / 9-29-39
Due to Pulmonary Edema — Duration: 9-29-39

Due to —

Other Conditions Benign Prostatic Hypertrophy.
(Include pregnancy within 3 months of death)

Major findings:
Of operations Benign Prostatic Hypertrophy
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. Markin M. D.
Address Sinai Hosp. Date signed

VS 3

F 61636

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

148

Registered No. F 61636

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution: Balto Md
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 1 2
(e) Length of stay in Baltimore (yrs., mos., or days) 207

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. Lotta, S.C. (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Rebecca Blum

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W	Married

6 (b) Name of husband or wife Max H. Blum
6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) July 17 1890

8. AGE: Years	Months	Days	If less than one day hr.	min.
49 27				

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Home Wife
11. Industry or business

FATHER
12. Name Louis Rothstein
13. Birthplace Russia

MOTHER
14. Maiden Name Fraidle Berman
15. Birthplace Russia

16 (a) Informant Husband
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-1-39 (month) (day) (year)
(c) Cemetery or crematory Bals Hebrew
Location Belair Rd

18 (a) Funeral director Jack Levin Inc
(b) Address 1396 E. Balto St

19 (a) OCT 1 - 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/30/39 19 . at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/20/39 19 to 9/30/39 19 .
and that I last saw h alive on 9/29/39 19 .

Immediate cause of death Bronchopneumonia — Duration

Due to Carcinoma Uterus

Due to

Other Conditions Cardiac Hypertrophy
(Include pregnancy within 3 months of death)

Major findings:
Of operations NO
Of autopsy NO

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hyman A Weiland M. D.
Address Sinai Hospital Date signed 9/30/39

VS 8

F 61637

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-a

Registered No. F 61637

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Hammond & Rutland
(c) Hospital or institution Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 week
(e) Length of stay in Baltimore (yrs., mos., or days) 48 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4623 Park Hgts. Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 48 years

3 (a) FULL NAME David Perlman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Anna

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day: hr.	min.
61				

9. Birthplace (Town, county, and state) Russia

10. Usual Occupation Merchant

11. Industry or business

FATHER
12. Name Jacob Perlman
13. Birthplace Russia

MOTHER
14. Maiden Name Jennie Fishman
15. Birthplace Russia

16 (a) Informant Supt. Records.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-1-39 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Phila. Rd & Hamilton Ave

18 (a) Funeral director Jack Levy Co.
(b) Address 3043 E. Baltimore St.

19 (a) OCT 2 - 1939 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/30 1939, at 10:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 9/1/39 19.. to 9/30 1939.
and that I last saw him alive on 9-29 1939.

Immediate cause of death Coronary Thrombosis — **Duration**

Due to Coronary disease

Due to Arteriosclerosis

Other Conditions (Include pregnancy within 3 months of death) Perforated peptic ulcer - (Healed) & prost. surgical abscess

Major findings:
Of operations Perforated peptic ulcer
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W B Purkiss M.D.
Address Date signed

F 61638

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

150 Registered No. F 61638

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1145 W. Cross St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 43 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1145 W. Cross St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hilda A. Melvin
3 (b) If veteran, name war —
3 (c) Social Security Account No. 215-05-9399

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Howard Melvin
6 (c) If alive, give age 45 years
7. Birth date of deceased (mo., day, yr.) June 30. 1896
8. AGE: Years 43 | Months 2 | Days 29 | If less than one day: hr. min.
9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Operator
11. Industry or business Monumental Paper Box Co

FATHER
12. Name Frederick Schelhouse
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Mollie Cromer
15. Birthplace Balto Md.

16 (a) Informant Mollie Schelhouse
(b) Address 1145 W. Cross St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 2-1939. (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto City
18 (a) Funeral director Mr. Mrs. John W. Gentel Son
(b) Address 201 W. Fayette St.
19 OCT 1 - 1939 (Date received by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 29 1939. at 4:30 PM
21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1936. to Sept 29 1939. and that I last saw her alive on Sept 28 1939.

Immediate cause of death: Carcinoma of breast — Duration 3 yrs
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury Farming Cake

23. Signature [illegible] M.D.
Address 523 Ac 1184 Date signed 9/29/39

V8 3

F 61639

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a

Registered No. F 61639

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 271 S.East Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 271 S.East Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME David T.Powell,

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Lula E.Powell,
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) February 25.1870

8. AGE: Years	Months	Days	If less than one day hr.	min.
69	7	4 5		

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Barber
11. Industry or business

FATHER
12. Name John Powell,
13. Birthplace Wales

MOTHER
14. Maiden Name Hannah Charles
15. Birthplace Wales

16 (a) Informant Mrs Lula E.Powell.
(b) Address 271 S.East Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/3/39 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore County

18 (a) Funeral director Geo W Little
(b) Address 2700 Edmondson Ave

19 (a) OCT 1 - 1939 (Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH SEP 30 1939 at 8 a. M

21. I certify that death occurred on the date above stated, that I attended deceased from July 10 1939 to Sept 30 1939, and that I last saw him alive on Sept 29 1939.

Immediate cause of death Cerebral Hemorrhage — Duration 18 hours

Due to Arteriosclerosis — 2 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Thomas M. D.
Address 3136 Gaywood Rd Date signed 10/2/39

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61640 — CERTIFICATE OF DEATH — F 61640

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1620 Ashburton St. 15-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Richard W. MEYER

U S Veteran specify WAR

(a) Residence: No. 1620 Ashburton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	White	MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of MARY E. MEYER

6. DATE OF BIRTH (month, day, year) Oct 9 - 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FUNERAL DIRECTOR

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date de... this ... year) MARCH 1939

11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore MD

FATHER

13. NAME CHARLES E. MEYER

14. BIRTHPLACE (city or town) (State or country) GERMANY

MOTHER

15. MAIDEN NAME KATIE KABERNAGEL

16. BIRTHPLACE (city or town) (State or country) GERMANY

17. INFORMANT MARY E. MEYER

(Address) 1620 ASHBURTON BLVD

18. BURIAL, CREMATION, OR REMOVAL

NEW NATIONAL Date OCT 3 19 39

19. UNDERTAKER R.O.T.C. B.M. WALTERS

(Address) PRATT STRICKER Sts

OCT 1 - 1939 Huntington Williams M.E. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 29. 1939

22. I HEREBY CERTIFY, That I attended deceased from March 1939 to Sept. 29, 1939

I last saw him alive on Sept. 29 1939 Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstial Nephriti	?
Cardiac Hypertrophy	7 mo

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R.H. Allen M. D.

(Address) 2757 E Monument

OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 61641

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

Registered No. F 61641

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Eutaw Aves
(c) Hospital or institution St Agnes Hospt.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 - 7
(e) Length of stay in Baltimore (yrs., mos., or days) about 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1611 Ave. Dorchester Apts (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William T. Israel

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex male

5. Color or race white

6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife late May Israel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 17. 1886

8. AGE: Years 53 Months 4 Days 13 If less than one day hr. min

9. Birthplace Carroll Co Md. (Town, county, and state)

10. Usual Occupation Painter

11. Industry or business

FATHER 12. Name Zachary Israel

13. Birthplace Carroll Co, Md.

MOTHER 14. Maiden Name A Haines

15. Birthplace Carroll Co, Md.

16 (a) Informant: Mrs Charles D. Israel

(b) Address 159 S. Monastery Ave

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 10/2/1939 (month) (day) (year)

(c) Cemetery or crematory Baltimore Cem

Location end of E. North Ave

18 (a) Funeral director John J. Cowgur Son

(b) Address 99 Hallum Street

19 OCT 1 - 1939 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-30- 1939, at 8.50 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary Occlusion — Duration

Due to: arterio-sclerosis

Due to: Generalized advanced Sclerosis

Other Conditions: Hypertrophy & Dilatation of Heart (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Mulden M.D. Medical Examiner

Date signed 9-30-39

VS 4

HEALTH DEPARTMENT—CITY OF BALTIMORE

61642

CERTIFICATE OF DEATH

59 F 61642

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1209 Franklintown Road Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Catherine Butler

(a) Residence: No. 1209 Franklintown Road Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Walter B. Butler

6. DATE OF BIRTH (month, day, year) Febry 25, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME David Fenn

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr. Walter B. Butler

(Address) 1209 Franklintown Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudenslager Date 10/3/ 1939

19. UNDERTAKER John J. Cowan & Son

(Address) 601 Collins St.

20. FILED OCT 1 — 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 29th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1st, 1939, to Sept. 29th, 1939.

I last saw her alive on Sept. 29th, 1939. Death is said to have occurred on the date stated above, at 8:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	2/1/38
Pernicious Anaemia	
Other contributory causes of importance: Coronary Occlusion	9/29/39

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) M. Medermott M. D.

(Address) 1136 Poplar Grove St

V6 8

F 61643

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

Registered No. F 61643

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Balto Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1001 S Charles St (If rural give location)
(e) If foreign born, how long in U. S. A.? 42 years

3 (a) FULL NAME Julius Cherry.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband ~~or wife~~: Dora

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10/1879

8. AGE: Years 60 | Months 2 | Days 20 | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Store keeper

FATHER
12. Name Mathew Cherry
13. Birthplace Russia

MOTHER
14. Maiden Name Fannie Baldich
15. Birthplace Russia

16 (a) Informant Mother Cherry
(b) Address 1001 S Charles St

17 (a) (Burial, cremation, or removal)
(b) Date thereof 10/1/39 (month) (day) (year)
(c) Cemetery or crematory Hebrew Young Men
Location Windsor Mill Road.

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-26 W North Ave

19 (a) OCT 1 1939 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 30 1939, at 11:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 28th 1939, to Sept. 30 1939, and that I last saw h alive on Sept. 30 1939.

Immediate cause of death	Duration
Terminal bronchopneumonia	2 days
Due to Coronary occlusion	10 days
Due to Arteriosclerotic cardio-vascular disease	?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Generalized arteriosclerosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harold A. Gratz M. D.
Address Sinai Hospital Date signed 9/30/39

F 61644

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

16-a L

Registered No. F 61644

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Md.
(c) Hospital or institution Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 15yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 230 S. Carlton st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elranor Schuler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) ~~Single, married~~, widowed, or divorced Widowed

6 (b) Name of husband ~~or wife~~ Harry Schuler

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) June 15th 1897

8. AGE: Years 42 | Months 3 | Days 12 | If less than one day: hr min

9. Birthplace Kentucky (Town, county, and state)

10. Usual Occupation at Home

11. Industry or business

FATHER 12. Name Robert Profit

13. Birthplace Va

MOTHER 14. Maiden Name Fannie Treadway

15. Birthplace Indiana

16 (a) Informant: Edward Profit

(b) Address 433 E. Preston St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/2/39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Loudon Park

Location Balto. Md.

18 (a) Funeral director William Cook

(b) Address 217 St. Paul st

19 OCT 1 - 1939 (Date rec'd by registrar) Hunter Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-27-39 19 , at 9 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Subdural hemorrhage — Duration: 2 weeks

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide [redacted]
(b) Date of occurrence 9-13-39-?
(c) Where did injury occur? 1111 E. Pratt ? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ? (Specify type of place) While at work? Yes
(e) Means of injury [redacted]

23. Signature Conrad Oetting (Medical Examiner) M.D.

Date signed 9/22/39

see back

VS 6

F 61645

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-C

Registered No. F 61645

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 411 N Exeter St (If rural give location)
(e) If foreign born, how long in U. S. A.? lifetime years

3 (a) FULL NAME Katherine Billups

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Femak

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Geo L Billups

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 25-1877

8. AGE: Years 61 74 Months 10 Days 5 If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Frank Marek

13. Birthplace Prague

MOTHER 14. Maiden Name Katherine Barech

15. Birthplace Prague

16 (a) Informant Marie Dugan

(b) Address 411 N Exeter St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct 2 39 (month) (day) (year)

(c) Cemetery or crematory Fountain Cem (Ohio)

Location ~~Ohio~~ Fostoria, Ohio

18 (a) Funeral director W M Cook

(b) Address 217 S Paul Street Huntington Williamson, W Va

19 (a) OCT 1 - 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 30 1939, at 330 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 9-18 1939, to 9-30 1939 and that I last saw her alive on 9-30 1939.

Immediate cause of death Peritonitis — Duration 2 days

Due to Operation - resection sigmoid — 2 yrs?

Due to Ca sigmoid

Other Conditions Renal failure?

(Include pregnancy within 3 months of death)

Major findings: Of operations Ca P sigmoid regional metastases

Of autopsy No autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Stephen Lee Magness M. D.

Address University Hospital Date signed 9-30-39

VS 3

368893
F 61646

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-13 ✓

Registered No. F 61646

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address .....

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days

(e) Length of stay in Baltimore (yrs., mos., or days) 24 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County .....

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2126 Orleans St (If rural give location)

(e) If foreign born, how long in U. S. A.? 31 years

3 (a) FULL NAME Margaret Yanelli

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Pasquale

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1-14-7281

AGE: Years 58 | Months 8 | Days 16 | If less than one day: hr. ..... min.

9. Birthplace: Italy (Town, county and state)

10. Usual Occupation: none

11. Industry or business

FATHER 12. Name: Lebero

13. Birthplace: Italy

MOTHER 14. Maiden Name

15. Birthplace: Italy

16 (a) Informant: Records

(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof 10/2/39 (month) (day) (year)

(c) Cemetery or crematory: Holy Redeemer

Location: Belair Road

18 (a) Funeral director: Kendall & Hippel

(b) Address: 1405 E. Fayette St.

19 (a) OCT 1 1939 (Date rec'd by registrar) ..... Registrar's No. .....

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 30 1939, at 328 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 25 1939 to Sept 30 1939, and that I last saw her alive on Sept 30 1939.

	Duration
Immediate cause of death Cardiac Failure	2 days
Due to Arteriosclerotic Heart Disease	2 years
Due to	
Other Conditions Bronchopneumonia	2 weeks

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury .....

23. Signature: WB McAllister Jr M. D.

Address .....

Date signed 9-30

V8 3

LEVIN

F 61647

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

Registered No. F 61647

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1710 E. Fayette St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 1710 E. Fayette St (If rural give location)

(e) If foreign born, how long in U. S. A.? 18 years

3 (a) FULL NAME Anna Levin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Abraham

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 68 Months Days If less than one day hr. min.

9. Birthplace Russia (Town, county, and state or foreign country)

10. Usual Occupation Home Work

11. Industry or business

MOTHER / FATHER

12. Name Joseph Deutch

13. Birthplace Russia

14. Maiden Name Lillian Rachael

15. Birthplace Russia

16 (a) Informant Abraham Levin

(b) Address 1710 E. Fayette St

17 (a) Burial (Burial, cremation, or removal)

(b) Date thereof 10-1-39 (month) (day) (year)

(c) Cemetery or crematory Location Jewish Memorial Park

18 (a) Funeral director Jack Levin & Sons

(b) Address 1429 E. Balto. St

19 (a) OCT 1 - 1939 (Date rec'd by registrar) Hunterton Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-1- 1939 9.30 A.M.

21. I certify that death occurred on the date above stated, that I attended deceased from 9/10 1939 to 10/1 1939.

and that I last saw h[illegible] alive on 10/1 1939.

Immediate cause of death (a) Uremia

(b) Myocarditis & Nephritis

Due to (c) Chronic arthritis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Duration 9 mos

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature David Krumbein M. D.

Address 1210 Dec Date signed 10/1/39

VS 3

CARTER

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61648

1648

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2427 Boulevard St. 12 Ward)

2-FULL NAME Annie J. Carter

(a) RESIDENCE NO. 2427 Boulevard St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Fe	col	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of William Carter

DATE OF BIRTH (month, day, and year) Sept. 26, 1887

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	52	-	-	3

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Private

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) Hanover Co. Va.

10 NAME OF FATHER Richard Kemp

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Hanover Co. Va.

12 MAIDEN NAME OF MOTHER Annie Kemp

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va.

Informant Mrs Henrietta Lewis

(Address) 246 Druid Hill Ave

Filed Oct 1 1939 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 29 1939

17

I HEREBY CERTIFY, That I attended deceased from June 1, 1939, to Sept 29, 1939, that I last saw h[illegible] alive on Sept. 29, 1939, and that death occurred, on the date stated above, at 630 m.

The CAUSE OF DEATH* was as follows:

Neoplasm of Ovary, inoperable

(duration) 3 yrs. mos. 28 ds.

CONTRIBUTORY (Secondary) Anemia & Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted? Place of death

If not at place of death? No

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? -

(Signed) Louis P. Johnson, M. D.

, 19 (Address) 2329 Linwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvert Cem Date of Burial 10-1-1939

20 UNDERTAKER Mrs R. A. Elliott-Dertg 9 Caroline St ADDRESS

F 61649 1/4

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-P

Registered No. F 61649 1/4

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 208 N. Broadway
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town (If outside city limits, write RURAL and give town)
(d) Street No. 208 N. Broadway (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Philip Goldstein

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Dora
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 64 | Months | Days | If less than one day hr. min.

9. Birthplace London, England (Town, county, state)

10. Usual Occupation Merchant

11. Industry or business

MOTHER / FATHER

12. Name Levin Goldstein
13. Birthplace Poland
14. Maiden Name Esther
15. Birthplace Poland

16 (a) Informant Walter Goldstein
(b) Address Brother

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-1-39 (month) (day) (year)

(c) Cemetery or crematory Rit Chapel
Location Wash. Blvd.

18 (a) Funeral director Jos. Levin Inc.
(b) Address 1439 E. Balto. St.

19 (a) OCT 1 1939 (Date rec'd by registrar) (b) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-30-39 19 . at 7.30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/16 1939. to 9/30 1939. and that I last saw him alive on 9/30 1939.

Immediate cause of death: Carcinoma of Rectum — Duration: 1936

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Irving M.D. M. D.
Address 1328 Eutaw Pl Date signed 10/1/39

VS 3

61650

F 61650

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-c

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address No. 111-N. Wilton Ave
(c) Hospital or institution: --
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 111-N. Wilton Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? life years

3 (a) FULL NAME Anna Markert Gergely

3 (b) If veteran, name war --
3 (c) Social Security Account No. ---

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Joseph Gergely
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) 1/19/1867

8. AGE: Years	Months	Days	If less than one day
72	8	11	~~hr.~~ ~~min.~~

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Amigot Gross
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Leutsch
15. Birthplace Germany

16 (a) Informant Mrs. Lucy Moore
(b) Address No. 111-N. Wilton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/2/39 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore, Md.

18 (a) Funeral director George D. Rush, Inc.
(b) Address 1735-Harford Ave.

19 (a) OCT 2 - 1939 (Date rec'd by Registrar) Washington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 28 1939, at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 8 1939, to Sept. 28 1939, and that I last saw h alive on Sept. 27 1939.

Immediate cause of death	Duration
Acute heart failure	
Due to Acute Myocarditis	1 Year
Due to	
Other Conditions Hypertension	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm Dickmeyer M. D.
Address 701 N. Kenwood Ave. Date signed 9/29/39

VS 3

James Mantik

651 F 61651

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2634 Hudson St. 1-H Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Mantik

If U. S. Veteran specify WAR

(a) Residence: No. 2634 Hudson St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Mal

4. Color or Race: Wht

5. Single, Married, Widowed, or Divorced (write the word): Sing

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Oct 1. 39

7. AGE: Years | Months | Days | If LESS than 1 day, ... hrs. or 10 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): 0 0

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME (FATHER): James Mantik

14. BIRTHPLACE (city or town) (State or country): Poland

15. MAIDEN NAME (MOTHER): Marie Szurda

16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT (Address): James Mantik 2634 Hudson St

18. BURIAL, CREMATION, OR REMOVAL: Place St Stanislaus Date Oct 2 1939

19. UNDERTAKER (Address): F W Ozazewski 1930 Eastern Ave.

20. FILED OCT 2 1939 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 1, 19 39

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 19 39 to Oct 1 19 39

I last saw h... alive on Oct 1 19 39 Death is said to have occurred on the date stated above, at 8.40 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	Oct 1-39

Other contributory causes of importance: Due to a fall (Probably)

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) William J. Bauer M. D.

(Address) 801 Kenilworth Dr

OCCUPATION is very important. See INSTRUCTIONS on BACK of CERTIFICATE.

V8 8

61652 18369-VS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-a F 61652 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 526 S. Ann St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 25 years

3 (a) FULL NAME Peter Klimczak

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Theresa

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years 56 | Months | Days | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation helper

11. Industry or business

MOTHER / FATHER

12. Name Yoicenty

13. Birthplace Poland

MOTHER

14. Maiden Name Maggie

15. Birthplace Poland

16 (a) Informant B.C.H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 2-39 (month) (day) (year)

(c) Cemetery or crematory Holy Rosary

Location Baltimore

18 (a) Funeral director Fred W Ozazewski

(b) Address 1930 Eastern Ave.

19 (a) OCT 3 1939 (Date rec'd by registrar) (b) Herbert for Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-30 1939, at 7:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-15 1939, to 9-30 1939, and that I last saw him alive on 9-30 1939.

Immediate cause of death Lymphosarcoma of multiple sites

Duration ? ave

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations. none

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L K Woodward M. D.

Address Balto city Hosp. Date signed 9-30-39

61653

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

18 Registered No. E-61653

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Green & Redwood Sts.
(c) Hospital or institution: UNIVERSITY HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 ?
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6725 YOUNGSTOWN AVE. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

S,S. 213-07-3407

3 (a) **FULL NAME** CARL BASTIO

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	MARRIED

6 (b) Name of husband or wife ROSE BASTIO
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1907

8. AGE: Years	Months	Days	If less than one day
32			hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation Foreman
11. Industry or business Steel Mill

FATHER
12. Name CHARLES BASTIO
13. Birthplace ITALY

MOTHER
14. Maiden Name SARAH PANTOLFA
15. Birthplace ITALY

16 (a) Informant ROSE BASTIO
(b) Address 6725 YOUNGSTOWN AVE

17 (a) X (Burial, cremation, or removal) (b) Date thereof 10-3-39 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Dundalk Ave.

18 (a) Funeral director John J. Duda
(b) Address 2829 E. Hudson St

19 (a) Date rec'd by reg'r OCT 2 - 1939 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 1 1939, at 6 57 AM

21. I certify that death occurred on the date above stated, that I attended deceased from Sept. 21 1939, to Oct. 1 1939, and that I last saw him alive on Sept. 30 1939:

Immediate cause of death
Central Respir. Arrest. Collapse
Fulminating Toxemia
Due to MENINGOCOCCEMIA
Due to MENINGOCOCCUS MENINGITIS
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
6 hrs.
6 days
2 days
1 day

Major findings:
Of operations
Of autopsy MENINGOCOCCUS MENINGITIS

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John J. Bosse M. D.
Address Union Memorial Hospital Date signed Oct. 1, 1939

1651

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

48-60 F 61654 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore Maryland

(c) Hospital or institution:

Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1634 Ellsworth St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rosa Henry

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife James Henry

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
56	?	?	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

MOTHER / FATHER

12. Name Joseph Clauden

13. Birthplace Va.

14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 2 39 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cem Co

Location A. A. Co

18 (a) Funeral director Lasner Sanders

(b) Address 1412 E. Preston St.

19 (a) Filed by registrar (b) Registrar

OCT 2 - 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 28 1939, at 1:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 27 1939, to Sept 28 1939, and that I last saw her alive on Sept 28 1939.

Immediate cause of death	Duration
Arteriolar nephrosclerosis	unknown
Due to	
Due to	
Other Conditions Hypertension	unknown

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Scarred kidneys, enlarged heart

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. Monaghan M. D.

Address Balto City Hosp Date signed 9-29-39

61655

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93c F 61655

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1915 E. Biddle St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1915 E. Biddle St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Davis Faulks

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-10-2063

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Widowed

6 (b) Name of husband or wife Carrie Faulks

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 7th 1879

8. AGE: Years 59 | Months 10 | Days 11 | If less than one day hr. min.

9. Birthplace Plymouth N. C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Daniel Faulks
13. Birthplace N. C.

MOTHER 14. Maiden Name Amanda Crystall
15. Birthplace N. C.

16 (a) Informant Serena C. Allen
(b) Address Plymouth N. C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-2-39 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary
Location Brooklyn A. A. Co. Md.

18 (a) Funeral director Belvin Manor S. Wright
(b) Address 1218 McElderry St

19 (a) OCT 2 1939 (Month, day, year) (b) Hunter & Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 29 1939. at 7.30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 10 1939. to Sept 10 1939. and that I last saw h[illegible] alive on Sept 10 1939.

Immediate cause of death

Coronary Occlusion. — Duration 2 hrs.

Due to Chronic Myocarditis — Duration 2 yrs.

Due to

Other Conditions Bronchial Asthma

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dennis B. Lutz M. D.
Address 1741 E. Eager St. Date signed 9/29/39

61656

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-13 F 61656 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 130 East Montgomery St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 72 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 130 East Montgomery St (If rural give location)
(e) If foreign born, how long in U. S. A? years

3 (a) FULL NAME Andrew Joseph Hoffe

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Mrs. Maggie L. Hoffe
6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Mar. 9, 1867

8. AGE: Years 72 | Months 6 | Days 19 days | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Millwright
11. Industry or business Furniture

FATHER
12. Name Joseph Hoffe
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Ellering
15. Birthplace Holland

16 (a) Informant Mrs. Maggie L. Hoffe
(b) Address 130 E. Montgomery St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 2 1939 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Annapolis Blvd. Brooklyn

18 (a) Funeral director William M Marech
(b) Address 719 Light St

19 Date received by registrar OCT 2 1939 Thomas Williamson Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 28 1939 at 10'15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 28 1939 to Sept. 28 1939
and that I last saw h alive on 19

Immediate cause of death Coronary Thrombosis — Duration 5 minutes

Due to Arteriosclerotic Heart Disease — 2 years

Due to Was dead on arrival. Certificate issued with consent of medical examiner

Other Conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George Silverton M. D.
Address 827 Light St Date signed 9/29/39

M. D. B. 1268-9

61657 **HEALTH DEPARTMENT—CITY OF BALTIMORE** RE61657

CERTIFICATE OF DEATH

84

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1725 Clarkson St. 23-3 Ward)

Length of residence in city or town where death occurred 3 yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles C.Hamel

(a) Residence: No. 1725 Clarkson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Nora E. Hamel

6. DATE OF BIRTH (month, day, year) Nov. 5, 1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk Clothing Dept.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: W.P.A.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington, D.C.

FATHER

13. NAME Joseph Hamel

14. BIRTHPLACE (city or town) (State or country) D.C.

MOTHER

15. MAIDEN NAME Blanche Anholt

16. BIRTHPLACE (city or town) (State or country) Washington, D.C.

17. INFORMANT Mrs.Nora E. Hamel

(Address) 1725 Clarkson St.,

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Oct.2, 1939

19. UNDERTAKER E. Howard Grong

(Address) 715 Light St.

20. FILED OCT 2- 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 12 1939 to Sept. 29 1939

I last saw him alive on Sept. 26 1939 Death is said to have occurred on the date stated above, at 10:22 p. m.

The principal cause of death and related causes of importance were as follows:

Psychosis - ill-defined
Anorexia

Date of onset April 12

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. A. Tallod M. D.

(Address) 207 E. Fort Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 61658

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131 F 61658

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2627 Wilkens Ave St. 40 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Harry I. Smith

(a) Residence: No. 2627 Wilkens Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Late Minnie E (Haywood)

6. DATE OF BIRTH (month, day, year) March 31, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	6 5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Railroad Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown Md

FATHER

13. NAME [Unknown] Smith

14. BIRTHPLACE (city or town) (State or country) Unknown Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Gordon R. Smith
(Address) 802 Rimson Ave

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Date 10/2/39. 39
Place London Pk

19. UNDERTAKER Harry A Wittle
(Address) 4101 Harford Ave

20. FILED OCT 2 - 1939 Huntington Hollins, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 27, 19 39 to Sept 29, 19 39. Death is said I last saw him alive on Sept 29, 1939 to have occurred on the date stated above, at 6 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Chronic Nephritis	
Myocarditis Chronic Nephritis	
Contracted	

Other contributory causes of importance: Pulmonary Oedema.

Was an operation performed? No Date of

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Norbert O Mitsch M. D.
(Address) 2151 Wilkens Ave

va 3

F 61659

1659

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4010 Norfolk Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) VV yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
5 9 Street No. 4010 Norfolk Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? VV years

3 (a) FULL NAME Samuel Adolf Jacob

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Ida

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1865

8. AGE: Years 74 Months Days If less than one day hr. min.

9. Birthplace Russia (Town, county and state) 1865

10. Usual Occupation Retired Merchant

11. Industry or business

MOTHER / FATHER

12. Name Jacob Adolf Jacob

13. Birthplace Russia

14. Maiden Name Mollie

15. Birthplace Russia

16 (a) Informant Mr. Rieman

(b) Address 4010 Norfolk Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-2-39 (month) (day) (year)

(c) Cemetery or crematory Rosedale

Location Phil. Rd & Hamilton Ave

18 (a) Funeral director Oak Lawn Inc.

(b) Address 1439 E. Balto St

19 (a) OCT 2 - 1939 (Date rec'd by registrar) Hamilton Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/2/39 19 at 2.30 A M

21. I certify that death occurred on the date above stated, that I attended deceased from Sept 30 1939 to Oct 2 1939. and that I last saw h[illegible] alive on Oct 2 1939.

Immediate cause of death Coronary Thrombosis — Duration

Due to Hypertension

Due to arterio sclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. Ehrman M. D.
Address 1935 W. North Ave Date signed 10.2.39

VS 3

61660

Elizabeth Schaefer 46-B

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 61660

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4017 Chatham Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4017 Chatham Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

15-10

3 (a) FULL NAME Elizabeth Schaefer

3 (b) If veteran, name war — 3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Ernest Evans

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 13 1858

8. AGE: Years 81 | Months 6 | Days 18 | If less than one day hr. min.

9. Birthplace New York City (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Edward Ehrlich

13. Birthplace Germany

MOTHER 14. Maiden Name Rachael Cars

15. Birthplace New York City.

16 (a) Informant Mrs Willard Shafer

(b) Address 4017 Chatham Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 7, 1939 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Woodlawn, Md.

18 (a) Funeral director Miller & Sickenberger

(b) Address Pratt & Annapolis

19 (a) (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 1 1939, at 5:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 2, 1939 to Oct. 1, 1939. and that I last saw her alive on Sept 30 1939.

Immediate cause of death Carcinoma of stomach

Duration 8 months

Due to

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma of stomach with metastasis to liver & peritoneum

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature John Tilden Howard M. D.

Address 12 E. Eager St Date signed Oct 1, 39

VS 3

61661

45477 SD F 61661

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 146-149a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2337 E. Fayette Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alma Uttenreither

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife: Charles

6 (c) If alive, give age 22 years

7. Birth date of deceased (mo., day, yr.) 4/14/16

8. AGE: Years 23 | Months 5 | Days 16 | If less than one day: hr. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: George Armstrong
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Catherine Lake
15. Birthplace: Maryland

16 (a) Informant: Records
(b) Address: Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 3rd 39 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md.

18 (a) Funeral director Wm. J. Zeikus & Sons
(b) Address North & Pa Ave.

19 (a) Date received 1939 (Date received by registrar) Huntington Williams M.D. Registrar

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 30 1939, at 6.50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 9 1939, to Sept 30 1939, and that I last saw her alive on Sept 30 1939.

Immediate cause of death	Duration
Pyelonephritis	3 months.
Thrombophlebitis.	2 months.
Due to Pulmonary Embolism	30 minutes
Due to	
Other Conditions Pregnancy - Delivered on 7-17-39. (Include pregnancy within 3 months of death)	

Major findings:
Of operations Caesarean section 7-17-39 Right nephrectomy for pyelonephritis 8-1-39
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Morris J. Goldstein M. D.
Address Balto City Hosp. Date signed 9-30-39

61662

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 61662 Registered No.

93-c

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 913 Argyle ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 913 Argyle ave. (Or other location)
(e) If foreign born, how long in U. S. A.? years

1961

3 (a) FULL NAME Martha Cook King

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-03-0006

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Color	married

6 (b) Name of husband or wife John King 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 24 1900

8. AGE: Years	Months	Days	If less than one day hr.	min.
38	10	4		

9. Birthplace md. (Town, county, and state)

10. Usual Occupation Laundress
11. Industry or business do

MOTHER / FATHER

12. Name Unk
13. Birthplace "
14. Maiden Name Rachel Fields
15. Birthplace md.

16 (a) Informant Rachel Fields
(b) Address 1717 Baltimore st.

17 (a) (Burial, cremation, or removal) (b) Date thereof 10-2-39 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Westport Baltimore

18 (a) Funeral director Adolphus Hartsead
(b) Address 918 Druid Hill Ave

19 (a) Registered by (Registrar) OCT 2 - 1939 (b) Thurston Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 24 1939 at 8:30 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from Sept 20 1939 to Sept 23 1939.
and that I last saw h[illegible] alive on Sept 25 1939.

Immediate cause of death Cerebral hemorrhage — Duration one day

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 75 [illegible] Date signed 9/29/39

VS 3

61663

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 61663 Registered No. 131

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 46 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3 500 N. Patterson Park Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 56 years

3 (a) **FULL NAME** Mrs Margaret Quick
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Peter Quick
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): June 6th 1863

8. AGE: Years 76 | Months 3 | Days 25 | If less than one day: hr. min.

9. Birthplace: Germany (Town, county, and state)
10. Usual Occupation: House wife
11. Industry or business

MOTHER / FATHER

12. Name: ? Trautner
13. Birthplace: Germany
14. Maiden Name: Unknown
15. Birthplace: Germany

16 (a) Informant: Mr. Adam Quick
(b) Address: 2235 E. Oliver St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct 4th 1939 (month) (day) (year)
(c) Cemetery or crematory: Oak Lawn
Location: Balto. Co. Md.

18 (a) Funeral director: Frederick Loudon Sons
(b) Address: 7135 Belair Road

19 OCT 2 1939 (Date rec'd by registrar) Lemington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 1, 1939, at 5.15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/15 1939 to 10/1 1939, and that I last saw h[illegible] alive on 9/30 1939.

Immediate cause of death
Congestive heart failure — Duration: Unknown

Due to: Hypertensive cardio vascular renal disease

Due to:

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Edward E. Brannan M.D.
Address: Md. Gen. Hosp. Date signed 10/1/39

V8 3

Lesniewski

HEALTH DEPARTMENT—CITY OF BALTIMORE

61664

CERTIFICATE OF DEATH

V 161-a

F 61664
Registered No.

1. PLACE OF DEATH South Baltimore Gen. Hospital
CITY OF BALTIMORE: (No.) St. 24 Ward 1
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR

2. FULL NAME John Lesniewski
(a) Residence: No. 1143 Hull St., Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 30 1939

7. AGE	Years	Months	Days	If LESS than 1 day, 7 hrs. or min.
	—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Stanislaus Lesniewski
14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Stella Czutkiewicz
16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Stanislaus Lesniewski
(Address) 1143 Hull St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Oct 1 1939

19. UNDERTAKER John F. Weber & Sons
(Address) 401 Washington Blvd

20. DATE RECD. OCT 2 - 1939. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 30 1939 to Sept 30 1939
I last saw h.im. alive on Sept 30 1939. Death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis, Congenital	Sept 30 1939

Other contributory causes of importance:

Was an operation performed? NO Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify
(Signed) Samuel L. Lyo M. D.
(Address) 22 Balto Gen Hosp.

VS 8

F 61665

HENSON

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 61665

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 709 Bruce St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 709 Bruce St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Della Ida Henson

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Ed	single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 1891

8. AGE:	Years	Months	Days	If less than one day: hr.	min.
	48	11			

9. Birthplace Va (Town, county, and state)

10. Usual Occupation domestic

11. Industry or business

FATHER 12. Name Robt. Henson

13. Birthplace Va

MOTHER 14. Maiden Name unknown

15. Birthplace

16 (a) Informant Louise Gaskins

(b) Address 1224 N. Eutaw

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/3/39 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location

18 (a) Funeral director Geo. G. Kelson

(b) Address 1330 Pleasant

19 (a) OCT 2 - 1939 (Date rec'd by registrar) (b) Huntington W. Jones Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/29 1939 at 11A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1939, to Sept 29 1939.

and that I last saw h alive on Sept 28 1939.

Immediate cause of death

Cerebral Apoplexy

Due to Cardiac, Renal, Vascular

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration 9 mos

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature B. F. Hulton M.D.

Address 1 W Eutaw Pl Date signed 9/29/39

VS 3

61666 HEALTH DEPARTMENT—CITY OF BALTIMORE 61666

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3 N. Schroeder St. 18-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Carrie Fetter

(a) Residence: No. 3 N. Schroeder St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Col.
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Harry Fetter.

6. DATE OF BIRTH (month, day, year): 1891.

7. AGE: Years 48; Months ...; Days ...; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home Wife
10. Date deceased last worked at this occupation (month and year): 9/39
11. Total time (years) spent in this occupation: 7/12 39.

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: John H. Bordley
14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER

15. MAIDEN NAME: Virginia Downey
16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT (Address): Harry Fetter 3 N. Schroeder St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Auburn Cr Date: 10/2/39

19. UNDERTAKER (Address): Isaiah L. Brown & Son 108 W Montgomery St

Huntington Williams, M.D.

20. FILED OCT 2 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 9/28/39

22. I HEREBY CERTIFY, That I attended deceased from July 14 1939 to Sept 28 1939

I last saw her alive on 9/28/39 Death is said to have occurred on the date stated above, at 4:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	9/39
Interstitial Nephritis	?

Was an operation performed? No Date of ...

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19..

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) E. T. Gunn M. D.

(Address) 622 N. Arlington Ave

M. D. H. 1268-9

1667

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 61667

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 524 N. Mount St., 19-1 Ward)

Length of residence in city or town where death occurred 27 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alice Williams Snowden

(a) Residence: No. 524 N. Mount St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of Thomas Snowden

6. DATE OF BIRTH (month, day, year) May 9, 1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) 7-[illegible]-39

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Annapolis Maryland

FATHER

13. NAME Robert Eads

14. BIRTHPLACE (city or town) (State or country) West River Maryland

MOTHER

15. MAIDEN NAME Laura Oden

16. BIRTHPLACE (city or town) (State or country) Odenton Maryland

17. INFORMANT Cora West

(Address) 524 N. Mount St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Oct 3, 1939

19. UNDERTAKER Mrs Kate R Williams

(Address) 322 Johnson St

20. OCT 2-1939 [illegible] Funeral Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-30-1939

22. I HEREBY CERTIFY, That I attended deceased from 9-8-1939 to 9-30-1939

I last saw h[illegible] alive on 9-29-1939. Death is said to have occurred on the date stated above, at 4.45 a.m.

The principal cause of death and related causes of importance were as follows:

Broncho pneumonia — Date of onset 9-8-39

Other contributory causes of importance:

mitral insufficiency — 4-24-39

Name of operation ... Date of ...

What test confirmed diagnosis? Physical Signs & Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) John E. L. Campbell M. D.

(Address) 639 N. Carey St

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 64668 **CERTIFICATE OF DEATH** 160-B F 64668

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp St., 19-3 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Boy Gustatus

(a) Residence: No. 1423 W. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 19, 1939

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or 2 min.
	—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — COP

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

FATHER

13. NAME Joseph Gustatus

14. BIRTHPLACE (city or town) Balt., Md
(State or country)

MOTHER

15. MAIDEN NAME Rose Palmisano

16. BIRTHPLACE (city or town) Balt., Md
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date OCT 2, 1939 19

19. UNDERTAKER

(Address) For H. A. Moore

20. FILED OCT 2 1939 19 Thos. J. Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 19, 1939 to Sept. 19, 1939

I last saw h[illegible] alive on Sept. 19, 1939. Death is said to have occurred on the date stated above, at 6:52 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Other contributory causes of importance: Prolonged difficult labor.	

Was an operation performed? — Date of —

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Nathan Wolf M. D.

(Address) Franklin Sq. Hosp.

V.S.B.

5067

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61669

CERTIFICATE OF DEATH

82-W F 61669

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1412 E. Preston St., 9-9 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Elizabeth Sanders
(a) Residence: No. 1412 E. Preston St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of C. Sanders

6. DATE OF BIRTH (month, day, year) Mar 26 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	6	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER
15. MAIDEN NAME Bosseler Murray
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT C. Sanders
(Address) 1412 E. Preston St

18. BURIAL, CREMATION, OR REMOVAL Place Burial Mt. Calvary Cem. Date 10-3 1939

19. UNDERTAKER Charles H. Cowles
(Address) 514 N. Calvert St

20. FILED OCT 2 - 1939 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29. 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1939, to Sept 29, 1939
I last saw her alive on Sept 25, 1939. Death is said to have occurred on the date stated above at 12:05 a.m. a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia (Cerebral Apoplexy) Recurrence	Aug 22 39
Bronchitis	Sept 25 39
Hypertension	Sept 25 39
	?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Jno. J. Sullivan M. D.
(Address) 434 E 25 St.

VS B

48771 SD

F 61670

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a

Registered No. F 61670

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 907 Madison Street (East) (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Penn Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No. 210-03-6105

4. Sex M

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Ida

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 26, ?

8. AGE: Years 53 | Months 9 | Days 2 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state) Md

10. Usual Occupation Laborer

11. Industry or business Contractor near Lake Montebello

MOTHER / FATHER

12. Name Joseph Johnson

13. Birthplace Maryland

14. Maiden Name Dunnie Penn.

15. Birthplace Maryland

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-4-39 (month) (day) (year)

(c) Cemetery or crematory New Cathedral Cem

Location Balto. Md.

18 (a) Funeral director Mrs R. A. Elliott-Dir

(b) Address 1129 N. Caroline St

19 (a) OCT 2 — 1939 (Date received by registrar) (b) Huntington Williams M.D.

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 30 1939 at 6:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 29 1939 to Sept 30 1939, and that I last saw him alive on Sept 30 1939.

Immediate cause of death Cerebral Hemorrhage — Duration 2 days

Due to

Due to

Other Conditions Hypertension — unknown.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Cerebral hemorrhage.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Murray Hebster M. D.

Address Balto City Hosp. Date signed 9-30-39

F 61671

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

87-B

Registered No. F 61671

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 406 S Augusta Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 406 S. Augusta Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Edward Dotterweich

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Elizabeth M. Dotterweich

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 3-1864

8. AGE: Years 75 | Months 5 | Days 27 | If less than one day — hr. — min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Restaurant - Owner

11. Industry or business 504

FATHER 12. Name Sebastian Dotterweich

13. Birthplace Germany

MOTHER 14. Maiden Name Elizabeth ?

15. Birthplace Germany

16 (a) Informant Frank L. Dotterweich

(b) Address 355 Yale Ave -

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 3-1939 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Baltimore Maryland

18 (a) Funeral director George A. Farley

(b) Address Fulton Ave & Fayette

19 (a) OCT 2 — 1939 (Filed by registrar) (b) Signature of Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 30/39 19 5.50 P. M

21. I certify that death occurred on the date above stated, that I attended deceased from Aug. 15/39 to Sept. 30/39. and that I last saw h im alive on Sept. 30/39.

Immediate cause of death	Duration
Multiple Sclerosis	Unknown.
Due to Unknown.	
Due to Unknown.	Unknown.
Other Conditions Cardiac Hypertrophy	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry Koelschutz M. D.
Address 933 Hanover St. Date signed

VS 3

F 61672

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a

Registered No. F 61672

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2929 St. Paul Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2929 St. Paul Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Belle G. Norwood

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 25, 1874

8. AGE: Years	Months	Days	If less than one day hr.	min.
65	8	6		

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation retired school-teacher
11. Industry or business

FATHER
12. Name Franklin Norwood
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Martha Jane Murdock
15. Birthplace Baltimore, Maryland

16 (a) Informant Margaret Warfield
(b) Address 2929 St. Paul St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 3, 1939 (month) (day) (year)
(c) Cemetery or Crematory Loudon Park
Location 3801 Frederick Ave., Baltimore

18 (a) Funeral director John Constabile & Sons
(b) Address 1800 Eutaw Place, Baltimore

19 (a) OCT 2 1939 Registrar
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 1 1939 at 3:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3 years to 19 , and that I last saw h alive on Oct 1 1939.

Immediate cause of death	Duration
Cerebral Hemorrhage	
and	
Due to	
Due to	
Other Conditions Cerebral Hemorrhage July 1936 (Include pregnancy within 3 months of death)	

Major findings:
Of operations none.
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George A. Simat M. D.
Address 3301 N. Charles St. Date signed

VS 3

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61673

CERTIFICATE OF DEATH.

93-C

F 61673

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1.-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 409 N. Fulton Ave (St.) 19-1 (Ward)

2.-FULL NAME George Cooke Addison

(a) RESIDENCE NO. 409 N. Fulton Ave St., — Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of ~~Wife~~ Gertrude Addison

6 DATE OF BIRTH (month, day, and year) Sept. 8 1852

7 AGE: Years 87 | Months — | Days 24 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER George Mitchell Addison

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Rawlinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Margaret V. Alford (Address) 409 N. Fulton Ave

15 Filed OCT 2-1939 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 2 1939

17 I HEREBY CERTIFY, That I attended deceased from June 20 1939 to Oct 2d 1939.

that I last saw him alive on Oct. 1st 1939

and that death occurred, on the date stated above, at about 4 a m p

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis 5 years

~~Senility~~ (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Geo. Thompson, M. D.

10/2 1939 (Address) 700 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery Co. — DATE OF BURIAL: Oct. 4 19

20 UNDERTAKER: John O. Mitchell & Sons — ADDRESS: 1923 Eutaw

Examination by Williams M.D.

TION is very important. See instructions on back of certificate.

61674

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13	Registered No. 61674

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2262 Eadley Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 2262 Eadley Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wilson Haslett
3 (b) If veteran, name war
3 (c) Social Security Account No. 213-09 2192
4 Male
5 Color or race White
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Helen Haslett
6 (c) If alive, give age 59 years
7. Birth date of deceased (mo., day, yr.) March 26-1881
8. AGE: Years 58 Months 6 Days 5 If less than one day hr. min.
9. Birthplace Ohio (Town, county, and state)
10. Usual Occupation Oiler
11. Industry or business Bethelem Steel Co

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs Helen Haslett
(b) Address 2262 Eadley St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 3 39 (month) (day) (year)
(c) Cemetery or crematory Mason Rodgers
Location
18 (a) Funeral director William Cook
(b) Address 1417 St Paul Street
19 (a) Filed OCT 2 - 1939 (Date received by registrar) (b) Registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 1st 1939, at 7.45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/6 1938 to 10/1 1939
and that I last saw him alive on 10/1 1939

Immediate cause of death: Acute Cardiac Failure — Duration: 1 da
Due to: Left Hemiplegia — 2 days.
Due to: Cardio-Vascular Renal Disease
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph H. Lankards M. D.
Address 670 W Ash St Date signed 10/4/39

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91-a V

Registered No. F 61675

F 61675

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1405 N Washington St
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto Md
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1405 N Washington (If rural give location)
(e) If foreign born, how long in U. S. A.? years

87

3 (a) FULL NAME Frank Kreiter (Social Security No 217-01-2954)

MEDICAL CERTIFICATION

3 (b) If veteran, name war No
3 (c) Social Security Account No. 217-01-2954

20. DATE OF DEATH October 1 1937, at M

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	wh	married

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

6 (b) Name of husband ~~of wife~~ Jane Kreiter
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 15 1895

8. AGE: Years	Months	Days	If less than one day: hr.	min.
74	0	16		

Immediate cause of death	Duration
Ruptured endocarditis Aortic valve	
Due to 0	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Method Father
11. Industry or business Rose Pony Construction Co

FATHER
12. Name Joseph F Kreiter
13. Birthplace Balto Md

MOTHER
14. Maiden Name Annie S Schwab
15. Birthplace Balto Md

16 (a) Informant Mary M Urban
(b) Address 930 N Patterson Pk Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 4 1937 (month) (day) (year)
(c) Cemetery or crematory Baltimore Memorial
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St Paul Street

19 OCT 2 - 1937 (Date rec'd by registrar) Huntington Williams Registrar

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W M B Vandegrift M.D.
Medical Examiner
Date signed 10/2/37

VS 6

F 61676

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 61676

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2908 N. Calvert St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
Street No. 2908 N. Calvert St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Kate M. Gardner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, ~~widowed, or divorced~~. Married

6 (b) Name of husband ~~wife~~ William Gardner

6 (c) If alive, give age 86 years

7. Birth date of deceased (mo., day, yr.) Nov 3rd 1853

8. AGE: Years 85 | Months 10 | Days 28 | If less than one day: hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Housewife 0037
11. Industry or business At Home

MOTHER / FATHER

12. Name Mosher
13. Birthplace Balto Md.
14. Maiden Name Charlotte Foreman
15. Birthplace Balto Md

16 (a) Informant Beaton M. Gardner
(b) Address 2908 N. Calvert St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 3rd 1939 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Woodlawn
Location Balto. Co. Md

18 (a) Funeral director William Cook
(b) Address St. Paul St.

19 (a) OCT 2 - 1939 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 1st 1939, at 11 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1, 1939 to Oct 1, 1939. and that I last saw h alive on Oct 1, 1939.

Immediate cause of death	Duration
Myocardial insufficiency	Minutes
Due to Arteriosclerosis	
Due to	
Other Conditions Senility	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas R Fox M.D.

Address 3920 W Pratt St Date signed 10/2/39

VS 3

F 61677

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

172-a

Registered No. F 61677

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address UMH
(c) Hospital or institution: Un Mem H.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 day
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 302 E 21st st City. (If rural give location)
(e) If foreign born, how long in U. S. A.? Md years

3 (a) FULL NAME FANNYE STRITEHOFF

3 (b) If veteran, name war NONE
3 (c) Social Security Account No. None

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. SINGLE

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 28th 1859

8. AGE: Years 79 | Months 10 | Days 4 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Dressmaker
11. Industry or business Self

FATHER
12. Name Wm Stritehoff
13. Birthplace Harford Co Md

MOTHER
14. Maiden Name Mary Louise Foard
15. Birthplace Harford Co Md

16 (a) Informant Isaac M. Weil
(b) Address 302 E. 21st st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/3/39 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Baltimore Md

18 (a) Funeral director William Cook
(b) Address [illegible] St. Paul st

19 (a) OCT 2 - 1939 (Date rec'd by registrar) (b) Huntington Pittman M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-1 1939, at 10:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 19.. to 19.., and that I last saw HER alive on 10-1 1939.

Immediate cause of death Heart failure after

Due to Strangulated left femoral hernia

Due to Generalized arteriosclerosis with hypertension

Other Conditions BP 240/80

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Douglas M. Stone M. D.
Address Mercy Memorial Hosp Date signed 10/2/39

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61678

CERTIFICATE OF DEATH

H6-B F 61678

Registered No. .....

1. PLACE OF DEATH — 6000 Belleau Ave

CITY OF BALTIMORE: (No. Edgewood Sanitorium. St. 8-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Annie M. Seipp.

If U. S. Veteran specify WAR .....

(a) Residence: No. 1626 E. Oliver St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Divorced

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Kohlhepp.

6. DATE OF BIRTH (month, day, year) May 26-65.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore.

FATHER

13. NAME John Seipp

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Schnabel.

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) J. Henry Seipp. 1722 E. Oliver St.

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cemetery Date IO-3-39.

19. UNDERTAKER (Address) Wendell E. Humphreys 1501 N. Broadway.

20. FILED OCT 2 - 1939 [illegible] for Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) IO-I-39

22. I HEREBY CERTIFY, That I attended deceased from 1938 Oct 1 to 1939.

I last saw her alive on Sept 30, 1939. Death is said to have occurred on the date stated above, at 9.15 a. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach — Date of onset June 1939

Other contributory causes of importance:

exhaustion

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation —

What test confirmed diagnosis? clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Edward Novak M. D.

(Address) 101 W. Read St.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

23

Registered No. F 61679

F 61679

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Balto. City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 58 da.

(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 1308 N. Mount St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Albert Hightower (45812)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 8, 1897

8. AGE: Years	Months	Days	If less than one day hr.	min.
42	5	12		

9. Birthplace D.C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

MOTHER / FATHER

12. Name George

13. Birthplace D.C.

14. Maiden Name Lyddie Coats

15. Birthplace D.C.

16 (a) Informant Hospital Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-3-39 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Westport Md

18 (a) Funeral director William A. Jackson

(b) Address 916 Penna Ave

19 (a) OCT 2 — 1939 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 20, 1939, at 11:55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 24, 1939, to Sept. 20, 1939, and that I last saw him alive on Sept. 20, 1939.

Immediate cause of death Tuberculosis of lung — Duration Dec 1938

Due to

Due to

Other Conditions Cirrhosis of Liver (include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [signature] M. D.

Address Balto. City Hospitals Date signed 9-20-39

VS 8

F 61680

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

873 Registered No. F 61680

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Stevenson Hospital
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 621 N. Carolina St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lewis Cole

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-07-4686

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 33 | Months | Days | If less than one day hr. min.

9. Birthplace Prospect Va (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Sparrows Point

MOTHER FATHER

12. Name Harry Cole

13. Birthplace Va.

14. Maiden Name Sarah Bigelow

15. Birthplace Va

16 (a) Informant Elenora Scott

(b) Address 621 N. Carolina St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-3-39 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location A. A. County Md

18 (a) Funeral director Williams & Jackson

(b) Address 916 Eastern Ave

Hunter for Williams M.F.

19 OCT 2 - 1939 Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 28 1939, at 5:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death: Chronic alcoholism — Duration
Left brachial paralysis
Due to Cerebral edema
Necrosis of brain
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. B. Vandegrift M.D. Medical Examiner
Date signed 9-29-39

61681

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59 Registered No. 51681

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1621 Rosedale St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
1607 (d) Street No. 1621 Rosedale St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 yrs years

3 (a) FULL NAME Katie M.Tiedemann,

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Bernard J.Tiedemann,

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1.1863

8. AGE: Years 76 | Months 6 | Days | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs A.Hoffman,
(b) Address 1621 Rosedale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-4-39 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore City

18 (a) Funeral director
(b) Address 2700 Edmondson Ave.

19 (a) (Registered by registrar) (b) Registrar

OCT 5 1939

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH OCT 1 1939 at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 15 1938 to Oct 1 1939
and that I last saw her alive on Oct 1 1939.

Immediate cause of death: Cardiac thrombosis
Due to arterio Sclerosis
Due to
Other Conditions diabetes
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration: 2 days 3 yrs 10 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. F. Haughness M.D.
Address 6 E Randall St. Date signed 9/29/39

61682

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61682

CERTIFICATE OF DEATH

79-a

Registered No.

1. PLACE OF DEATH Church Home & Inf. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Broadway St. 6-3 Ward)

Length of residence in city or town where death occurred 0 yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Richard Perry

(a) Residence: No. Woodbine Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ? 1922

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
17 yrs.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Candy Factory

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Tennessee
(State or country)

FATHER

13. NAME Jesse Perry

14. BIRTHPLACE (city or town) Penn.
(State or country)

MOTHER

15. MAIDEN NAME Nancy Coates

16. BIRTHPLACE (city or town) Penn.
(State or country)

17. INFORMANT Lewis Perry
(Address) Cooksville Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Rayston Cem. Date Oct. 6 19 39

19. UNDERTAKER H. M. Snyder
(Address) Ind. Ave. Md.

20. FILED OCT 3 - 1939 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-2 1939

22. I HEREBY CERTIFY, That I attended deceased from 10-1 1939 to 10-2 1939

I last saw him alive on 10-2 1939 Death is said to have occurred on the date stated above, at 11 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcic Meningitis	9-30-39
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Sp. Tap Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John F. Coolahan M. D.

(Address) Church Home & Infirmary

V8 8

F 61683

F 61683

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3520 Park Heights ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3520 Park Heights ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 43 years

3 (a) FULL NAME Louis Friedman

3 (b) If veteran, name war

3 (c) Social Security Account No. NONE

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband ~~or wife~~ Celia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879.

8. AGE: Years 60 Months Days If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Real Estate

11. Industry or business

MOTHER / FATHER

12. Name Aaron Friedman
13. Birthplace Russia
14. Maiden Name Sarah ?
15. Birthplace Russia

16 (a) Informant Celia Friedman
(b) Address 3520 Park Heights ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 3 1939 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Hamilton ave Belair Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-26 W Fayette ave

19 (a) (Date rec'd by Registrar) OCT 3 1939 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 2 1939. at 11 55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 24 1939. to Sept 30 1939. and that I last saw h~~im~~ alive on Sept 30 1939.

Immediate cause of death Acute Coronary disease — Duration

Due to Chronic arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. H. Stonestreet M. D.
Address 733 Argonath Rd Date signed Oct 4 39

61684 F 61684

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 82-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2117 Kennison St.
(c) Hospital or institution:
Kennison Retreat Sanitorium
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1207 Valley (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Mary J. McMahon

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Bernard McMahon
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1866

8. AGE: Years 73 | Months | Days | If less than one day: hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Connelly
13. Birthplace Ireland

MOTHER
14. Maiden Name don't know
15. Birthplace Ireland

16 (a) Informant Mrs Mary Carroll
(b) Address 2820 Rosalie Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 5 1939 (month), (day), (year)
(c) Cemetery or crematory Cathedral Cem
Location

18 (a) Funeral director Margaret S Flynn
(b) Address 1422 Light Street

19 (a) (Date received by Registrar) (b) Registered by Williamsport

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 2nd 1939, at 3:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1939 to Oct 2nd 1939. And that I last saw her alive on Oct 2nd 1939.

Immediate cause of death: Bronchial Pneumonia following apoplexy — Duration: 3 days
Due to: Hypertension
Due to: arteriosclerosis
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 3045 W North Ave Date signed 10/5/39

61685

HEALTH DEPARTMENT—CITY OF BALTIMORE

61685

V 131

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 17-7 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mon. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mamie Pinder

(a) Residence: No. 1208 Argyle Ave St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Theodore Pinder

6. DATE OF BIRTH (month, day, year) Oct. 10, 74

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) 9-22-39

11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) (State or country) Port Deposit Maryland

FATHER

13. NAME John W. Martin

14. BIRTHPLACE (city or town) (State or country) Port Deposit Md

MOTHER

15. MAIDEN NAME Rebecca Honeyborn

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Miss Annie Martin
(Address) 1208 Argyle Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Nat. Mem Date 10-5 1939

19. UNDERTAKER M. V. Grayson A. Hundley Jr.
(Address) 378 W. Biddle St

20. FILED OCT 3 - 1939 Thos. J. Milligan, Registrar.
By ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from 9-23-, 1939 to 10-1-, 1939

I last saw her alive on 10-1-, 1939. Death is said to have occurred on the date stated above, at 345 a. m.

The principal cause of death and related causes of importance were as follows:

(1) Chronic interstitial nephritis, arteriosclerosis, renal disease — Date of onset July 1939

(2) cerebral hemorrhage, left hemiplegia — 9-23-39

Other contributory causes of importance: none

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) James O. Carr M. D.

(Address) 515 Druid Pk.

61686

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 61686 43729 SD

Registered No. 195-B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1943 706 W. Mulberry Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Whitlow

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Colored	Married

6 (b) Name of husband or wife Roberta

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15, 1865

8. AGE: Years	Months	Days	If less than one day
74	4	16	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)

10. Usual Occupation Stevedore

11. Industry or business

MOTHER / FATHER

12. Name Griffin

13. Birthplace Va.

14. Maiden Name Caroline Henderson

15. Birthplace Va.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-4-39 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Baltimore Md.

18 (a) Funeral director Geo. Warren A. Hendrickson

(b) Address 578 W. Biddle St.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH October 1 1939, at 9 30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 27 1939, to October 1 1939, and that I last saw h im alive on Sept 1 1939.

Immediate cause of death Hypertensive cardiovascular disease — Duration unknown

Due to

Due to

Other Conditions Arteriosclerosis generalized — Duration unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Enlarged heart, cardiac failure

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.

Address Balto City Hosp, Date signed 10-2-39

Stoddard

F 61687

Spec.—1-10-21—M&T—1500 Blks.

F 61687

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

√ 131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1531 N. Naylor St., (Ward) 8-6

2-FULL NAME Isabella Stoddard

(a) RESIDENCE NO. 1531 N. Naylor St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs 10 mos 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	W.	Married

5a If married, widowed, or divorced (or) WIFE of William G. Stoddard

6 DATE OF BIRTH (month, day, and year) Nov. 19, 1891

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min
47	10	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work... Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER William Brewer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Charlotte Fiedenfang

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) William G. Stoddard 1531 N. Wolfe St.

15 Filed Oct 3 1939, 19 Hunting Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 1, 1939

17 I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1939, to Oct 1, 1939

that I last saw h[illegible] alive on Oct 1, 1939

and that death occurred, on the date stated above, at 9.15 P.M.

The CAUSE OF DEATH* was as follows:

Valvular Heart disease

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jacob Fuchs, M. D.

Oct 2 1939 (Address) 1523 N. Naylor St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — DATE OF BURIAL Oct. 4, 19

20 UNDERTAKER Howard A. Bligh Jr. — ADDRESS 1914 Belair Rd

CAUSE OF DEATH: In all cases of violence, disease of uncertain or suspicious origin, or where the deceased has not been attended by a physician, the Coroner must be notified. See instructions on back of certificate.

T 3 - 1939

F 61688

369094

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48

F 61688

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 das
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 425 Robert St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eula Jenkins
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Negro | 6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Frank Jenkins
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-13-90

8. AGE: Years 49 | Months | Days 17 | If less than one day: hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Julius Harrison
13. Birthplace Virginia -

MOTHER
14. Maiden Name Ellen Moore -
15. Birthplace Virginia

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSP.

17 (a) (Burial, cremation, or removal) (b) Date thereof 10-4-39 (month) (day) (year)
(c) Cemetery or crematory Saluda Va
Location Middlesex Co. Va
18 (a) Funeral director Francis A Hemsley
(b) Address 578 N Biddle St.
19 (a) (Date rec'd by registrar) (b) [illegible]

CT 9- 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 30, 1939, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 28 1939 to Sept 30 1939 and that I last saw her alive on Sept. 30 1939.

Immediate cause of death: Septicemia — Duration

Due to Anaerobic streptococcus — 3 days

Due to

Other Conditions Carcinoma, cervix, early - Treated
(Include pregnancy within 3 months of death)

Major findings:
Of operations No op
Of autopsy No.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J. Sturgis Jr. M. D.
Address Johns Hopkins Hosp. Date signed 9-30-39

61689

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 61689 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 721 Wilkshire Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 721 Wilkshire Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alfred Woodhouse Sharpe

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Lena C. Sharpe

6 (c) If alive, give age 0 0 years

7. Birth date of deceased (mo., day, yr.) Dec 2 - 1873

8. AGE: Years 65 Months 9 Days 27 If less than one day hr min

9. Birthplace England (town, county, and state or foreign country)

10. Usual Occupation Optometrist

11. Industry or business

MOTHER / FATHER

12. Name Benjamin F. Sharpe

13. Birthplace England

14. Maiden Name Sarah Knox

15. Birthplace England

16 (a) Informant Mrs Lena C. Sharpe

(b) Address 721 Wilkshire Ave

17 (a) (Burial, cremation, or removal)

(b) Date thereof Oct 4 39 (month) (day) (year)

(c) Cemetery or crematory Parkwood Cem

Location Taylors Lane Catonsville

18 (a) Funeral director John A. Clark

(b) Address 2008 Orleans St

19 (a) 1939 (Date received by registrar)

(b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 1 1939 at 3 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1 1939 to Oct. 1 1939 and that I last saw h[illegible] alive on Oct. 1 1939

Immediate cause of death: Angina Pectoris — Duration: 2 wks.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Vincent D. Doska M.D.

Address 845 N. Eden St Date signed Oct 2 1939

F 61690

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 61690 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1922 E. Lafayette Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 77 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1922 E. Lafayette Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Armstrong

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 19 1862

8. AGE: Years	Months	Days	If less than one day
77	3	12	hr. min.

9. Birthplace City (town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Wm. F. Armstrong
13. Birthplace City

MOTHER
14. Maiden Name Eliza Espey
15. Birthplace City

16 (a) Informant Margaret Schumacher
(b) Address 1922 E. Lafayette Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/3/39 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Balto. Md.

18 (a) Funeral director E. J. Fanning & Son
(b) Address 1938 E. Lafayette Ave.

19 (a) [illegible] (Date of data received) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/1 1939 at 3:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 21 1938 to Oct 1 1939 and that I last saw h[illegible] alive on Sept 30 1939.

Immediate cause of death: Cerebral Arteriosclerosis
Due to Coronary Thrombosis
and Hemiplegia
Due to Cad
Other Conditions Cirrhosis and Cardiac Decolation

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration: 1 Year 50 - 15 Days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert Eisenberg
Address 3025 Eighth Ave Date signed 10/4/39

VS 1

61691 F 61691

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH V 131
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4921 Gunther Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4921 Gunther Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Elizabeth Ackerman
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Gotlieb Ackerman
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec. 4th. 1853
8. AGE: Years 85 Months 9 Days 28 If less than one day: hr. min.
9. Birthplace: Baltimore Co. Maryland (Town, county, and state)
10. Usual Occupation: Housework
11. Industry or business: At Home

FATHER
12. Name: Henry Danz
13. Birthplace: Germany

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Unknown

16 (a) Informant: Mrs. Joseph Berger
(b) Address: 5001 Gunther Ave.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 5th. 39 (month) (day) (year)
(c) Cemetery or crematory: Jerusalem Lutheran
Location: Baltimore Maryland
18 (a) Funeral director: F. Strasahn & Son
(b) Address: 7401 Belair Road
19 (a) (b) Registrar
OCT 5 1939
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 2nd. 1939, at 10.45 A. M.
21. I certify that death occurred on the date above stated, that I attended deceased from Sept 18 1939, to Oct 2 1939, and that I last saw h[er] alive on Oct 1. 1939.

Immediate cause of death: Hypostatic pneumonia. Coldema Faciem.
Due to: Arteriosclerosis
Due to: Degenerative type of myocardium
Other Conditions: Nephritis, arteriosclerosis.
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature: Claud Smith M. D.
Address 4702 Harford Road Date signed 10/2/39

61692

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 61692 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 7 N. Randall St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County City Balto
(c) City or town Balto Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 7 N Randall St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James J. Rossiter
3 (b) If veteran, name war —
3 (c) Social Security Account No. 216-10-1650

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single
6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 17 1879

8. AGE: Years 60 | Months 0 | Days 13 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Grocery Clerk
11. Industry or business

FATHER
12. Name John J. Rossiter
13. Birthplace Ireland.

MOTHER
14. Maiden Name Margaret Murphy.
15. Birthplace Ireland.

16 (a) Informant Edward J. Rossiter
(b) Address 7 N. Randall St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 3 '39 (month) (day) (year)
(c) Cemetery or crematory St Mary's Cem
Location Govanstown

18 (a) Funeral director Bernard C Hartke
(b) Address 121 E Mad St

19 (a) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 30 1939, at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 15 1939, to Sept 30 1939
and that I last saw h alive on Sept 30 1939

Immediate cause of death Myocardial Insufficiency — Duration

Due to myocarditis

Due to

Other Conditions arterio-sclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury

23. Signature John A. Schmeid M. D.
Address 1327 N. Charles St Date signed 10/7/39

VS 3

F 61693

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

150 Registered No.

F 61693

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1801 W. Baltimore St.

(c) Hospital or institution:

1949

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1801 W. Baltimore St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Lucy Buser

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Bernard J. Buser

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 31, 1860

8. AGE: Years	Months	Days	If less than one day
78	11	0	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation None

11. Industry or business

MOTHER / FATHER

12. Name Sebastian A. Muth

13. Birthplace Germany

14. Maiden Name Margaret M. Einhorn

15. Birthplace Baltimore

16 (a) Informant Mr. Joseph Buser

(b) Address 1801 W. Baltimore St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 4, 1939 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Baltimore

18 (a) Funeral director Rita Wiedefeld

(b) Address 914 Greenmount Ave

19 (a) (Date received by registrar) (b) Registrar

OCT 3 - 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 1 1939, at 2:30 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from Sept 13 1939, to Oct 1 1939, and that I last saw her alive on Sept 30 1939.

Immediate cause of death

Pulmonary Edema

Due to Carcinoma of Right Breast

Due to

Other Conditions Carcinoma of Liver

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

2 days

7 1/2 Mos

2 weeks

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature James N Kazenberg M.D.

Address 721 Mechanics Bldg Date signed 10/3/39

F 61694

1694

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

62-B

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2105 Wallbrook Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2105 Wallbrook Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Comfort Bennett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Nettie Julia Bennett

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 16 - 1871

8. AGE: Years	Months	Days	If less than one day hr.	min.
68	7	15		

9. Birthplace Graceham - Maryland (Town, county, and state)

10. Usual Occupation Cabinet Maker

11. Industry or business

MOTHER / FATHER

12. Name Henry Washington Bennett

13. Birthplace Maryland

14. Maiden Name Caroline Rhodes

15. Birthplace Maryland

16 (a) Informant Nettie Julia Bennett

(b) Address 2105 Wallbrook Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Oct 4-1939 (month) (day) (year)

(c) Cemetery or crematory W. B. Cemetery Location Shurmount Maryland

18 (a) Funeral director Charles G. Black

(b) Address 742 West North Ave. (Huntington Hollow, M.D.)

19 (a) (Date rec'd by registrar) Oct 2 1939 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-1- 1939, at 11:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-20-1939 to 10-1-1939.

and that I last saw him alive on 10-1-1939.

Immediate cause of death Hypostatic Pneumonia — Duration 2 days

Due to General cerebral cortex sclerosis

Due to Cerebral embolism 4/29/39

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature George Abner Bowden.

Address 1517 E. North Ave Date signed 10/3/39

HEALTH DEPARTMENT—CITY OF BALTIMORE

61695 F 61695

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH West Balto Gen'l Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 27-19 St., Ward)

Length of residence in city or town where death occurred 66 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Edward L. Esslinger

(a) Residence: No. 5712 Park Heights Ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sarah Mae Esslinger

6. DATE OF BIRTH (month, day, year) Nov 20-1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baltimore Trad 1

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Druggist 5

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Edward Esslinger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Schiller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Vera Messersmith

(Address) 5712 Park Heights Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Oct 5 1939

19. UNDERTAKER Charles H. Black

(Address) 742 W. North Ave.

20. FILED , 19 Registrar.

Oct 2 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 1 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 30 1939 to October 1 1939

I last saw him alive on October 1 1939 Death is said to have occurred on the date stated above, at 9:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	Yrs.
Generalized atherosclerosis	"
Coronary atherosclerosis	"
Cerebral atherosclerosis	"
Arteriosclerotic Kidneys	"

Other contributory causes of importance:

Uremia

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Wm Gear M. D.

(Address) 1 W Mt Vernon Pl

Form 8

1696

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 61696

Registered No. 210-M

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University Hosp
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State
(b) County Carroll Co.
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. Hampstead Md. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jacob Troyer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race Wh

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years 72 | Months | Days | If less than one day: hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Jacob Troyer

13. Birthplace Md.

MOTHER 14. Maiden Name Maria Harris

15. Birthplace Md

16 (a) Interment Mrs. John Brooks

(b) Address Hampstead

17 (a) Burial (Burial, cremation, or removal)

(b) Date thereof Oct 4 1939 (month) (day) (year)

(c) Cemetery or crematory Hurley M E.

Location Carroll Co.

18 (a) Funeral director Edw. C. Tipton

(b) Address Hampstead Md

19 Date received OCT 3 1939

Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH October 1, 1939, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)

obtained by said autopsy (Autopsy or Inquiry) find that said deceased came

to his death on the day stated above.

Immediate cause of death — Duration

Subdural hematoma — 4 hours

Due to Fracture ribs, right; lacerated liver

Due to Fracture of pelvis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Accident

(b) Date of occurrence 10/1/39

(c) Where did injury occur? Irvin Mill Carroll Co. Md. (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Street (Specify type of place) While at work? No

(e) Means of injury Struck by motor car

23. Signature [illegible] M.D. Medical Examiner

Date signed 10/1/39

Residence Baltimore City Road

F 61697

4761 - RB F 61697

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2315 Green St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years years

3 (a) FULL NAME
Maker- Marcus Stepanuk
3 (b) If veteran, name war
3 (c) Social Security Account No. 705-09-2843

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1874 ?
8. AGE: Years 65 | Months ? | Days ? | If less than one day hr. min.
9. Birthplace Russia (Town, county, and state)
10. Usual Occupation B. & O. R. R.
11. Industry or business 30 years

FATHER
12. Name George Stepanuk (dead)
13. Birthplace Russia

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Records
(b) Address B.C.H.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 4. 1939 (month) (day) (year)
(c) Cemetery or crematory Holy Trinity Russian
Location Anne Arundel County
18 (a) Funeral director John A. Grebliunas, Jr.
(b) Address 426 S. Paca Street

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 1 1939, at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 28 1939, to Oct. 1 1939, and that I last saw h[illegible] alive on Oct 1 1939.

Immediate cause of death: Lobar Pneumonia — Duration: 1 week

Due to

Due to

Other Conditions Auricular fibrillation, Heart disease, arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 10-1-39

F 61698

F 61698

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3509 Belvedere Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3509 Belvedere Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Janie M. Shaffer.
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Wm. D. Shaffer.
6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Nov 14, 1873

8. AGE: Years	Months	Days	If less than one day hr.	min.
65	10	15		

9. Birthplace maryland (City, county, and state)
10. Usual Occupation Housewife
11. Industry or business

MOTHER / FATHER

12. Name Wm. A. Davidson.
13. Birthplace maryland.
14. Maiden Name Susannah S. Hoffman
15. Birthplace maryland.

16 (a) Informant William D. Shaffer.
(b) Address 3509 Belvedere Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 5, 1939 (month) (day) (year)
(c) Cemetery or crematory Wesley Chapel
Location Carroll Co. Md.

18 (a) Funeral director Thos. Wootton
(b) Address 3615-17 Edmondson Ave

19 (a) 1939 (Date received by registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 2, 1939. at 69 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 30 1939. to Oct 2 1939. and that I last saw her alive on Sept 30 1939.

Duration

Immediate cause of death Cerebral Haemorrhage
Due to Hyper-tension
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature G. L. Ewald M. D.
Address Calvert Court Apts Date signed 10-3-39

F 61699

F 61699

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97 Registered No.

1. PLACE OF DEATH: Hebrew Aged Home
(a) Baltimore City, Maryland
(b) Street address Greenspring & Belvedere Ave
(c) Hospital or institution: Levindale
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 7610 Levindale (If rural give location)
(e) If foreign born, how long in U. S. A.? 18 years

3 (a) FULL NAME Mollie Gittlin or Ettlin

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex F
5. Color or race W
6 (a) Single, married, widowed, or divorced. widowed
6 (b) Name of husband or wife Harry.
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1852

8. AGE: Years 87 | Months | Days | If less than one day: hr. | min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Abraham M. Gittlin
13. Birthplace Russia

MOTHER
14. Maiden Name Wittram
15. Birthplace Russia

16 (a) Informant Louis Gittlin
(b) Address 1634 N. Monroe

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-3-39 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location B. E. B. Lot

18 (a) Funeral director Jack Levin Inc
(b) Address 1339 E. Balto St

19 (a) [illegible] (b) [illegible] Registrar
(Date received by registrar) 1939

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH October 2 1939, at 9.20 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-25 1933, to 10-2 1939.
and that I last saw h[illegible] alive on 10-2- 1939.

Immediate cause of death Hypertension
Arteriosclerosis

Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hedwig d Levin M.D.
Address Levindale Date signed 10/7/39

61700

HEALTH DEPARTMENT—CITY OF BALTIMORE

61700

CERTIFICATE OF DEATH

50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 509 McCabe Ave St. 27-10 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna F. Martin

If U. S. Veteran specify WAR .....

(a) Residence: No. 509 McCabe Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W.	M.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of George Martin

6. DATE OF BIRTH (month, day, year) 12-12-1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53.	9	20.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. City
(State or country)

FATHER

13. NAME John J. Dietz

14. BIRTHPLACE (city or town) Balto Md
(State or country)

MOTHER

15. MAIDEN NAME Mary A. Mars

16. BIRTHPLACE (city or town) Balto Md
(State or country)

17. INFORMANT Mamie Cain
(Address) 509 McCabe Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem Date 10/4 1939

19. UNDERTAKER Leonard J. Pugh
(Address) 5325 Harford Rd.

10 Aug 1939 Huntington Williams M.D.
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2 . 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 3 . 1938. to Oct 2 . 1939

I last saw her alive on Oct 2 . 1939. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast	1938
Metastasis of Viscera & Lungs	1939
Other contributory causes of importance:	
Toxemia	1939

Was an operation performed? Yes. Date of Aug 1938

For what disease or injury? Carcinoma of breast

Name of operation Removal of breast

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) F. H. Bishop M. D.

(Address) 501 Shenandoah Ave

F 61701 HEALTH DEPARTMENT—CITY OF BALTIMORE F 61701

CERTIFICATE OF DEATH

82-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2435 E. Monument St., 7-W Ward)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR ....

2. FULL NAME Bernhard Pengrazius Rudel

(a) Residence: No. 2435 E. Monument St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	M.

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary Rudel

6. DATE OF BIRTH (month, day, year) Jan. 31, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75 yrs.	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~silk mill~~

10. Date deceased last worked at this occupation (month and year) Sept. 17, 1939

11. Total time (years) spent in this occupation 25 yr

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Frank Rudel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Nancy F. Boam 2444 E. Monument St.

18. BURIAL, CREMATION OR REMOVAL Place Holy Redeemer Date 10/5 39

19. UNDERTAKER (Address) Leonard J. Ruck 5305 Harford Rd.

20. FILED (Date) Thursday for Williams, Registrar.

T3-1939

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Oct. 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 24, 1939 to Oct. 2, 1939

I last saw him alive on Oct. 2, 1939 Death is said to have occurred on the date stated above, at 6:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	March, 1939
Terminal Broncho-pneumonia	2 days

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Israel Rosen M. D.

(Address) 2413 E. Monument St.

F 61702

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 173

Registered No. F 61702

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Preston Albemarle Sts
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 920 Fawn St. (If rural give location)
(e) If foreign born, how long in U. S. A.? FAWN ST years

3 (a) FULL NAME Alfonso Schiavetta

3 (b) If veteran, name war no. | 3 (c) Social Security Account No. none

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife Single

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 27 1912

8. AGE: Years 27 | Months 2 | Days 4 | If less than one day hr. min

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Farmer Balto City

11. Industry or business

FATHER
12. Name Nicholas Schiavetta
13. Birthplace Italy

MOTHER
14. Maiden Name Rose Moffa
15. Birthplace Italy

16 (a) Informant Maria Ingrisa
(b) Address 920 Fawn St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 10/4/39 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Kendall & Heppel
(b) Address 1425 Gorsuch St

19 OCT 3 - 1939 (Date received by registrar) Leon Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 30 1939, at 5:15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Bullet wound Heart — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 9/30/39
(c) Where did injury occur? Preston Albemarle Sts (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Street (Specify type of place) While at work? no
(e) Means of injury Bullet wound Pistol

23. Signature Leon Williams M.D. Medical Examiner

Date signed 10/1/39

F 61703

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B F 61703

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1508-N. Eden Street

(c) Hospital or institution: --

(d) Length of stay in hospital or inst. (yrs., mos., or days) ---

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)

(d) Street No. 1508-N. Eden Street (If rural give location)

(e) If foreign born, how long in U. S. A.? -- years

3 (a) FULL NAME Elizabeth Ann Brown

3 (b) If veteran, name war ----

3 (c) Social Security Account No. -----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Robert Brown

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) 10/13/1864

8. AGE: Years	Months	Days	If less than one day
74	11	19	XZXZXZXZ min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business --

FATHER

12. Name John Curran

13. Birthplace Baltimore, Md.

MOTHER

14. Maiden Name Mary (?)

15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Emma Fischer

(b) Address 1508-N. Eden Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/5/39 (month) (day) (year)

(c) Cemetery or crematory Baltimore Cemetery

Location North Av & Rose Street

18 (a) Funeral director George J. Puth, Inc.

(b) Address 1735-Harford Ave.

19 (a) OCT 3 - 1939 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/5 1939, at 10 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 3 1939, to 10/5 1939, and that I last saw her alive on 9/28 1939.

Immediate cause of death Coronary Thrombosis — Duration Sudden

Due to Hypertension Cardio-Vascular Disease

Due to --

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings: —

Of operations

Of autopsy —

5 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Joseph S. Blum M. D.

Address 620 E. Preston St. Date signed 10/5/39

VS 8

61704
368528

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

45-B F 61704
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Montgomery
(c) City or town Brookville
(If outside city or town limits, write RURAL and give town)
(d) ~~Street~~ No. R. F. D. 1
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Mc Abee

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race Black

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-24-69

8. AGE: Years 70 Months 1 Days 8 If less than one day hr min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Nicholas Mc Abee
13. Birthplace Md

MOTHER
14. Maiden Name Lennah Simpson
15. Birthplace Md

Records

16 (a) Informant
(b) Address

17 (a) Burial
(Burial, cremation, or removal)
(b) Date thereof 5-/939
(month) (day) (year)
(c) Cemetery or crematory Brookside
Location

18 (a) Funeral director
(b) Address

19 (a) 1939
(Date received by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 2 1939, at 6.55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 17 1939, to Oct 2 1939, and that I last saw her alive on Oct 2 1939.

Immediate cause of death: Coronary occlusion — Duration 11 hrs.

Due to Arteriosclerotic heart disease

Due to

Other Conditions Broncho-pneumonia
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James J. Moore

Address Johns Hopkins Hosp. Date signed 10-3-39

VS 8

F 61705

F 61705

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 94 B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Cor 33rd St & Calvert.
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10hr45
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2807 St Paul St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Eugene Rowe
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 21, 1883

8. AGE: Years	Months	Days	If less than one day hr.	min.
56	7	18		

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Federal Judge.
11. Industry or business

FATHER
12. Name Charles Rowe
13. Birthplace Md.

MOTHER
14. Maiden Name Cora Hoke
15. Birthplace Md.

16 (a) Informant Wife
(b) Address

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 10/4/39 (month) (day) (year)
(c) Cemetery or crematory Mountain View
Location Smithsburg, Md.

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

19 (a) OCT 3 - 1939 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 2 1939, at 2 7/10 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1939, to Oct 2 1939, and that I last saw him alive on Oct 2 1939.

Immediate cause of death	Duration
Acute Pulmonary edema	5 minutes
Due to Coronary Thrombosis.	7 dys.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. D. Sunday M. D.
Address Union Memorial Hospital Date signed 10/4/39

61706

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 183 — 61706

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address found north point off Quarantine Beach
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1726 N. Broadway (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Charles Joseph Michel

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
World War	—	Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 3, 1897

8. AGE: Years	Months	Days	If less than one day
42	2	27	hr min

9. Birthplace San Antonio, Florida (Town, county, and state)
10. Usual Occupation Steamship Captain
11. Industry or business Roosevelt S.S. Co.

FATHER
12. Name John B. Michel
13. Birthplace Germany

MOTHER
14. Maiden Name Mary A. Hollamyer
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Mary Dougherty (sister)
(b) Address 1726 N. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/4/39 (month) (day) (year)
(c) Cemetery or crematory Holy Rood
Location Loch Raven Rd

18 (a) Funeral director George J. Ruth Inc
(b) Address 1240 Harford Ave

19 (a) OCT 3 1939 (Registered by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

Date body was found A
20. DATE OF DEATH 9/30 1939, at 10:20 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Drowning	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Unknown
(b) Date of occurrence "
(c) Where did injury occur? Anne Arundel County (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Unknown (Specify type of place) While at work? Unknown
(e) Means of injury unk

23. Signature Wm B. Goodbody M.D.
Medical Examiner
Date signed 10-3-39 Howard J. Madden

VS 6

47792-FS

F 61707

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

137

Registered No. F 61707

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 37 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. Homeless (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Dorsey

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	colored	married-seperated

6 (b) Name of husband or wife Elizabeth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-4-1877

8. AGE: Years	Months	Days	If less than one day
61	10	28	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation laborer
11. Industry or business

FATHER
12. Name James
13. Birthplace Md.

MOTHER
14. Maiden Name Eliza ?
15. Birthplace Md.

16 (a) Informant City Hospital Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof Oct 3 1939 (month) (day) (year)
(c) Cemetery or crematory Arlington Memorial Park.
Location Balls, Archibald L. Gaddis
18 (a) Funeral director
(b) Address 2191 McCulloh St.
19 (a) 10-3-1939 (Date rec'd by registrar) (b) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-2 1939, at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-26 1939, to 10-2 1939, and that I last saw h[illegible] alive on 10-2 1939.

Immediate cause of death Uremia — Duration several days

Due to Benign prostatic hypertrophy with acute retention and extravasation of urine — Duration ?

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations urinary extravasation
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. K. Woodward M. D.
Address Balto city Hosp. Date signed 10-2-39

VS 3

61708

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

175

Registered No. F 61708

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Green
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Balto (b) County Md
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1034 W. Fayette (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edgar Taylor

3 (b) If veteran, name war

3 (c) Social Security Account No. NONE

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1894

8. AGE: Years 45 | Months | Days | If less than one day: hr. min.

9. Birthplace Wilmington N. C. (Town, county, and state)

10. Usual Occupation Filling Station & Garage

11. Industry or business

FATHER
12. Name John Taylor
13. Birthplace Wilmington N.C

MOTHER
14. Maiden Name Dud Kelsey
15. Birthplace Wilmington N.C

16 (a) Informant Mrs Anna Taylor
(b) Address 5100 Eastwood

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 4, 1939 (month) (day) (year)
(c) Cemetery or crematory Wilmington N.C
Location Wilmington N. C.

18 (a) Funeral director A. Howard Evans
(b) Address 1400 E. Baltimore St.

OCT 3 1939 (Date received by registrar)

(b) Signature of Registrar Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-3- 1939, at 7.15 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fractured Skull — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy do above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence Sept. 23-39
(c) Where did injury occur? City (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Street (Specify type of place) While at work?
(e) Means of injury Struck with a bottle

23. Signature Howard A. Mahon M.D.
Medical Examiner

Date signed 10-3-39

VS 4

F 64709

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-a F 64709 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution:
Union Memorial
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 65 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 434 E. Preston St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Miss Minnie Elizabeth Hunter

3 (b) If veteran, name war: No

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Sngl

6 (b) Name of husband or wife: O

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6, 1874

8. AGE: Years 65 | Months 2 | Days 27 | If less than one day: hr. min.

9. Birthplace Balto, Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Alexander O. Hunter

13. Birthplace Ireland.

MOTHER 14. Maiden Name Mary McCollum

15. Birthplace Ireland

16 (a) Informant Miss Edith Paterson

(b) Address 634 E. Preston St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/6/39 (month) (day) (year)

(c) Cemetery or crematory Balto Location Balto Md

18 (a) Funeral director Williams Cook

(b) Address 1217 St. Paul St.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 1939, at 10 07 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 10-1-1939. to 10-3-1939. and that I last saw her alive on 10-3-1939.

Duration

Immediate cause of death: cardiac failure

Due to Incarcerated hernia

and

Due to Lobar pneumonia

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Incarcerated hernia

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank W. Sutherland M. D.

Address Univ. Hos. Date signed 10-3-39

Sellors

61710 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 61710

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-1 Ward)

Length of residence in city or town where death occurred 49 yrs. 10 mos. 8 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Dorothy Sellers

If U. S. Veteran specify WAR .....

(a) Residence: No. 724 Edmondson Ave. St., ... Ward. Catonsville, Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dr. Charles Sellers

6. DATE OF BIRTH (month, day, year) Nov. 21, 1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) May 1937

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Christian Bell

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Emma Chilcote

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Mildred Evans (Daughter)

(Address) 724 Edmondson Ave, Catonsville

18. BURIAL, CREMATION, OR REMOVAL Parkwood Date 10/5 1937

19. UNDERTAKER William Fox

(Address) 1217 E. Pratt St

20. FILED Oct 5 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1937, to Oct 2, 1937

I last saw her alive on Oct 2, 1937 Death is said to have occurred on the date stated above, at 3:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sup Curative Otitis Media,	8 wks
Sup Curative Abscess	
Cbl Bro Spinal Meningitis	24 hr.
Sup Uraemia	24 hr
Other contributory causes of importance: Diabetes Mellitus	4 yrs.

Was an operation performed? Yes Date of .....

For what disease or injury? .....

Name of operation Spinal Puncture

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify: .....

(Signed) F. J. Vollmer, M. D.

(Address) Mercy Hosp

36 F 61711

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X F 61711

95-B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto. Co.
(c) City or town Brooklandville (If outside city or town limits, write RURAL and give town)
(d) Street No. 7.5 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Columbus O'Donnell Lee Jr
3 (b) If veteran, name war
3 (c) Social Security Account No. NONE

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mabel F. Lee
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 5/18/82
8. AGE: Years 57 Months 4 Days 15 If less than one day hr. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Insurance
11. Industry or business

FATHER
12. Name C. O'Donnell Lee
13. Birthplace Md.

MOTHER
14. Maiden Name Hanna Tyson
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOS.

17 (a) Burial (Burial, cremation, or removal)
(b) Date thereof Oct 5 1939 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md
18 (a) Funeral director J. Wyndham Lord & Co.
(b) Address Cathedral & Mulberry Sts
(b) Huntington Williams M.D.
19 Date received by Registrar OCT 4 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 3 1939, at 7.35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 24 1939 to Oct. 3 1939. and that I last saw him alive on Oct 3 1939.

Immediate cause of death: Coronary Thrombosis, multiple — Duration: 7 yrs.
Due to Arteriosclerosis and hypertensive Cardio. — 4 days.
Due to Vascular disease
Other Conditions Uremia
(Include pregnancy within 3 months of death)
Major findings: Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ward W Rigg M. D.
Address Johns Hopkins Hospital signed 10/3/39

VS 3

F 61712

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

146-B Registered No. F 61712

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4808 Alhambra Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 4808 Alhambra Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John M. Ford

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widowed

6 (b) Name of husband or wife Ida Ford

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 8/1850

8. AGE: Years	Months	Days	If less than one day: hr.	min.
89	3	24		

9. Birthplace Baltimore Md (Town, county and state or foreign country)

10. Usual Occupation Police (Retired)

11. Industry or business Baltimore City

FATHER

12. Name —

13. Birthplace Baltimore Md

MOTHER

14. Maiden Name Unknown

15. Birthplace "

16 (a) Informant Mrs Mildred Lusby

(b) Address 4808 Alhambra Ave

17 (a) Burial (Burial, cremation, or removal)

(b) Date thereof Oct 4/39 (month) (day) (year)

(c) Cemetery or crematory Mt. Lebanon

Location Baltimore

18 (a) Funeral director Philip Henry Lee

(b) Address 2116 Eutaw Pl

19 (a) OCT 2 - 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 1 1939 at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1938 to Oct 1 1939.

and that I last saw him alive on 9/30/39 19

Immediate cause of death Cardiac Failure — Duration 1 yr

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Alex. L. Gage M. D.

Address 709 Broadway Date signed 10/2/39

VS 3

61713

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 B

Registered No. F 61713

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Kenneth Avenue and York Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 Yrs
(e) Length of stay in Baltimore (yrs., ~~mos. or days~~) 17

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2418 N. Calvert St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas F. Wilson

3 (b) If veteran, name war

3 (c) Social Security Account No. 24-12-0971

4. Sex M

5. Color or race W

6 (a) ~~Single~~, married, ~~widowed, or divorced~~ Married

6 (b) Name of ~~husband or~~ wife Helen M. Wilson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 12. 1881

8. AGE: Years 58 Months 2 Days 19 If less than one day hr min

9. Birthplace Fall River - Mass (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business

FATHER
12. Name Daniel Wilson
13. Birthplace Mass

MOTHER
14. Maiden Name Unknown
15. Birthplace Mass

16 (a) Informant Helen M. Wilson
(b) Address 619 Augusta Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 10/4/39 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Cathedral
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 129 St Paul st

19 (a) (Signature of person who filed by registrant) Hunter-Long-Williams M.D.

(Date received) 10/3/39

MEDICAL CERTIFICATION

3:30 P

20. DATE OF DEATH October 4 1939, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following: Yes
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. B. Vandervoort M.D.
Medical Examiner

Date signed 10/2/39

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61714

CERTIFICATE OF DEATH

F 61714

1. PLACE OF DEATH 1846 Eagle St

CITY OF BALTIMORE: (No. ..... St. 19-A Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME William F. Taylor

If U. S. Veteran specify WAR .....

(a) Residence: No. 1846 Eagle St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Emma Taylor

6. DATE OF BIRTH (month, day, year) Jan 9 96

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania Co Va

FATHER

13. NAME [illegible]

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Florena Taylor

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Emma Taylor
(Address) 1846 Eagle St

18. BURIAL, CREMATION, OR REMOVAL
Place National Cemetery Date Oct 4, 1939

19. UNDERTAKER Mrs Kate R Williams
(Address) 322 N Schroeder St

20. FILED Oct 4 1939 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1939, to Oct 1, 1939

I last saw him alive on Sept 31, 1939. Death is said to have occurred on the date stated above, at 2.55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9-30-39
Hypertension	

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, [illegible]

(Signed) [illegible] Woolridge M. D.

(Address) 703 W Lafayette ave.

F 61715

F 61715

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 36-B

36

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5728 Clover Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

2719

3 (a) FULL NAME Louis Salamitch
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Anna Salamitch
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-14-90

8. AGE: Years 49 | Months 3 | Days 19 | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER 12. Name Isaac Salamitch
13. Birthplace Russia

MOTHER 14. Maiden Name Minnie Jacobson
15. Birthplace Russia

Records

16 (a) Informant JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 10-4-39 (month) (day) (year)
(c) Cemetery or crematory Bnai Israel Cemetery
Location Southern ave
18 (a) Funeral director Sol Levenson & Bro
(b) Address 1124-26 W Nath ave

OCT 1 - 1939 (Date received by local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 3 1939, at 12 50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 2 1939 to Oct 3 1939. and that I last saw h in alive on Oct 3 1939.

Immediate cause of death Bronchial asthma — Duration 5 yrs?
Due to
Due to
Other Conditions morphine addiction

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney Swayer, Jr. M. D.
Address Baltimore, Md. Date signed 10/3/39

VS 8

F 61716

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-13

Registered No. F 61716

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 509 Charing Cross Road

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 509 Charing Cross Road (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frederick Colin McCaghey

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-05-7370

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mildred

6 (c) If alive, give age: 46 years

7. Birth date of deceased (mo., day, yr.) July 22, 1886

8. AGE: Years 53 | Months 7 | Days 11 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Civil Engineer

11. Industry or business Railroad

12. Name Joseph A. McCaghey

13. Birthplace Baltimore, Md.

14. Maiden Name Celevia E. Reese

15. Birthplace Baltimore, Md.

16 (a) Informant Joseph A. McCaghey

(b) Address 509 Charing Cross Road

17 (a) London Park (Burial, cremation, removal) (b) Date thereof Oct 6, 1939 (month) (day) (year)

(c) Cemetery or crematory London Park.

Location Balto Md

18 (a) Funeral director Fortunato Bros

(b) Address 222 N. Eutaw St.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 3 1939, at 12:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19 and that I last saw him alive on June 24 1939.

Immediate cause of death: Coronary accident

Duration

Due to Coronary occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature William J. Tripleer M.D.

Address 1326 W. Lombard St. Date signed 10/3/39

Harold J. Battista Wm. J. Tripleer

THE MORGUE
61717

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1124-a

Registered No. F 61717

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address [illegible] Lot ft Scott &
(c) Hospital or institution: Bet West Blvd & Fayette
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 yr
(e) Length of stay in Baltimore (yrs., mos., or days) 48 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1105 W. Hamburg St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Raymond Fink

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 29, 1891

8. AGE: Years 48 | Months 1 | Days 4 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Jacob Fink
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Sarah ~~Fink~~ Raiter
15. Birthplace Baltimore, Md.

16 (a) Informant Sarah Fink
(b) Address 1105 W. Hamburg St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 6, 1939 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location

18 (a) Funeral director Anton, Inc.
(b) Address 1213 W. Baltimore St.

19 (a) OCT 4 - 1939 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-3-1939, at 8.20 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Acute Alcoholism — Duration

Due to: Acute Dilatation of Heart

Due to: Fatty Liver, Infiltration

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas J. Waldron Medical Examiner M.D.

Date signed 10-3-39

VS 4

48788 - RB

F 61718

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B Registered No. 61718

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 31 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 522 Scott St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Caulk

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife: Margaret Burns

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 5, 1868

8. AGE: Years 71 | Months 8 | Days 26 | If less than one day: hr. min.

9. Birthplace Annapolis, Md. (Town, county, and state)

10. Usual Occupation Painter

11. Industry or business

MOTHER / FATHER

12. Name John Henry Caulk

13. Birthplace Md.

14. Maiden Name Henrietta Wiggens

15. Birthplace Annapolis, Md.

16 (a) Informant B.C.H. - Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 5, 1939 (month) (day) (year)

(c) Cemetery or crematory St. Anns, Annapolis

Location

18 (a) Funeral director Anchor, Inc.

(b) Address 1011 W. Cross St.

19 (a) OCT 1 - 1939 (Date rec'd by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH October 1 1939, at 11 55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 29 1939 to Oct 1 1939, and that I last saw h in alive on Oct 1 1939.

Immediate cause of death: Arterio sclerotic Heart Disease — Duration: unknown

Due to

Due to

Other Conditions: Generalized arteriosclerosis — unknown.

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.

Address Balto City Hosp. Date signed 10-2-39

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61719 — CERTIFICATE OF DEATH — F 61719

X ✓ 107-a

1. PLACE OF DEATH West Balto Gen'l Hosp. — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 16-6 ..... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Carolyn Padgett — If U. S. Veteran specify WAR .....

(a) Residence: No. 802 Reisterstown Rd., Ward. Balto Co. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) August 28, 1938

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Franklin M. Padgett

14. BIRTHPLACE (city or town) (State or country) Manila, P. I.

MOTHER

15. MAIDEN NAME Catherine Messersmith

16. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

17. INFORMANT Mr. Franklin M. Padgett
(Address) 802 Reisterstown Road

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Oct 5, 1938

19. UNDERTAKER Wm. J. Tickner & Sons,
(Address) North & Pennsylvania Avenues

20. FILED OCT 4 — 1938 — [illegible] for Williams — Registrar.

MEDICAL CERTIFICATE OF DEATH

X

21. DATE OF DEATH (month, day, year) Oct 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1938, to Oct 3, 1938

I last saw her alive on Oct 3, 1938. Death is said to have occurred on the date stated above, at 8:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Oct 1st
Other contributory causes of importance: Pulmonary Edema.	Oct 2nd
Dehydration + Acidosis ✓	Oct 2nd

Was an operation performed? ✓ Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ✓ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ✓
If so, specify .....

(Signed) Ind Shear M. D.

(Address) W. 33rd St.

Howard J. Madden
Medical Examiner

F 61720

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94-B

Registered No. F 61720

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 514 N. Patterson Pk. Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 66 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 514 N. Patterson Pk. Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Herman Pfeiffer
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: Mary Pfeiffer
6 (c) If wife, give age years
7. Birth date of deceased (mo., day, yr.) April 8-1864
8. AGE: Years 75 Months 65 Days 26 If less than one day hr. min.
9. Birthplace Richmond Va. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Pfeiffer
13. Birthplace Not Known

MOTHER
14. Maiden Name Not Known
15. Birthplace Not Known

16 (a) Informant Ruth Seabrease
(b) Address 533 N. Patterson Pk. Ave.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 6-39 (month) (day) (year)
(c) Cemetery or crematory St. Matthews Cem
Location Old Annex St.
18 (a) Funeral director John A. Miller
(b) Address 2364 Jefferson St.
19 (a) (Date received by registrar) (b) Registrar's signature

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 3 1939, at 12:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1933 to Oct 1939 and that I last saw h IM alive on Oct 2 1939.

Immediate cause of death	Duration
Coronary Occlusion	1 hr.
Due to A-sclerosis of coronary arteries	4 yrs
Due to	
Other Conditions — (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature [redacted] A. J. Gundersheimer, M. D.
Address Sinai Hospital Date signed Oct 7 1939

To Asst Dir Bradford MD-Med Exam

61721

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a

Registered No. F 61721

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2320 Mosher St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 47 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2320 Mosher St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Susan L. Abbey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife Wm. R. Abbey

6 (c) If alive, give age (years)

7. Birth date of deceased (mo., day, yr.) Aug. 6, 1884

8. AGE: Years	Months	Days	If less than one day
55	1	28	hr. min.

9. Birthplace Ind. (Town, county, and state)

10. Usual Occupation H W.

11. Industry or business

FATHER

12. Name Hoffman

13. Birthplace Ind.

MOTHER

14. Maiden Name Unknown

15. Birthplace Ind.

16 (a) Informant Mrs. Wm. R. Abbey

(b) Address 2320 Mosher St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/7/39 (month) (day) (year)

(c) Cemetery or crematory Loudon Pk

Location 3801 Frederick Rd

18 (a) Funeral director Harry H. Mutzfeld

(b) Address 4101 Edmondson Ave

19 OCT 4 1939 Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 4 1939, at 3.50 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from — 1930, to Oct 4 1939, and that I last saw h alive on Sept 29 1939.

Immediate cause of death	Duration
Arterio sclerosis + hypertension.	10 yrs.
Due to	
Due to	
Other Conditions Cerebral apoplexy	Sudden

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence — —

(c) Where did injury occur? — — — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — — While at work? (Specify type of place)

(e) Means of injury —

23. Signature W Beaumont Hood M. D.

Address 2800 Garrison Blvd Date signed 10-4-39

61722

HEALTH DEPARTMENT—CITY OF BALTIMORE

61722

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2107 Wilhelm St. 20-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mon. da.

If U. S. Veteran specify WAR

2. FULL NAME Max H. Dommel

(a) Residence: No. 2107 Wilhelm St., S. S. No. 214-03-7157

(Usual place of abode) Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND (or) WIFE of Marie Dommel

6. DATE OF BIRTH (month, day, year) Feb. 16, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	7	13 15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Silver Plater 6086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sexton Stove Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Otto Dommel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Marie Dommel

(Address) 2107 Wilhelm St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Oct. 6 1939

19. UNDERTAKER Geo. L. Schuat

(Address) 2101 Frederick Ave.

Huntington Pallegrini Md.

20. FILED OCT 4 - 1939

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 31, 1939

I HEREBY CERTIFY, That I attended deceased from June 21, 1939 to Oct 3, 1939

I last saw him alive on Oct 3, 1939 Death is said to have occurred on the date stated above, at 4:05 P m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset 10/3/39

Other contributory causes of importance:

Chronic Myocarditis — 6/1/39

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) C. P. Rozelius M. D.

(Address) 2623 Washington Blvd

61723 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 61723

CERTIFICATE OF DEATH

46-F

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hosp St. 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Payne Thompson

If U. S. Veteran specify WAR

(a) Residence: No. Cor Lee & Mt St., Ward. Balto Co.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: G. Whitaker Thompson

6. DATE OF BIRTH (month, day, year) Jan 12 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife (703)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Shawsville Harford Co. Md

FATHER

13. NAME G. Thomas Payne

14. BIRTHPLACE (city or town) (State or country) Harford County Md.

MOTHER

15. MAIDEN NAME Emma Ross

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mr. Payne Thompson

(Address) Residence Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Rock Springs Forest Hill Harford Co. Date 10/6/34 19

19. UNDERTAKER Landon & Brooks

(Address) Bynum Md.

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/4/34 19

22. I HEREBY CERTIFY, That I attended deceased from 9/13/34 19 to 10/4/34 19

I last saw h alive on 10/3/34 19 Death is said to have occurred on the date stated above, at 25 m. AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Head of Pancreas & Duodenum & Liver & Retroperitoneal Glands	2 6
Thrombosis of Right Common Iliac Vein	9 26 34
Cystitis	
Infarct Right Lung pulmonary Embolism	10 1 34

Other contributory causes of importance: Cystitis

Was an operation performed? Cystotomy Date of 9 24 34

For what disease or injury? Cystitis

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. R. Turnbull M. D.

(Address) St. Joseph's Hosp.

OCT 4 - 1939

F 61724

F 61724

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 40 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore City
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1100 N. Stricker Street (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Harold Thomas Ayres

3 (b) If veteran, name war WW

3 (c) Social Security Account No.

4. Sex Male

5. Color or race Negro

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Pearl Anderson

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug. 7, 1899

8. AGE: Years 40 | Months 1 | Days 26 | If less than one day hr. min.

9. Birthplace Rayner, Va. (Town, county, and state)

10. Usual Occupation Longshoreman

11. Industry or business Labor

FATHER
12. Name John Ayres,
13. Birthplace Eastern Shore, Va.

MOTHER
14. Maiden Name Hannah Bradford,
15. Birthplace Eastern Shore, Va.

16 (a) Informant Records-U. S. Marine Hospital
(b) Address Baltimore, Md.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-4-39. (month) (day) (year)
(c) Cemetery or crematory Beechgrove Cemetery Location Hamptown, Va.

18 (a) Funeral director J. Edgar Thomas
(b) Address Accomac, Virginia

19 (a) 10-4-1939 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 3, 1939, at 2:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 24, 1939, to Oct. 3, 1939, and that I last saw him alive on Oct. 3, 1939.

Immediate cause of death	Duration
Interstitial nephritis	Unknown
Due to	
Due to	
Other Conditions Uremic Coma	4 days
Hypertension (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. M. H. Anderson. M. D.
Address U. S. Marine Hospital, Baltimore, Maryland. Date signed 10/4/39

VS 3

61725

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

173

F 61725 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dolphin St. between
(c) Hospital or institution: McCullough - Madison ave

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 920 Madison Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lydia Gibson or Lettie Gibson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Monty

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 6, 1912

8. AGE: Years 27 Months 5 Days 27 If less than one day hr. min

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Seamstress

11. Industry or business Tailor shop

FATHER 12. Name Sam Hailstock

13. Birthplace S. Car

MOTHER 14. Maiden Name Nicey Woodruff

15. Birthplace S. Car

16 (a) Informant Elease Thompson

(b) Address 920 Madison ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-5-39 (month) (day) (year)

(c) Cemetery or crematory Danville Va.

Location

18 (a) Funeral director Adolphus Halstead

(b) Address 918 Druid Hill ave.

19 OCT 4 1939 (Registrar) Hunter Williams M.D.

MEDICAL CERTIFICATION 1250a

20. DATE OF DEATH October 1st 1939, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) to find that said deceased came to death on the day stated above.

Immediate cause of death — Duration

Bullet wound of chest

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 9/1/39
(c) Where did injury occur? Dolphin St. (City or town) between McCullough (County) Madison (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Street (Specify type of place) While at work? No
(e) Means of injury Bullet wound, pistol

23. Signature [illegible] M.D. Medical Examiner

Date signed 9/1/39

VS 6

61726

F 61726

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157-C Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Hanover Sts.
(c) Hospital or institution: Emmerson Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 21 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 506 W Biddle St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MYRNA THOMPSON

3 (b) If veteran, name war — No
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	B	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 12, 1939

8. AGE: Years	Months	Days	If less than one day
—	—	21	— hr. — min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

MOTHER / FATHER
12. Name Laremsa Miller
13. Birthplace Pa.
14. Maiden Name Marion Thompson.
15. Birthplace Md.

16 (a) Informant Marion Thompson
(b) Address 506 W. Biddle St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year) Oct 5 1939
(c) Cemetery or crematory Mt Calvary
Location
18 (a) Funeral director A. Halliday
(b) Address 914 E Lanvale
19 (a) (Date filed by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 2 1939, at 10⁰⁰ P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 30 1939, to Oct 2 1939, and that I last saw her alive on Oct 2 1939.

Immediate cause of death
Pneumonia
Due to Aspiration of foreign material
Due to

Duration: 3 days

Other Conditions
Congenital Heart Disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury NURSE

23. Signature J. B. Nurse M. D.
Address Univ. Hosp. Balto Date signed Nov 1/39

F 61727

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a

Registered No. F 61727

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address or location: Balt Gen. Hosp
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 2403 1006 Compton St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry L. Dorsey

3 (b) If veteran, name war: No

3 (c) Social Security Account No. None

4. Sex: M

5. Color or race: Wh

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lenora M Dorsey

6 (c) If alive, give age 33 years

7. Birth date of deceased (mo., day, yr.) Aug. 4, 1873

8. AGE: Years 66 | Months 6 | Days 8 | If less than one day: hr. min.

9. Birthplace: Baltimore Md (Town, county, and state)

10. Usual Occupation: Night watchman Gates 2

11. Industry or business: 06

FATHER
12. Name: Henry Dorsey
13. Birthplace: Baltimore Md

MOTHER
14. Maiden Name: Anderson
15. Birthplace: Baltimore Md

16 (a) Informant: Lenora M Dorsey
(b) Address: 1006 Compton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year): 10-7-1939

(c) Cemetery or crematory: Loudon Park
Location: Baltimore Md

18 (a) Funeral director: Ruxton
(b) Address: 1217 W Fayette

19 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 3 1939, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: H. W. Anderson M.D. (Medical Examiner)
Date signed 10/4/39

VS 6

Krieg

61728

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 Registered 61728

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2620 St Benedict St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County City Balto
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. 2620 St Benedict St (If rural give location)
(e) If foreign born, how long in U. S. A.? 55 yrs years

3 (a) FULL NAME Henry F Krieg

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

Color or race	5. Sex	6 (a) Single, married, widowed, or divorced
White	Male	Widowed

6 (b) Name of husband or wife Mary Marie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 3 1863

8. AGE: Years	Months	Days	If less than one day: hr.	min.
76	1			

9. Birthplace Germany (town, county, and state or country)
10. Usual Occupation Butcher Retired
11. Industry or business Agremmart Packing Co

MOTHER / FATHER 12. Name	unknown
13. Birthplace	unknown (Germany)
14. Maiden Name	Unknown
15. Birthplace	Germany

16 (a) Informant Augusta K Myers
(b) Address 2620 St Benedicts St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 6 39 (month, day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md
18 (a) Funeral director William Cook
(b) Address 1217 St Paul St
19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 3 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 21 1939 to Oct 3 1939.
and that I last saw him alive on Oct 2 1939.

Immediate cause of death Exsanguination
Hypertension Arteriosclerosis
Due to Chronic Interstitial Nephritis
Due to
Other Conditions Pulmonary Oedema

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles H Kilbourn M. D.
Address 2151 Walbrook Ave Date signed 10/3/39

V8 3

F 61729 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 61729

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3025 Glenmore Av St. 97-4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME James L. Funk

If U. S. Veteran specify WAR ...

(a) Residence: No. 3025 Glenmore Av St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sara M Funk.

6. DATE OF BIRTH (month, day, year) May 28-1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jeweler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) Sept 34

11. Total time (years) spent in this occupation 55

12. BIRTHPLACE (city or town) (State or country) Harrisburg Penna

FATHER

13. NAME David Funk.

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Frances Chamberlain

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT Mrs Sara Funk.

(Address) 3025 Glenmore Av

18. BURIAL, CREMATION, OR REMOVAL. Harrison's Park Date Oct 6 1934

19. UNDERTAKER Thomas Cox

(Address) 1217 E Cold St

20. FILED ... by ... Registrar.

OCT 4 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 2 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1 1934 to Oct. 2 1934

I last saw him alive on Oct 2 1934 Death is said to have occurred on the date stated above, at 7 50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1 hr
Uremia Nephritis	2 days
Chronic Myocarditis	1 yr
Other contributory causes of importance: Chronic Interstitial Nephritis	1 yr

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation None

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Thos. F. A. Strong M. D.

(Address) 2823 Harford Rd

61730 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 61730

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 342 E. 25th St., 12-3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S Veteran specify WAR .....

2. FULL NAME H. Barry George

(a) Residence: No. 342 E. 25th St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Mar

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Gertrude O'Grady

6. DATE OF BIRTH (month, day, year) Aug. 14th 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	1	16 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Elect. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Francis George

14. BIRTHPLACE (city or town) (State or country) City

MOTHER

15. MAIDEN NAME Rebecca Strickland

16. BIRTHPLACE (city or town) (State or country) City

17. INFORMANT Gertrude George

(Address) 342 E. 25th St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cemy Date 10/5 1939

19. UNDERTAKER C. J. Fanning & Son

(Address) 1938 E. Lafayette Ave

20. FILED OCT 4 - 1939 Huntington Wilkinson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-1 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1- 1939 to Oct 1 1939

I last saw him alive on Oct. 1 1939 Death is said to have occurred on the date stated above, at 10 1 m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset 10-1-39

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. R. Johnson M. D.

(Address) 403 Medical Arts

LB 61731

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-13

Registered No. F 61731

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 Hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 617 Dumbarton Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Cross

3 (b) If veteran, name war —
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 24. 1870

8. AGE: Years	Months	Days	If less than one day: hr.	min.
69	2	10		

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation carpenter
11. Industry or business

FATHER
12. Name James Cross
13. Birthplace Md.

MOTHER
14. Maiden Name Mary C. Nicoll
15. Birthplace Md.

16 (a) Informant records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 7 1939 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore Md.

18 (a) Funeral director Gilmor Gould
(b) Address 1210 Cathedral

19 (a) OCT 4 - 1939 (Date rec'd by registrar) (b) Burlington Wilkins (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH October 4 1939, at 2:19 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 3 1939, to October 4 1939, and that I last saw h alive on October 4 1939.

Immediate cause of death Coronary thrombosis — Duration 7 days.
Due to
Due to
Other Conditions Arterio sclerotic heart disease — Duration unknown.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. McNaghten M. D.
Address Balto City Hosp. Date signed 10-4-39

VS 3

732 F 61732

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Joseph's Hosp.

CITY OF BALTIMORE: (No. Caroline & Oliver St. 27-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Eleanore B. Brown

(a) Residence: No. Maryland School for Blind St., Ward. Denton, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1926

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	13			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denton Md

FATHER

13. NAME Howard Brown

14. BIRTHPLACE (city or town) (State or country) Denton Md

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Jas. A. Spencer

(Address) Easton Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Denton - Md Date Oct. 7 1939

19. UNDERTAKER Mrs Frances A. Hemsley

(Address) 573 W. Biddle St.

20. FILED ... 19 ... Registrar

Oct 4 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1st 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 10th 1939 to Oct 1st 1939

I last saw h.e.r. alive on Oct 1st 1939 Death is said to have occurred on the date stated above, at 1.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid Fever	9-17-39
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Blood Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) W. R. Tennyst M. D.

(Address) St. Joseph's Hosp.

EHG

61733

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31

Registered No. 61733

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2914 Sylvan Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 2914 Sylvan Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Elizabeth C. Taylor

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex Female

5. Color or race W.

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife David A. Taylor

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 18 - 1867

8. AGE: Years 72 | Months 5 | Days 15 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER

12. Name Herman Mueller

13. Birthplace Germany

MOTHER

14. Maiden Name Unknown

15. Birthplace

16 (a) Informant Hilda Zuill

(b) Address 2914 Sylvan Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 10-6-39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Parkwood Cem

Location

18 (a) Funeral director Leonard J Rusk

(b) Address 5305 Harford Rd.

19 (a) (Date received by local registrar) (b) Huntington Hillcrest Registrar

OCT 4 - 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10 - 3 - 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 21 1939, to Oct 3 1939, and that I last saw her alive on Oct 3 1939

Immediate cause of death Cardiac Failure — Duration

Due to

Due to

Other Conditions Chronic Nephritis

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Arthur E Manning M.D.

Address 800 E North Ave Date signed 10/4/39

61734

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 F 61734

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 27-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Minnie Wiseman (AMELIA J.)

If U. S. Veteran specify WAR

(a) Residence: No. 2804 Oakley Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rudolph T. Wiseman.

6. DATE OF BIRTH (month, day, year) Aug 12 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. City

FATHER

13. NAME Philip Brown

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME BROWN

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Rudolph T. Wiseman.
(Address) 2804 Oakley ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date ... 19...

19. UNDERTAKER C. Vernon Lennon
(Address) 611 Park Heights.

20. FILED OCT 4 1939 Thurlington Willis Registrar

GHJ

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 5, 1939 to Oct. 4, 1939.

I last saw her alive on Oct. 4, 1939. Death is said to have occurred on the date stated above, at 3.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary sclerosis Cardio-Vascular disease	?
Diabetes mellitus	?
Gangrene of rt. foot	Apr '39

Other contributory causes of importance:

Was an operation performed? Yes Date of 9/11/39

For what disease or injury? Gangrene rt. foot.

Name of operation Mid thigh amputation

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. R. Tennyst M. D.

(Address) St. Joseph's Hospital

F 61735

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 61735

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Redwood & Green Sts.

(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 months

(e) Length of stay in Baltimore (yrs., mos., or days) 2 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Harford

(c) City or town Whiteford - Rural (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mary Sliver

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Aug 24, 1924

8. AGE: Years	Months	Days	If less than one day: hr.	min.
15		5		

9. Birthplace Whiteford Md (Town, county, and state)

10. Usual Occupation School girl

11. Industry or business [illegible]

FATHER 12. Name Harry S Liver

13. Birthplace [illegible]

MOTHER 14. Maiden Name Mary Lewis

15. Birthplace Md

16 (a) Informant Mary Sliver

(b) Address Whiteford Md

17 (a) [illegible] (Burial, cremation, or removal) (b) Date thereof Oct 7 1939 (month) (day) (year)

(c) Cemetery or crematory Whiteford Md

Location Whiteford Cem

18 (a) Funeral director [illegible]

(b) Address [illegible]

19 (a) [illegible] (b) Huntington Williamson M.D. (Registrar)

OCT 5 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 4 1939, at 6:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1 1939, to Oct. 4 1939, and that I last saw her alive on Oct. 4 1939.

Immediate cause of death: Multiple Hemorrhages — Duration: 1 months

Due to: Acute Myeloid Leucemia — 3 months

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Confirmatory

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Stanley P. Bradley M. D.

Address University Hosp. Date signed 10/4/39

F 61736

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46c

F 61736 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 44 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore City
(c) City or town Baltimore, Maryland. (If outside city or town limits, write RURAL and give town)
(d) Street No. 646 Greenwillow Street (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Herman Jones

3 (b) If veteran, name war: WW
3 (c) Social Security Account No.:
4. Sex: Male
5. Color or race: Negro
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife: Beulah Thompson
6 (c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.) Jan. 21, 1895
8. AGE: Years 44 | Months 8 | Days 11 | If less than one day: hr. ..... min.
9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual Occupation: WPA Laborer
11. Industry or business: Labor

FATHER
12. Name Richard A. Jones
13. Birthplace New York, N. Y.

MOTHER
14. Maiden Name Hattie Chase,
15. Birthplace Easton, Maryland.

16 (a) Informant Records-U. S. Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-5-39 (month) (day) (year)
(c) Cemetery or crematory Location National Frederick Road
18 (a) Funeral director Chas. H. Alexander.
(b) Address 200 McCulloh St.
19 (a) ..... (b) ..... (Date rec'd by registrar)

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 2, 1939, at 3:55A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 30, 1939, to Oct. 2, 1939, and that I last saw him alive on Oct. 2, 1939.

Immediate cause of death: Acute purulent peritonitis, following resection of carcinoma of colon — Duration: 3/4 days

Due to .....

Due to .....

Other Conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations Resection of descending colon
Of autopsy Acute purulent peritonitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Edward E. Denny, M.D.
Address U. S. Marine Hospital, Baltimore, Md.
Date signed 10/2/39

F 61737

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107-a

F 61737 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2213 Elsinor Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2213 Elsinor Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

X

3 (a) FULL NAME Samuel Logan Nicholson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Elizabeth S. Nicholson
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) August 14, 1867

8. AGE: Years	Months	Days	If less than one day
72	1	19	hr. min.

9. Birthplace Charlestown, Maryland (Town, county, and state)
10. Usual Occupation Awning Mfgr.
11. Industry or business Self.

FATHER
12. Name James A. Nicholson
13. Birthplace Manassas, Virginia

MOTHER
14. Maiden Name Margaret Logan
15. Birthplace Maryland

16 (a) Informant Mrs. Elizabeth S. Nicholson
(b) Address 2213 Elsinor Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 5th, 1939 (month) (day) (year)
(c) Cemetery or crematory Lakeview
Location Hamilton, Virginia

18 (a) Funeral director Wm. J. Fielmer & Sons,
(b) Address North & Pennsylvania Avenues

19 (a) Date received by registrar 1939 (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 3, 1939, at 9:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 24 1939, to Sept 3 1939.
and that I last saw h[illegible] alive on Sept 3 1939.

Immediate cause of death Bronchial Pneumonia — Duration Sept 24, 39

Due to

Due to

Other Conditions Bronchial Pneumonia — Sept 24, 39

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 2220 Garrison Blvd Date signed Oct 4, 39

61738

HEALTH DEPARTMENT—CITY OF BALTIMORE

61738

CERTIFICATE OF DEATH

√23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 137 N. Patterson Pk. St., Ave. 6-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John J. Herget

If U. S. Veteran specify WAR .....

(a) Residence: No. 137 N. Patterson Pk. St., Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — None

6. DATE OF BIRTH (month, day, year) Sep. 20 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Baltimore Md.

FATHER

13. NAME — Geo. M.

14. BIRTHPLACE (city or town) (State or country) — Baltimore Md.

MOTHER

15. MAIDEN NAME — Annie Eichorne

16. BIRTHPLACE (city or town) (State or country) — Baltimore Md.

17. INFORMANT (Address) — Mrs. Mary A. Holste 137 N. Patterson Pk. Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Carmel Date Oct 6 1939

19. UNDERTAKER (Address) — L. Heemann and Son 32 S. Broadway

20. FILED Oct 5 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 24th 1931 to Sept 22nd 1939

I last saw h.. alive on Sept 22nd 1939 Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	2
Other contributory causes of importance: Pneumonia Terminal	10/3/39

Was an operation performed? no Date of .....

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? X ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H. J. Santry M. D.

(Address) 119 N. Milton Ave

1739

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1939 B F 61739 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eastern Ave.
(c) Hospital or institution: City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town (If outside city or town limits write RURAL and give town)
(d) Street No. 2326 Fleet St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 26 years

3 (a) FULL NAME Edward J Cline

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-06-7766

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Kathryn E. Cline

6 (c) If alive, give age 32 years

7. Birth date of deceased (mo., day, yr.) Jan. 19-1913

8. AGE: Years 26 | Months 8 | Days 14 | If less than one day: hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Machinist Laborer

11. Industry or business Chevrolet Corp.

FATHER 12. Name Samuel Cline

13. Birthplace Virginia

MOTHER 14. Maiden Name Clara Harris

15. Birthplace Virginia

16 (a) Informant Kathryn Cline

(b) Address 2326 Fleet St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 7-39 (month) (day) (year)

(c) Cemetery or crematory London Park.

Location Frederick Road.

18 (a) Funeral director John A. Moran

(b) Address 3000 E. Balto. St.

19 (a) (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 3rd 1939, at 10:42 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fracture, skull (right temporal and base)

Duration: 67 min

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence October 3rd, 1939
(c) Where did injury occur? Baltimore, Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial (Specify type of place) While at work? Yes
(e) Means of injury Axle of truck & wall

23. Signature H. J. Wolkenmeier M.D.
Medical Examiner

Date signed Oct 3rd 1939

61740

47817 SD F 61740

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

182-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 820 Bradley Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louise Lampkins
Marie

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years 62 ? Months Days If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Edmond Butler
13. Birthplace Md.

MOTHER
14. Maiden Name Martha Calhoun
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof [illegible] 6, 1439 (month) (day) (year)
(c) Cemetery or crematory Laurel Cemetery
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 E. Lanvale St

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 3 1939, at 2.45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from August 27 1939, to Oct 3 1939, and that I last saw her alive on Oct 3 1939.

Immediate cause of death: Cerebral hemorrhage — Duration: 7 weeks

Due to

Due to

Other Conditions Hypertension — unknown.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy cerebral hemorrhage.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Murray Goldstein M. D.
Address Balt City Hosp Date signed 10-4-39

61741

45566 SD

F 61741

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3½ mo.

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 152 N. Carlton Street (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) **FULL NAME** Rebecca Wilson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	B	Single

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 5/5/1870

8. AGE: Years	Months	Days	If less than one day
69	4	23	hr. ..... min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

MOTHER / FATHER

12. Name James Bower

13. Birthplace Maryland

14. Maiden Name Hester

15. Birthplace Maryland

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof Oct 5, 1939 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location

18 (a) Funeral director Mrs Katie R. Williams

(b) Address 322 N. Schroeder St

19 (a) ..... (Name rec'd by registrar) (b) ..... Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 28 1939, at 3.45 P M

21. I certify that death occurred on the date above stated, that I attended deceased from June 12 1939, to Sept 28 1939, and that I last saw h[er] alive on Sept 28 1939.

Immediate cause of death Bronchopneumonia — Duration 5 days.

Due to ..... — Duration over

Due to ..... — Duration unknown.

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Pneumonia, enlarged heart.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. Murray Chesterman M. D.

Address Balto City Hosp Date signed 10-4-39

48697 - HB

F 61742

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 61742 Registered No. 342-23

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1032 Clay St. (If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME John Anderson

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?March 17, 1904

8. AGE: Years	Months	Days	If less than one day
35 ?	6 ?	13	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Hauling
11. Industry or business Unemployed

FATHER
12. Name John Anderson (dead)
13. Birthplace Va.

MOTHER
14. Maiden Name Annie Rich (dead)
15. Birthplace Va.

16 (a) Informant B. C. H.
(b) Address Records

17 (a) (Burial, cremation, or removal) (b) Date thereof 10-6-39 (month) (day) (year)
(c) Cemetery or crematory Mt Loofoey
Location Single Interment
18 (a) Funeral director C. Jones
(b) Address 114 S Gilmor St

19 (a) (Date rec'd by registrar) (b) Signature of Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 2 1939, at 1.45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 26 1939, to Oct. 2 1939, and that I last saw h-- alive on Oct. 2 1939.

Immediate cause of death: Pulmonary tuberculosis — Duration unknown
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Tuberculous pneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address Balto City Hosp Date signed 10-3-39

VS 8

743 HEALTH DEPARTMENT—CITY OF BALTIMORE E 61743

CERTIFICATE OF DEATH ✓ 46-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 430 S. Robinson St. 1-2 Ward)

Length of residence in city or town where death occurred 60 yrs. 6 mos. 21 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME William Moerschel

(a) Residence: No. 430 S. Robinson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Widowed

3a. If married, widowed or divorced, HUSBAND of (or) ~~WIFE~~ of Caroline Moerschel

6. DATE OF BIRTH (month, day, year) 3-13-1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Con. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Campbell Con. Co.

10. Date deceased last worked at this occupation (month and year) June 1939

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Henry Moerschel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Eliz. Landerdale

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Alice Smith

(Address) 430 S. Robinson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Oct. 6 1939

19. UNDERTAKER Thos. E. Connelly

(Address) Govans Md.

20. FILED Huntington Hilton Assistant

OCT 5- 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1939, to Oct 3, 1939

I last saw h.i.m. alive on Oct. 3, 1939. Death is said to have occurred on the date stated above, at 5.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	6/14/39
Other contributory causes of importance:	

Was an operation performed? Yes Date of July 1939

For what disease or injury? Carcinoma of Stomach

Name of operation Exploratory

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Frank D Wrigley M. D.

(Address) Dundalk, Md

744

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 61744
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address or Hospital: St Agnes Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Penn. (b) County
(c) City or town Philadelphia Pa. (If outside city or town limits, write RURAL and give town)
(d) Street No. 5807 Anderson St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ~~Katherine Kreamer~~ Kathryn Kreamer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ~~Oct.~~ April 14, 1916

8. AGE: Years	Months	Days	If less than one day: hr.	min.
23	5	20		

9. Birthplace Philadelphia Penn. (Town, county, and state)

10. Usual Occupation Salesgirl
11. Industry or business Dept. Store

FATHER
12. Name J. Kreamer
13. Birthplace Philadelphia Penn.

MOTHER
14. Maiden Name Sarah Reese
15. Birthplace Pennsylvania

16 (a) Informant Mr. J. Kreamer
(b) Address 5807 Anderson St. Phil. Pa.

17 (a) Transit (Burial, cremation, or removal) (b) Date thereof (mo.) 10 (day) 7 (year) 39

(c) Cemetery or crematory
Location Flula Pa

18 (a) Funeral director Geo. J. Schwat
(b) Address 2101 Frederick Ave.

OCT 5 – 1939 (Date received by registrar) (b) Huntington Hill (Registrar)

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH October 4th 1939, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquest)
obtained by said (Autopsy or Inquest) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Laceration of scalp and face	
Due to Cerebral concussion	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 9-7-39
(c) Where did injury occur? Harlem Park Swimming Pool (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Street (Specify type of place) While at work? No
(e) Means of injury Fell on Stone Culvert

23. Signature H. H. Vandegrift Medical Examiner M.D.
Date signed 10/7/39

F 61745

F 61745

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

45-w

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days 3 mths.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 618 S. Port St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME
Thomas Mitchell

3 (b) If veteran, name war

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Rose
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/15/80

8. AGE: Years	Months	Days	If less than one day
58	10	20	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Marine Fireman
11. Industry or business

FATHER
12. Name Michael Mitchell
13. Birthplace Germany

MOTHER
14. Maiden Name Madeline Mole
15. Birthplace Germany

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 10/6/39 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Baltimore md.

18 (a) Funeral director George A Weber
(b) Address 705 E Lanvale st

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-5 1939, at 12:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-21 1939, to 10-5 1939, and that I last saw him alive on 10-4 1939.

Immediate cause of death	Duration
Carcinoma Lip with metastasis	?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. A. Woodward M. D.
Address Balto city Hosp. Date signed 10-5-39

VS 2

HEALTH DEPARTMENT—CITY OF BALTIMORE

61746 CERTIFICATE OF DEATH V186-aF 61746

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 208 S. Eden St. 2-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? 30 yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Marjanna or Mary Stanowska

(a) Residence: No. 208 S. Eden St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Jan 6 1878

7. AGE: Years 61 | Months 8 | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): None

11. Total time (years) spent in this occupation: None

12. BIRTHPLACE (city or town) (State or country): Poland.

FATHER

13. NAME: Michael Malecki

14. BIRTHPLACE (city or town) (State or country): Poland

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT: Son Mr. Wawrzyniec Stanowski (Address) 3129 Dillon St.

18. BURIAL, CREMATION, OR REMOVAL: N. Standard Cem. Date Oct. 7 1939

19. UNDERTAKER: Stephen J. Fialkowski Inc (Address) 1000 Ld Kenwood Ave

20. FILED OCT 5 1939 Huntington Williams U.S.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 4 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1939 to Oct 4, 1939

I last saw her alive on Oct 4, 1939. Death is said to have occurred on the date stated above, at 1145 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Left femur (neck)	9-29-39
Bronchopneumonia	9-30-39
Other contributory causes of importance:	
Chr Myocarditis	1938

Was an operation performed? None. Date of .....

For what disease or injury? .....

Name of operation None.

What test confirmed diagnosis Clinical. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident. Date of injury 9-29-1939

Where did injury occur? Home 208 S. Eden St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury Fell in living room

Nature of injury Fractured left femur (neck)

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) E. Ashenmacher, M. D.

(Address) 842 S. Eden St.

H. B. Ward Supt, R.S. - Asst Field, per S. Sosnicar Exam.

F 61747

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

159

F 61747
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland ✓
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1d.
(e) Length of stay in Baltimore (yrs., mos., or days) 1d.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2823 Kregg Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Peacher

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	—

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/3/39 1:54 AM

8. AGE: Years	Months	Days	If less than one day
			7 hr. 0 12 min.

9. Birthplace Union Memorial Hosp. Balt. Md. (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER 12. Name Joseph Robert Peacher
FATHER 13. Birthplace Hagerstown, Md.
MOTHER 14. Maiden Name Florence Louise Wilson
MOTHER 15. Birthplace Alba, Iowa

16 (a) Informant R. M. Biddle, M.D.
(b) Address Union Mem. Hosp.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Location JONES Hopkins MD Sch 10 39

18 (a) Funeral director
(b) Address

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 3 1939, at 9:06 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 3, 1:54 AM 1939, to Oct 3 9:06 AM 1939, and that I last saw him alive on Oct 3 1939.

Immediate cause of death Resp. failure — Duration 7 hrs. 12 mins.

Due to prematurity

Due to

Other Conditions Atelectasis, left lung

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Hammond Dugan M. D.
Address Union Memorial Hosp. Date signed Oct 4-39

VS 8

M. D. F. 1268-9

F 61748

61748

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1937 W Lafayette Ave St., 16-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter Joseph Caley

(a) Residence: No. 1937 W Lafayette Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maud Caley

6. DATE OF BIRTH (month, day, year) April 2, 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55 54	6	18 12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 9 yrs

12. BIRTHPLACE (city or town) (State or country) Boston, Mass

MOTHER FATHER

13. NAME William Caley

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Ellen Coleman

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Maud Caley
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place UNIVERSITY MEDICAL SCHOOL OCT - 4 1939 19

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

20. FILED OCT - 5 1939 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4 . 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 . 1939 to Oct 4 . 1939

I last saw h alive on Oct 3 . 1939 Death is said to have occurred on the date stated above, at 6:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Hypertensive Heart Disease	
Coronary Thrombosis	Sept 15
Other contributory causes of importance:	
Duodenal Ulcer	1936
Acute Bronchitis	Sept 1939

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert Bleecker M. D.

(Address) 2202 Edmondson Ave

F 61749

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 61749 Registered No. 34-126

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Green & Redwood
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) Life-52yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 752 W. Lexington St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Minnie Neighoff

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Divorced

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years	Months	Days	If less than one day hr.	min.
52				

9. Birthplace Maryland. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Herman Engelbach.

13. Birthplace Germany

MOTHER 14. Maiden Name MARIE MILLER.

15. Birthplace GERMANY

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Location UNIVERSITY MEDICAL SCHOOL OCT - 4 1939

18 (a) Funeral director

(b) Address Per H. A. Moore

19 (a) OCT 5 - 1939 (Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH October 1 1939, at 7:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 22 1939 to Oct. 1 1939. and that I last saw h[illegible] alive on Oct. 1 1939.

Immediate cause of death: Hepatitis — Duration: 4 weeks.

Due to

Due to

Other Conditions Syphilis, Cholelithiasis, Chr. cholecystitis (Include pregnancy within 3 months of death) — Duration: ?

Major findings:
Of operations

Of autopsy Hepatitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John J. Reynes, M.D.
Address University Hospital Date signed Oct 4

Commissioner of Health

VS 3

E 61750

CK

48396 E 61750

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-C Registered No.

E 61750

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 48 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 606 S. Kenwood Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Fredericka Kaline

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Frederick
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 4. 1875

8. AGE: Years	Months	Days	If less than one day: hr.	min.
63 66	10	29		

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Sweitzer
13. Birthplace Germany

MOTHER
14. Maiden Name Cathrine (?)
15. Birthplace Germany

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 7 1939 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Baltimore Md.

18 (a) Funeral director John Ulluch
(b) Address 2008 Eastern Ave

19 (a) 10-5-1939 (Date received by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-3 1939 at 8:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-16 1939 to 10-3 1939.
and that I last saw her alive on 10-3 1939.

Immediate cause of death Carcinoma recto-sigmoid junction with obstruction — Duration: ?

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Intestinal obstruction with carcinoma recto sigmoid
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. D. Woodward M. D.
Address Balto City Hosp Date signed 10-4-39

61751

HEALTH DEPARTMENT—CITY OF BALTIMORE 61751

CERTIFICATE OF DEATH

117-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hosp St. 27th Ward)

Length of residence in city or town where death occurred yrs. mon. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME William M. Frank Sr.

(a) Residence: No. 5300 Ivanhoe Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Helen M. Frank

6. DATE OF BIRTH (month, day, year) Aug. 1, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cooker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coverage

10. Date deceased last worked at this occupation (month and year) ? 1 | 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Frank

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Catherine Kohrmann

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Helen M. Frank
(Address) 5300 Ivanhoe Rd

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Oct 6 1939

19. UNDERTAKER Mrs. Chas. W. Gugel & Son
(Address) 801 W. Lafayette St

20. FILED Oct 6 1939 Edw. J. Kilcullen Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-4-39. 19

22. I HEREBY CERTIFY, That I attended deceased from October 3rd 19 39 to October 4th 19 39.

I last saw him alive on October 3rd 19 39. Death is said to have occurred on the date stated above, at 6:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated gastric ulcer	10-2-39
Generalized peritonitis	10-2-39
Other contributory causes of importance:	

Was an operation performed? Yes Date of October 3rd 39

For what disease or injury? Perforated gastric ulcer

Name of operation Closure of gastric perforation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Nathan Wolf M. D.

(Address) Franklin Sq. Hosp.

OCT 6 1939

61752

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53-C

F 61752 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County
(c) City or town Felton (If outside city or town limits, write RURAL and give town)
(d) Street No. 153 R.D. #1 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma A. Ehrhart

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Serena Ehrhart
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 29 1886

8. AGE: Years	Months	Days	If less than one day: hr.	min.
53	2	5		

9. Birthplace York Co. Pa (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

MOTHER / FATHER

12. Name Emanuel Ehrhart
13. Birthplace Pa
14. Maiden Name Sallie Zellers
15. Birthplace Pa

16 (a) Informant Walter W. Ehrhart
(b) Address Red Lion RD #2, Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 7 1939 (month) (day) (year)
(c) Cemetery or crematory U. B. cemetery
Location Winterstown Pa

18 (a) Funeral director Slade & Adler
(b) Address 4907 York Road.

19 (a) Date rec'd by registrar 1939 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-4 1939, at 9 W/P M

21. I certify that death occurred on the date above stated, that I attended deceased from 9-27 1939, to 10-4 1939, and that I last saw h alive on 10-4 1939.

Immediate cause of death Glioma - rt. frontal lobe

Due to

Due to

Other Conditions O-O-Shock (Include pregnancy within 3 months of death)

Major findings: Of operations Tumor - rt. frontal lobe

Of autopsy

Duration

over

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Workman and Reed M. D.
Address Md Gen Hosp Date signed 10-8-39

VS 3

61753

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

23

Registered No. F 61753

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 113 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elliott Parson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W.

6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 71 | Months | Days | If less than one day: hr. min.

9. Birthplace (Town, county, and state) Md

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location

UNIVERSITY MEDICAL SCHOOL OCT - 5 1939

18 (a) Funeral director Commissioner of Health

(b) Address Per H. A. Moore

19 (Date received by registrar) OCT 5 1939 (Signature of registrar) Huntington Williams, M.D.

3-2043

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-23- 1939, at 5 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Acute Pulmonary	
Due to Tuberculosis	
and	
Due to Tuberculous Enteritis	
and Peritonitis	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Malone M.D. Medical Examiner

Date signed 9-24-39

61754

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-C V

Registered No. F 61754

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1332 N. Stricker
(c) ~~Hospital or institution~~:
Mother-in - Mrs Johnson, 811 Argyle Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1332 N. Stricker St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Infant Baby Curtis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race Col.

6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife Adelia Curtis

6 (c) If alive, give age 17 years

7. Birth date of deceased (mo., day, yr.) 9-20-39

8. AGE: Years | Months | Days 3 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

MOTHER / FATHER

12. Name Clifton Hucles

13. Birthplace Md

14. Maiden Name Adelia Curtis

15. Birthplace Md

16 (a) Informant Chief Inspectors Office

(b) Address 925 Madison Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location

18 (a) Funeral director

(b) Address

19 (Date rec'd by registrar) OCT 5 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-23-1939, at C M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Congenital Heart

Due to Partial Atelectasis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Of autopsy as above

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Mellus M.D. Medical Examiner

Date signed 9-23-39

OCT 5 1939

Commissioner of Health

Per H. A. Moore

Huntington Williams Health Officer

VS 4

F (31687 59

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B Registered No. F 31755

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 7-5
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Bradeleaw (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Hall
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. ?

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — 1874

8. AGE: Years 65 | Months | Days | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Bartender
11. Industry or business ?

FATHER 12. Name
13. Birthplace

MOTHER 14. Maiden Name ?
15. Birthplace

16 (a) Informant Friends
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL OCT - 5 1939

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) OCT 5 1939 (Date received by registrar) (b) Huntington Williams Mgr Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 27 1939 at 3-15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 22 1939 to Sept 27 1939 and that I last saw him alive on Sept 27 1939.

Immediate cause of death Cerebral Hemorrhage — Duration 6 days

Due to arterio-sclerotic hypertensive cardio vascular disease ?

Due to

Other Conditions

(Pregnancy within 3 months of death)

Major findings of operation

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. M. Welty M. D.
Address Johns Hopkins Date signed 9-27-39

F 61756

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82 A

Registered No. F 61756

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Loudon St. in Eastern Female Dept.

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 2112 N. (3) rd. E. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Brown

3 (b) If veteran, name war

3 (c) Social Security Account No. Unk

4. Sex M.

5. Color or race Black

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Mary Brown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unk

8. AGE: Years 55? Months Days If less than one day hr. min.

9. Birthplace Unk (Town, county, and state)

10. Usual Occupation Unk

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name Unk

15. Birthplace

16 (a) Informant

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Location JOHNS HOPKINS MEDICAL SCHOOL OCT -5 1939 COMMISSIONER OF HEALTH

18 (a) Funeral director

(b) Address For H. A. Moore

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 27 1939, at 10:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 21 1939, to Sept. 27 1939, and that I last saw him alive on Sept. 27 1939.

Immediate cause of death: Cerebral hemorrhage — Duration 5 hrs

Due to Arteriosclerosis + hypertension — Duration Unknown

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —

(e) Means of injury —

23. Signature E. W. Schuman M. D.

Address Univ. of Md. Hosp. Date signed 9-28-39

VS 3

61757

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

F 61757 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1323 Hanover St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 1323 Hanover (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma E Cartright

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Charles D. Cartright

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 23, 1859

8. AGE: Years 80 Months 4 Days 1 If less than one day hr. min.

9. Birthplace Iowa (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business None

FATHER 12. Name — Cartright

13. Birthplace North Carolina

MOTHER 14. Maiden Name Lucy

15. Birthplace Indiana

16 (a) Informant Lula Slick

(b) Address 1323 Hanover

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 7, 1939 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Temple Block

18 (a) Funeral director A. Howard Beans

(b) Address 1400 W. Baltimore St.

19 (a) Date received in registry OCT 5 1939 by Wm. Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 4th 1939 at 4:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/14 1939 to 10/4 1939.

That I last saw her alive on 10/4 1939.

Immediate cause of death Hypertensive cardio vascular disease — Duration 1-2 years

Due to Senile changes

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Harry Dibel

Address 1226 Hanover St. Date signed 10/5/39

V8 8

61758

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 61758
Registered No.

1. PLACE OF DEATH: 4129 Falls Road
(a) Baltimore City, Maryland
(b) Street address 4129 Falls Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 41 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4129 Falls Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Earnest Dennstaedt

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Rachael A. Dennstaedt

(c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) May 13, 1890

8. AGE: Years 49 Months 4 Days 1 If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Baker.

11. Industry or business

FATHER 12. Name Frederick Dennstaedt

13. Birthplace Germany

MOTHER 14. Maiden Name Dorothy P. Heinrich

15. Birthplace Germany

16 (a) Informant Rachael A. Dennstaedt

(b) Address 4129 Falls Road

17 (a) (Burial, cremation, or removal) (b) Date thereof Oct 6, 1939 (month) (day) (year)

(c) Cemetery or crematory Oakdawn Cem.

Location

18 (a) Funeral director Walter R. McNamee

(b) Address 411 Park Ave

19 (a) OCT 5 - 1939 (b) Hunter for W. Isaacs, M.D. Registrar
(Date rec'd by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH October 4th 1939, at 7 25 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said inquiry find that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Immediate cause of death Coronary Thrombosis — Duration —

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner

Date signed Oct 5th, 1939

Reiteker

61759 HEALTH DEPARTMENT--CITY OF BALTIMORE E 61759

CERTIFICATE OF DEATH

94-B

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No. 700 W. 40th St. 13-7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret Diebel Reiteker

(a) Residence: No. Home for Incurables St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Reiteker.

6. DATE OF BIRTH (month, day, year) May 10-1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Annapolis Md.

FATHER

13. NAME John Diebel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabetha Omon

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Emily Batchelder

(Address) 808 Cator Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date Oct 7 1939

19. UNDERTAKER Chas. J. Flack

(Address) 742 W. Pratt St.

20. FILED OCT 5 1939 Chas. J. Flack for Wm. H. Haussner M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 1st, 1938, to Oct. 4th, 1939

I last saw her alive on Oct. 3rd, 1939 Death is said to have occurred on the date stated above, at 8:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Oct. 2nd 1939
Other contributory causes of importance: Arthritis Deformans	1930

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Thomas Conrad Wolff, M. D.

(Address) 11 E. Chase St. Baltimore

Dr Thos. C. Wolff 48.

F 61760 HEALTH DEPARTMENT—CITY OF BALTIMORE 61760

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2211 Rogers Ave St. 27-15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Ella Lacon Clark

(a) Residence: No. 2211 Rogers Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gustavus Clark

6. DATE OF BIRTH (month, day, year) May 6, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Isaac Harris

14. BIRTHPLACE (city or town) (State or country) Wilmington Delaware

MOTHER

15. MAIDEN NAME Maria Hillman

16. BIRTHPLACE (city or town) (State or country) Lynn Worcester Co Mass

17. INFORMANT Ella Conley

(Address) 2211 Rogers Ave Md

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Date Oct 7th 1939

19. UNDERTAKER William Cook

(Address) 1217 St Paul Street

20. FILED OCT 5 - 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 14 1939 to Oct 5 1939

I last saw h.. alive on Oct 4 1939 Death is said to have occurred on the date stated above, at 11 A M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	

Other contributory causes of importance:

Senility

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19 —

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) George C. Yeamans M. D.

10/3/39 (Address) 700 N. Fulton Ave

61761

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107-a

Registered No. F 61761

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Madison and Linden

(c) Hospital or institution: Maryland General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 6621 Reisterstown Road (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harris H. Smith Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary L. Smith

6 (c) If wife, give age 36 years

7. Birth date of deceased (mo., day, yr.) December 25, 1887

8. AGE: Years	Months	Days	If less than one day
51	9	10	hr. min.

9. Birthplace Kent County, Maryland (Town, county, and state)

10. Usual Occupation Sergeant 061

11. Industry or business Baltimore Police dept.

FATHER

12. Name Ezekiel Smith

13. Birthplace Maryland

MOTHER

14. Maiden Name Eva Callahan

15. Birthplace Maryland

16 (a) Informant Mrs. Mary L. Smith

(b) Address 6621 Reisterstown Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 7, 1939 (month) (day) (year)

(c) Cemetery or crematory Parkwood Cemetery

Location Baltimore Co., Maryland

18 (a) Funeral director Wm. J. Tickner & Sons.

(b) Address North & Pennsylvania Avenues

OCT 5-1939 (Date rec'd by Registrar)

(b) Huntington Williams, M.D. Address Md. General Hosp.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 5, 1939, at 10 a.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 2 1939, to Oct 5 1939, and that I last saw him alive on Oct. 5 1939.

Immediate cause of death	Duration
Cardiac Collapse	
Due to Bronchopneumonia	5 days
Due to Tumor in L. chest & undetermined origin.	? over
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Robert L. Coffman M. D.

Address Md. General Hosp. Date signed 10/5/39

VS 3

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

61762

CERTIFICATE OF DEATH

131 F 61762

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 9-9 Ward)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John F Smith

(a) Residence: No. 1802 Aiken St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Emmer

6. DATE OF BIRTH (month, day, year) Dec 22 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	9	13 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Marbel Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 26

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Albert Smith

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Geiss

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Bernard A Smith

(Address) 1802 aiken st

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Oct 7. 1939

19. UNDERTAKER William M. Marech

(Address) 715 Eyth St

20. OCT 5 - 1939 Hunter for Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 3 . 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 . 1939 to Sept 30 . 1939

I last saw h/ alive on Oct 31 1939. Death is said to have occurred on the date stated above, at 7 45 a.m.

The principal cause of death and related causes of importance were as follows: Coronary Thrombosis — Duration: Sudden

Other contributory causes of importance: Hypertensive Cardio-vascular renal disease — Duration: 4 yrs

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Beth S. Blum M. D.

(Address) 1906 E Preston St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61763

CERTIFICATE OF DEATH

95-B F 61763

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) So. Balto. Genl. Hosp. (Street) 5 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. May Roder

If U. S. Veteran specify WAR ...

(a) Residence: No. 3801 Fourth ave. — Brooklyn Ward ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of May Roder

6. DATE OF BIRTH (month, day, year) April 3 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Christian Selig

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Margaret Eckhart

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Mr Frederick A Roder 4th ave East Brooklyn Md

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Date Oct 7 1939

19. UNDERTAKER (Address) William M Mareck 715 Fulton St

20. FILED OCT 5 - 1939 Huntington Hill Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 3rd, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 3, 1939 to Oct 3, 1939

I last saw her alive on Oct. 3, 1939 Death is said to have occurred on the date stated above, at 7 50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage, right	
Hypertensive C-V Disease	
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Samuel L. Fox M. D.

(Address) So. Balto. Genl. Hosp.

61764

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 61764
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1402 Mt Royal Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County Franklin
(c) City or town Greencastle (If outside city or town limits, write RURAL and give town)
(d) Street No. 38 E. Madison St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Magdaline Palmer
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow
6 (b) Name of husband or wife Jakob C. Palmer
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb 23 1860
8. AGE: Years 79 | Months 7 | Days 13 | If less than one day hr. min.
9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation
11. Industry or business Housework

12. Name David Cumps
13. Birthplace Pennsylvania
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mrs Cecilia Singer
(b) Address 1407 Mt Royal Ave.
17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct 5 1939 (month) (day) (year)
(c) Cemetery or crematory
Location Greencastle Pa.
18 (a) Funeral director William J Zepkner & Son
(b) Address 1906 E. Lemmon Ave
OCT 6 - 1939 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 5 1939, at 10 P M
21. I certify that death occurred on the date above stated; that I attended deceased from 10-4 1939, to 10-5 1939, and that I last saw her alive on 10-5 1939.

	Duration
Immediate cause of death Probable peritonitis	2 days
Due to Possible perforation of large intestine	2 days
Due to Possible carcinoma of sigmoid colon or bladder	Unknown
Other Conditions Cystitis	8 weeks

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Irving Freeman M. D.
Address 2420 Eutaw Pl. Date signed 10-5-39

VS 3

F 61765

61765 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

28-4 / 93-c

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 105 Sorrento Ave. St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Louisa E. Hoffman
(a) Residence: No. 105 Sorrento Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles E. Hoffman

6. DATE OF BIRTH (month, day, year) Sept. 26th. 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	0	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER
13. NAME John F. Birkmeyer
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Elizabeth
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Miss Rebecca Birkmeyer 105 Sorrento Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Oct. 6th 1939

19. UNDERTAKER (Address) O'Donovan 1003 West Baltimore St.

20. FILED 6 1939 Henry J. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 4th 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 1936 to Oct 4 1939
I last saw her alive on Oct. 4 1939 Death is said to have occurred on the date stated above, at 6.10 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis Arterio-sclerosis	
Other contributory causes of importance:	

Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19
Where did Injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of decreased?
If so, specify
(Signed) Edgar Zeller M. D.
(Address) 2739 Eastern Avenue.

61766

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 61766

82-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 112 So Monastary St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 112 S. Monastary Avenue. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Theodor Mahlman (Theodore Mahlmann)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 27th. 1882

8. AGE: Years 56 | Months 10 | Days 7 | If less than one day: hr. min

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Bricklayer

11. Industry or business Building

FATHER
12. Name Herman H. Mahlmann
13. Birthplace Germany

MOTHER
14. Maiden Name Dorette Kaufman
15. Birthplace Germany

16 (a) Informant Miss Hermine D. Mahlmann
(b) Address 112 S. Monastary Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 7 1939 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore City

18 (a) Funeral director J. Aurora
(b) Address 1003 West Baltimore St.

19 (Date received by registrar) Oct 6 1939 Huntington Williams M.D. Registrar

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH October 7 1939, at 12 50 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death

Duration

Uremia, Paralysis

Due to Nephritis, Chronic Interstitial

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. B. Underdeck M.D. Medical Examiner

Date signed 10/5/39

7578202

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

120 Registered No. F 61767

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 days
(e) Length of stay in Baltimore (yrs., mos., or days) 19 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4502 Hampnett ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Constance may Little

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 4-23-20
8. AGE: Years 19 Months 5 Days 12 If less than one day hr. min.
9. Birthplace Md (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Harry Little
13. Birthplace Md

MOTHER
14. Maiden Name Macie Pilisen
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof Oct 7-39 (month) (day) (year)
(c) Cemetery or crematory Woodland Pk Cemetery
Location Baltimore Md

18 (a) Funeral director Williams Cook
(b) Address 217 St Paul Street

19 (a) (Date received by registrar) (b) Huntington Williams M.D.

OCT 6 - 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 5 1939, at 5 A M

21. I certify that death occurred on the date above stated, that I attended deceased from Sept 11 1939, to Oct 5 1939, and that I last saw her alive on Oct 5 1939.

	Duration
Immediate cause of death: Severe Secondary Anemia Malnutrition	
Due to: Chronic Ulcerative Colitis	4 yrs.
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Colitis + Ileitis
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. M. Welty M. D.
Address Johns Hopkins Hosp Date signed 10-5-39

61768 HEALTH DEPARTMENT—CITY OF BALTIMORE E 61768

CERTIFICATE OF DEATH V 97

1. PLACE OF DEATH Provident Hospital Registered No.
CITY OF BALTIMORE: (No. 1514 Division St., 14 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR
2. FULL NAME Elizabeth Woodson
(a) Residence: No. 1606 McCulloh St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Widow
6. DATE OF BIRTH (month, day, year): July 29, 1850
7. AGE: Years 89 | Months 2 | Days 5 | If LESS than 1 day, hrs. or min.
OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laundress
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:
12. BIRTHPLACE (city or town) (State or country): Va.
FATHER
13. NAME:
14. BIRTHPLACE (city or town) (State or country):
MOTHER
15. MAIDEN NAME: Rachel ?
16. BIRTHPLACE (city or town) (State or country):
17. INFORMANT: Blanche Lee Jefferson
(Address) 1606 McCulloh St
18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cem Date 10-6 1939
19. UNDERTAKER: Mrs Frances A. Hemsley
(Address) 275 W. Biddle St.
20. FILED 10-6-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10-4-39
22. I HEREBY CERTIFY, That I attended deceased from 8-27-39 to 10-4-39
I last saw her alive on 10-4-39 Death is said to have occurred on the date stated above, at 3.35 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Other contributory causes of importance	

Was an operation performed? Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis: clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. F. Maloney M. D.
(Address) Provident Hospital

Lem Knox

F 61769 HEALTH DEPARTMENT—CITY OF BALTIMORE F 61769

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1105 W Franklin St. 18 Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Lem Knox,

(a) Residence: No. 1105 W. Franklin St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR or RACE: Colored

5. SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of Lillian Knox

6. DATE OF BIRTH (month, day, year): - - 1883

7. AGE: Years 56 | Months ? | Days ? | If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Hotel

10. Date deceased last worked at this occupation (month and year): Feb 1939

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Brunswick Va

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Lillian Knox
(Address): 1105 W Franklin St

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Memorial Park Date: Sept 6th 1939

19. UNDERTAKER: Archibald G. Gaddis
(Address): 2101 McCulloh St.

20. FILED: SEP 6 1939 Thurlington Whitehurst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 15 1939 to Oct 2 1939

I last saw him alive on Sept 26 1939 Death is said to have occurred on the date stated above, at 2.20 P.M.

The principal cause of death and related causes of importance were as follows:

Mitral regurgitation — Date of onset

Other contributory causes of importance: Arteriosclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Reg Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. F. Howell M. D.

(Address) 601 N Carrollton Ave

09

F 61770

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

Registered No. F 61770

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 50 Min.
(e) Length of stay in Baltimore (yrs., mos., or days) 19 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 521 N. Biddle St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lucie Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	married

6 (b) Name of husband or wife James
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1900

8. AGE: Years	Months	Days	If less than one day
39	?	?	hr. min.

9. Birthplace N. C. (Town, county, and state)
10. Usual Occupation 032
11. Industry or business

MOTHER | FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name Annie
15. Birthplace N. C.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 10-7-39 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Brooklyn
18 (a) Funeral director Adolphus Halstead
(b) Address 718 Druid Hill ave
19 (a) OCT 6 1939 (Date received by registrar) (b) Lington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-4- 1939, at 8 p M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-4- 1939 to 10-4-1939, and that I last saw h 4 alive on 10-4- 1939.

Immediate cause of death: Hypertensive encephalopathy & convulsions — Duration: 2 days
Due to Hypertensive V Disease ?-
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Murray Hobbins M. D.
Address Balto City Hosp Date signed 10-5-39

VS 3

Dungly

HEALTH DEPARTMENT—CITY OF BALTIMORE

61771 1920 CERTIFICATE OF DEATH 82 a F 61771

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1920 Mc Culloh St. 14 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Queen Dungly If U. S. Veteran specify WAR

(a) Residence: No. 1920 Mc Culloh St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Widow

6. DATE OF BIRTH (month, day, year) March 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Holden Ward 1920 Mc Culloh St.

18. BURIAL, CREMATION, OR REMOVAL Place Gloucester Pt. Va. Date 10/8/39

19. UNDERTAKER (Address) Adolphus Halstead 918 Druid Hill Ave

20. FILED OCT 6 - 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/5, 1939

22. I HEREBY CERTIFY, That I attended deceased from 9/20, 1939, to 10/5, 1939

I last saw h[illegible] alive on 10/4, 1939. Death is said to have occurred on the date stated above, at 11:52 m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. C. Ruth, M. D.

(Address)

F 61772

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a F 61772 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1729 N. MONROE ST
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 44 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1729 W. MONROE ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William S. MILLER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	MARRIED

6 (b) Name of husband or wife TENA MILLER

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 10/9/1861

8. AGE: Years	Months	Days	If less than one day
77 78	0 11	26 25	hr. min.

9. Birthplace BALTIMORE, MD. (Town, county, and state)

10. Usual Occupation RETIRED MINISTER

11. Industry or business MISSIONARY FIELD

FATHER
12. Name HENRY S. MILLER
13. Birthplace GERMANY

MOTHER
14. Maiden Name STIEHLER
15. Birthplace GERMANY

16 (a) Informant EDWARD C. MILLER
(b) Address 1920 PENNSYLVANIA AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10/7/39 (month) (day) (year)
(c) Cemetery or crematory LOUDON PARK
Location FREDK. AVE.

18 (a) Funeral director Walter Brooks Bradley
(b) Address 1922 W. Mount ave.

19. (a) (Date rec'd by registrar) Registrar

CT D - 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 4, 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 30 1939, to Oct 4 1939, and that I last saw him alive on Oct 4 1939.

Immediate cause of death
Cerebral Hemorrhage
Paralysis R. Side
Due to Hypertension, arteriosclerosis 2 yrs.
C.P.C. & Lungs 2 da.
Due to Cardiac asthenia 2 da.
Other Conditions
(Include pregnancy within 3 months of death)

Duration
4 da
4 da
2 yrs.
2 da.
2 da.

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 806 N. Fulton Ave. Date signed Oct 5/39

VS 3

✓ F 61773

1773
3691 38

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

104-B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 719 W Lanvale (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Myrtle ~~Rice~~ Rice

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: malcolm | 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-17-92

8. AGE: Years 47 | Months 6 | Days 16 | If less than one day: hr. min.

9. Birthplace: Fla (Town, county, and state)

10. Usual Occupation: none

11. Industry or business

FATHER 12. Name: Henry Wiggins
13. Birthplace: Fla

MOTHER 14. Maiden Name: Mary Speigher
15. Birthplace: Fla

16 (a) Informant: Records
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 7 39 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto. Md.

18 (a) Funeral director Wm Geo. H. Holland
(b) Address 1031 Druid Hill Ave.

CT Dec 1939 Hampton Williams MD
(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 3 1939, at 445 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 29 1939, to Oct 3 1939, and that I last saw her alive on Oct 3 1939.

Immediate cause of death	Duration
Brain abscess left cerebral hemisphere	2 days
Due to Post-operative: ethmoids, sphenoidal sinuses drained	3 days & 10 many yrs.
Due to Pan-sinusitis, chronic	?
Other Conditions Hypertensive cardio-vascular disease (Include pregnancy within 3 months of death)	
Major findings: Of operations Purulent pan-sinusitis	
Of autopsy Brain abscess.	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Helen B. Taussig M. D.
Address Johns Hopkins Hospital Date signed Oct 3 '39

F 61774 47522-FS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

23 Registered No. F 61774

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo.18da.
(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1743 764 George St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rev. Herman Walker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Georgia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-9-1902

8. AGE: Years	Months	Days	If less than one day
37	2	25	hr. min.

9. Birthplace S.C. (Town, county, and state)
10. Usual Occupation Preacher
11. Industry or business

FATHER
12. Name Frank Walker
13. Birthplace S.C.

MOTHER
14. Maiden Name Rosella Grant
15. Birthplace S.C.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 6 37 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem Park
Location Arbutus, Md.

18 (a) Funeral director Mrs. Cur Hyde Hyde land
(b) Address 1631 Druid Hill Ave. Harlem or Williams Mt

19 (a) (Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-4 1937, at 1:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8 16 1937, to 10-4 1937, and that I last saw h/m alive on 10-4 1937.

Immediate cause of death Pulmonary Hemorrhage

Due to Pulmonary Tuberculosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Pulmonary tuberculosis
Of autopsy

Duration
Sudden
minutes
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L K Woodward Jr. M. D.
Address Balto City Hosp. Date signed 10-4-37

61775

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

34-948

F 61775
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2809-W. Lafayette Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 2809-W. Lafayette Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Vincent Geppi

3 (b) If veteran, name war ------

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Rosalina (Riela)
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) 12/15/1876

8. AGE: Years	Months	Days	If less than one day
62	9	19	XXXXXX hr. XX min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Retired Fruit Dealer
11. Industry or business

FATHER
12. Name Joseph Geppi
13. Birthplace Italy

MOTHER
14. Maiden Name Josephine Geppi
15. Birthplace Italy

16 (a) Informant Miss. Josephine Geppi
(b) Address 2809-W. Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/7/39 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director George J. Roth, Inc.
(b) Address 1735-Harford Ave.

19 (a) (Date received by registrar) (b) [illegible] Registrar

CT 6-1938
VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-4 1939 at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-15 1939 to 10-4 1939 and that I last saw h[illegible] alive on 10-3 1939.

Immediate cause of death Angina Pectoris, Coronary Thrombosis
Due to General arteriosclerosis, Syphylis.
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
Several months
3 days

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] Transact[illegible] M. D.
Address [illegible] Medical Arts Bldg Date signed 10-5-39

61776 HEALTH DEPARTMENT—CITY OF BALTIMORE F 61776

CERTIFICATE OF DEATH

82-a-84

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St. 2501 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Brother Conrad (Arthur) Gross

If U. S. Veteran specify WAR

(a) Residence: No. 4409 Frederick ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 17-1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Christian Brother

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Elliott City Howard Co., Md.

FATHER

13. NAME James F. Gross

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Margaret Franz

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Bro Edmund
(Address) Mt St Joseph College

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem. Date 10/7/39

19. UNDERTAKER Chas. H. Bruchow Suc
(Address) 118 W. Mt Royal ave

DATE OCT 6 - 1939 Huntington Hilleary, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 5 1939

22. I HEREBY CERTIFY, That I attended deceased from March 1934 to Oct. 5 1939

I last saw him alive on Oct. 5 1939 Death is said to have occurred on the date stated above, at 9:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration of each
Paranoid Psychosis	2 yrs.
General Arteriosclerosis	2.
Other contributory causes of importance: Cerebral Hemorrhage	1 da

Was an operation performed? Date of

For what disease or injury?

Name of operation Findings Was there an autopsy? No

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Samuel T. Clayton M.D.

(Address) 5516 Fredericka

61777

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-a F 61777 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1308 N.Chester St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1308 N Chester St (If rural give location)
8 7
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Oliver K.Druery (Drury)

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widowed

6 (b) Name of husband or wife Alice Druery
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept.12.1867

8. AGE: Years	Months	Days	If less than one day
72	0	21	hr. min.

9. Birthplace Balto.Md. (Town, county, and state)
10. Usual Occupation (Retired) Fireman
11. Industry or business Balto.City

FATHER
12. Name Wm.H.Druery
13. Birthplace Balto.Md.

MOTHER
14. Maiden Name Sarah Keys
15. Birthplace Balto.Md.

16 (a) Informant Mr.Oliver K.Druery Jr.
(b) Address 1308 N.Chester St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct.6/39 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Balto.Md.

18 (a) Funeral director Philip Herwig Sons
(b) Address 2016 Orleans St.

19 (a) Oct 6 1939 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct.3rd. 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-1 1939. to 10-3 1939.
and that I last saw h[illegible] alive on 10-3 1939.

Immediate cause of death — Duration
Mitral Stenosis — 2 yrs
Due to Decompensation — 3 day
Due to Myocardial degeneration — 3 day
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence None
(c) Where did injury occur? (City or town) (County) (State) None
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? None
(e) Means of injury None

23. Signature David Miller M.D.
Address 1550 N Bolton Date signed 10/5/39

VS 8

61778

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

F 61778 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2442 Lakeview Ave
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 78 days
(e) Length of stay in Baltimore (yrs., mos., or days) 36 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2442 Lakeview Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mrs Rose Hurwitz

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	married

6 (b) Name of husband or wife Abraham Hurwitz
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) June 20, 1903

8. AGE: Years	Months	Days	If less than one day
36	3	5/6	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FOR USE OF STATE BOARD OF VITAL STATISTICS

12. Name Jacob Blumberg
13. Birthplace Russia
14. Maiden Name Minnie Hansen
15. Birthplace Russia

16 (a) Informant Abraham Hurwitz
(b) Address 2442 Lakeview Ave, Balto

17 (a) Oct. 6, 1939 (Burial, cremation, or removal) (b) Date thereof Oct. 8, 1939 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Location Pikesville Md

18 (a) Funeral director Jack Levine
(b) Address 1439 E. Baltimore

19 (a) Oct 6 1939 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 6 1939, at 4:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1, 1939 to Oct. 6, 1939 and that I last saw he/she alive on Oct. 5th 1939.

Immediate cause of death	Duration
Cancer of stomach	3½ months
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings: Of operations Cancer of stomach
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C. Crawford M. D.
Address Union Memorial Hospital Date signed 10/6/39

VS 3

F 61779

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95B

F 61229 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1519 Orleans St
(c) Hospital or institution: 1

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6-5

(e) Length of stay in Baltimore (yrs., mos., or days) 10 y

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1519 Orleans St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Daisey Bell

5 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: f

5. Color or race: C

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: John Bell

6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) 4-1-1897

8. AGE: Years 42 | Months 6 | Days 3 | If less than one day: hr. min.

9. Birthplace S.C. (Town, county, and state)

10. Usual Occupation housewife 0037

11. Industry or business

12. Name Lloyd Shelton

13. Birthplace S.C

14. Maiden Name Mary Meadow

15. Birthplace S.C

16 (a) Informant John Bell

(b) Address 1519 Orleans St

17 (a) (Burial, cremation, or removal)

(b) Date thereof 10-7-39 (month) (day) (year)

(c) Cemetery or crematory Chester S. C.

Location

18 (a) Funeral director Joseph E. Lockard

(b) Address 1804 N. Central Ave

19 (a) OCT 6 1939 Huntington Williamsport

Date received by registrar

VS 3

MEDICAL CERTIFICATION

P.

20. DATE OF DEATH 10-4 1939, at 10.50 M

21. I certify that death occurred on the date above stated; ~~that I last saw deceased from~~ 19 , to 19 , ~~and that I last saw him alive on~~ 19 .

Immediate cause of death: Hypertensive heart disease — Duration: unk.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. D.

Address 1500 E. Madison St Date signed 10-6-39

61780

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E

F 61780

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo. 22
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 813 N. Wolfe St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alice Ford

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Widowed

6 (b) Name of husband or wife Charles O Ford
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 24 1872

8. AGE: Years	Months	Days	If less than one day hr.	min.
66	10	11		

9. Birthplace Baltimore (Town, county, and state) Maryland

10. Usual Occupation
11. Industry or business

FATHER 12. Name Joseph Tudor
13. Birthplace Md

MOTHER 14. Maiden Name Annie Dunbeam
15. Birthplace Md

16 (a) Informant Norman S. McGee
(b) Address 813 N. Wolfe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-4-37 (month) (day) (year)
(c) Cemetery or crematory Baltimore County
Location

18 (a) Funeral director Randall E. Hunt Inc.
(b) Address 801 N. Broadway

19 (a) 1938 (Date received by registrar) (b) Hunter for Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 5 1937, at 4:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 13 1937, to Oct. 5 1937, and that I last saw her alive on Oct. 5 1937.

Immediate cause of death Peritonitis — Duration

Due to Empyema, rupture of Gall Bladder

Due to Carcinoma of Gall bladder.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operation Sub-hepatic abscess, cholelithiasis, rupture of G.B., Ca of G.B.
Of autopsy = complete purulent peritonitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Elliott Michelson M. D.
Address Sinai Hospital Date signed 10-5-37

61781

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 61781

Registered No. 167

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Union Memorial Hosp
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State New York (b) County
(c) City or town Brooklyn (If outside city or town limits, write RURAL, and give town)
(d) Street No. 786 President St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eugene Franklin Murray

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race Wh | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 2, 1901

8. AGE: Years 38 | Months 6 | Days 2 | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Actuary Clerk
11. Industry or business Life Insurance Co

FATHER
12. Name Thomas R. Murray
13. Birthplace Scotland

MOTHER
14. Maiden Name Elizabeth Browne
15. Birthplace Long Island, N.Y.

16 (a) Informant The Deceased
(b) Address

17 (a) cremation (Burial, cremation, or removal) (b) Date thereof Oct 6 1939 (month) (day) (year)
(c) Cemetery or crematory Fort Lincoln
Location Fort Lincoln Md

18 (a) Funeral director Harry H. Nitzke
(b) Address 4401 Edmondson Ave

19 (a) Oct 6 - 1939 (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 4th 1939, at 6:45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Bullet wound of head — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 10/4/39
(c) Where did injury occur? Union Memorial Hosp (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Hospital (Specify type of place) While at work? No
(e) Means of injury Colt Automatic .45

23. Signature W. H. Weidefeller M.D. Medical Examiner

Date signed 10/7/39

VS 6

'782

LB

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 6'782

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr. 2 mths. 18 days
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 149 N. High St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Kenney

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: C

6 (a) Single, married, widowed, or divorced. Married - Separated

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years 69 | Months 1 | Days 22 | If less than one day hr. min.

9. Birthplace N. C. (Town, county, and state)

10. Usual Occupation laborer

11. Industry or business odd jobs

FATHER
12. Name James
13. Birthplace N. C.

MOTHER
14. Maiden Name Madeline Spaden
15. Birthplace N. C.

16 (a) Informant records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 6th 1939 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery cem
Location Brooklyn a. a. Co. Md

18 (a) Funeral director Byron't Marie V. Wright
(b) Address 218 N. Elderry St.

OCT 6 1939 (Date rec'd by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 4 1939, at 12:25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 16 1939, to Oct 4 1939, and that I last saw h alive on Oct 4 1939.

Immediate cause of death: Acute uremia

Due to

Due to

Other Conditions: Hypertensive cardio-vascular disease

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Scarred kidneys, enlarged heart.

Duration: unknown

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed

61783

Henry Clopein

F 61783

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2410 Frederick ave St. 20 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 81 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Clopein

(a) Residence: No. 2410 Frederick Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mollie Clopein

6. DATE OF BIRTH (month, day, year) Jan 24 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Clopein

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Mollie Clopein

(Address) 2410 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Oct 7, 1939

19. UNDERTAKER George L Schmidt

(Address) 2101 Frederick Ave

OCT 6 1939 Filed ... 19... [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 5, 19 39

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 19 39, to Oct 5, 19 39

I last saw h... alive on Oct 5, 19 39 Death is said to have occurred on the date stated above, at 1:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio sclerotic cardiac vascular disease	Yrs

Other contributory causes of importance:

Chronic Cerebral thrombosis | Many

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did Injury occur?

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?

No If so, specify

(Signed) [illegible] M. D.

(Address) 2 D 20 [illegible] Ave.

61784

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 61784 Registered No. 46-B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1714 N Bradford St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 58 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City ~~or town~~ Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1714 N Bradford St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Florence Becker
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Female
5. Color or race White
6 (a) Single, married, ~~widowed~~, or ~~divorced~~. Married
6 (b) Name of husband ~~or wife~~ David Becker
6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) July 3rd 1881

8. AGE: Years 58 | Months 3 | Days 1 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

MOTHER
12. Name Arsemus Wickens
13. Birthplace Md

FATHER
14. Maiden Name Catherine Porter
15. Birthplace Md

16 (a) Informant David Becker
(b) Address 1714 N Bradford St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 7th 1939 (month) (day) (year)
(c) Cemetery or crematory Balto Cem
Location North Ave Extended

18 (a) Funeral director Lee & Brooke
(b) Address 1701 N Patterson Park Ave

19 (a) (Date rec'd by Registrar) (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-4 1939. at 1.30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-23 1939. to 10-4 1939.
and that I last saw h er alive on 10-4 1939.

Immediate cause of death Carcinoma Stomach — Duration 8 mos.
Due to
Due to
Other Conditions Carcinomatosis.
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. L. Ewalt M. D.
Address Calvert Court Apts Date signed 10-4-39

VS 8

F 61785

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-C

Registered No. F 61785

1. PLACE OF DEATH: St. Agnes Hospital
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 34 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2617 Lauretta Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 34 years

3 (a) FULL NAME Joseph Petrella

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-03-5281

4. Sex male

5. Color or race white

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife late Maria L. Petrella

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 3rd 1876

8. AGE: Years 63 | Months 8 | Days 1 | If less than one day hr. min.

9. Birthplace Priverno - Roma (Italy) (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business Tailor Shop

FATHER
12. Name Domenico Petrella
13. Birthplace Priverno - Roma - Italy

MOTHER
14. Maiden Name Teresa Lucatelli
15. Birthplace Priverno - Roma (Italy)

16 (a) Informant NUNZIATA DiPeppe (Daughter)
(b) Address 2617 Lauretta Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof Oct. 7 1939 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md.

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Morley St.

19 OCT 6 - 1939 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 4 1939, at 11:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1939, to Oct 4 1939, and that I last saw h in alive on Oct 4 1939.

Immediate cause of death
Cardio - Resp failure
Carcinoma of colon

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Ca of Colon

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. J. Dolore M. D.
Address St Agnes Hosp Date signed Oct 5 1939

VS 3

Spec.—1-10-21—M&T—1500 Blks.

Noah Lee Cole.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 1106-B

61786 1

F 61786

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 618 Montpelier St. 9-3 WARD)

2-FULL NAME Noah Lee Cole

(a) RESIDENCE NO. 618 Montpelier ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Carrie Lina

6 DATE OF BIRTH (month, day, and year)

7 AGE: 69 (Years) (Months) (Days)

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Co Md

PARENTS

10 NAME OF FATHER: Noah Cole

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Co Md

12 MAIDEN NAME OF MOTHER: Sophia Disney

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Co Md

14 Informant (Address): Sophia Cole 618 Montpelier St

15 Filed 1939 . 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 4 1939

17 I HEREBY CERTIFY, That I attended deceased from July 1 . 1939 . to Oct. 3 . 1939 .

that I last saw her alive on Oct 3 . 1939 .

and that death occurred, on the date stated above, at 8. A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Syncope

Artero Sclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Chron Cystitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) H. Tolbert Reed M. D.

10-5 . 1939 (Address) 2502 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Mary's Kennedy — DATE OF BURIAL: Oct. 6 1939

20 UNDERTAKER: M E Gosson — ADDRESS: 841 W. 37th St

61787

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V 126 Registered No. F 61787

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4414 Reisterstown Rd
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4414 Reisterstown Rd (If rural give location)
15
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mollie C. Rellihan (Mary C.)

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 31, 1883

8. AGE: Years	Months	Days	If less than one day hr.	min.
56	6	25		

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

MOTHER / FATHER

12. Name Daniel J. Rellihan

13. Birthplace Norfolk Va

14. Maiden Name Mary C. Yeatman.

15. Birthplace Balto. Md.

16 (a) Informant Mrs Nellie M. Lee

(b) Address 4414 Reisterstown Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 7 1939 (month) (day) (year)

(c) Cemetery or crematory London Park.

Location Cypress Lot 539.

18 (a) Funeral director Ellis S. White.

(b) Address 2840 Old Spring Lane

19 Oct 6 - 1939 (Date received by registrar) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH October 4 1939, at 9 14 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-22 1939, to 10-4 1939, and that I last saw her alive on 10-4 1939.

Immediate cause of death	Duration
Myocardial Failure	
Due to Coronary Thrombosis	
Due to	
Other Conditions Chronic Cholecystitis Cholelithiasis	

(Include pregnancy within 3 months of death)

Major findings: Of operations Chronic Cholecystitis Cholelithiasis

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John M Scott M. D.

Address Maryland General Hosp Date signed 10-4-39

F 61788 X F 61788

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

72-B Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Redwood & Greene Sts.

(c) Hospital or institution:
UNIVERSITY HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 51d. 51 days.

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Talbot.

(c) City or town ~~Baltimore~~ Cordova. (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME FRANKLIN BOYLES.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Single. (?)

6 (b) Name of husband or wife

6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) 1919

8. AGE: Years	Months	Days	If less than one day
20			hr. ... min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation NONE

11. Industry or business NONE

FATHER 12. Name FRANK. W. BOYLES

13. Birthplace Maryland

MOTHER 14. Maiden Name Elsie DeFord.

15. Birthplace Maryland

16 (a) Informant Hospital Records.

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 8 1939 (month) (day) (year)

(c) Cemetery or ~~cemetery~~ Hillsboro

Location Hillsboro Md

18 (a) Funeral director Earl W Stafford

(b) Address Easton Md.

OCT 6 1939 (Local registrar) Huntingtown Md

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 5 1939, at 9 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1 19... to Oct. 5 1939. and that I last saw him alive on Oct. 4 1939.

Immediate cause of death — Duration

Hodgkins Disease — 4 years

Due to

Due to

Other Conditions Secondary anemia

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Hodgkin's Disease

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature John Z. Boyles M.D.

Address University Hospital Date signed Oct. 5

F 61789

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 23

Registered No. F 61789

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 728 W. Franklin St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore, Maryland (If outside city or town limits, write RURAL and give town)
(d) Street No. 1715 728 W. Franklin St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elmira (Elmina) Brown (Matthews)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Fe | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 29, 1905

8. AGE: Years 34 | Months 3 | Days 11 | If less than one day hr. min

9. Birthplace Ohio (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name

13. Birthplace Ohio

MOTHER 14. Maiden Name

15. Birthplace Tennessee

16 (a) Informant Records

(b) Address Baltimore City Health Dept.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location UNIVERSITY MEDICAL SCHOOL SEP 15 1939
Commissioner of Health

18 (a) Funeral director Per H. A. Moore

(b) Address

19 (a) OCT 6 - 1939 (Date rec'd by registrar) Victor Williams M.D.

(b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/10/39 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death — Duration

Pulmonary Tuberculosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. W. Blanchard M.D. Medical Examiner

24. Date signed 9/11/39

VS 4

47243-FS

F 61790

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

Registered No. F 61790

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo.27da.
(e) Length of stay in Baltimore (yrs., mos., or days) over 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1419 ANDRE ST. (If rural give location)
If foreign born, how long in U. S. A.? over 50 yrs. years

3 (a) FULL NAME August Quasky

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Elizabeth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-29-1861

8. AGE: Years	Months	Days	If less than one day
78	5	6	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation stevedore
11. Industry or business

FATHER
12. Name John
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant B.C.H. Records
(b) Address

17 (a) (Burial, cremation, or removal)
(b) Date thereof Oct. 7th 1939. (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto.

18 (a) Funeral director Charles F. Gill.
(b) Address 1501 E. Fort Ave.

19 (a) OCT 6 - 1939 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 5 1939, at 1:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from August 8 1939, to Oct. 5 1939, and that I last saw h alive on Oct 5 1939.

Immediate cause of death Arteriosclerotic Heart disease — Duration unknown.

Due to

Due to

Other Conditions Arteriosclerosis, generalized — unknown.

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Enlarged heart, congestion of lungs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Murray Lehdorn M. D.
Address Balto City Hosp Date signed 10-6-39.

VS 3

61791 48223-FS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

Registered No. 61791

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 days
(e) Length of stay in Baltimore (yrs., mos., or days) 59 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 324 S. East Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 59 years

3 (a) FULL NAME Robert Wackes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Minnie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-24-1864

8. AGE: Years 76 | Months 1 | Days 11 | If less than one day: hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

MOTHER / FATHER

12. Name Unknown
13. Birthplace Germany

14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 10-39 (month) (day) (year)
(c) Cemetery or crematory Trinity Cemetery
Location Donnell St.

18 (a) Funeral director John A. Miller
(b) Address 23 S. Jefferson St.

19 (d) OCT 6 - 1939 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 5 1939, at 11 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 10 1939, to Oct 5 1939, and that I last saw h alive on Oct 5 1939.

Immediate cause of death: Arteriosclerotic Heart Disease — Duration unknown

Due to

Due to

Other Conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. M. Waghelstein M. D.
Address Balto. City Hosp. Date signed 10-5-39

VS 3

F 64792

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942 Registered No. F 64792

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2546 W Fayette St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2546 W Fayette St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie G Wilhide

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife John Wilhide | 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 16 1873

8. AGE: Years 66 | Months 7 | Days 19 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business

12. Name Charles J Wasmus
13. Birthplace Baltimore

14. Maiden Name Elizabeth Burhurst
15. Birthplace Baltimore.

16 (a) Informant Mrs Charles Wasmus
(b) Address 2546 W Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 9 1939 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore Md

18 (a) Funeral director William J Turkus & Sons
(b) Address North & Penna. Ave

19 (a) OCT 8 1939 (b) Huntington Wilkinson Registrar
(Date rec'd by reg'r)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 5 1939. at 3 P M

21. I certify that death occurred on the date above stated, that I attended deceased from 1934. to Oct. 5 1939.
and that I last saw her alive on June 26 1939.

Immediate cause of death Coronary occlusion — Duration Oct. 5 - 39

Due to Arterio sclerosis hypertension — 1912

Due to Angina pectoris chronic organ in — 1934

Other Conditions — 1912

(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓
(c) Where did injury occur? (City or town) (County) (State) ✓
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place) ✓
(e) Means of injury

23. Signature John S. Richey M. D.
Address 122 E. 28th St Date signed Oct. 6 39
Howard J. Haussler Medical Examiner

F 61793

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 61793

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days 4 mths.
(e) Length of stay in Baltimore (yrs., mos., or days) 24 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 221 N. Kenwood Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 25 yrs. years

3 (a) FULL NAME John E. Herwig
3 (b) If veteran, name war
3 (c) Social Security Account No. 213-03-5465

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Carrie
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) ?
8. AGE: Years 44 Months ? Days ? If less than one day hr. min.
9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Electrician
11. Industry or business Roland Electric Co.

FATHER
12. Name Adolph
13. Birthplace Germany

MOTHER
14. Maiden Name Bertha (d)
15. Birthplace Germany

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal)
(b) Date thereof Oct. 7. 1930 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore Md

18 (a) Funeral director Fred W. Orzechowski
(b) Address 1930 Eastern Ave.

19 (a) [illegible] Huntington Williams M.D. Registrar
(b) Date received by registrar OCT 6 1930

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-4 1937. at 6.25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-23 1937. to 10-4 1937.
and that I last saw him alive on 10-4 1937.

Immediate cause of death: Pulmonary tuberculosis — Duration: ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations same

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L.H. Woodward Jr. M. D.
Address Balto City Hosp. Date signed 10-4-37

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61794 F 61794

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital Ward)

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Silverthorne

If U. S. Veteran specify WAR ....

(a) Residence: No. 1 Frank. Sq. Hospl St., ... Ward. ....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 10-5-39

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Jessie E. Silverthorne

14. BIRTHPLACE (city or town) (State or country) Castle Rd.

MOTHER

15. MAIDEN NAME Naoma Rosenbloom

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT ....

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place ... Date OCT - 6 1939

Commissioner of Health

19. UNDERTAKER ....

(Address)

Per W. A. Bowie

26. FILED OCT 6 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-5, 1939

22. I HEREBY CERTIFY, That I attended deceased from 10-5, 1939 to 10-5, 1939

I last saw him alive on 10-5, 1939. Death is said to have occurred on the date stated above, at 7:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Erythroplastic Anemia	
Hemorrhage in peritoneal cavity	10-5-39
due to	
Other contributory causes of importance:	

Was an operation performed? No Date of ....

For what disease or injury? ....

Name of operation ....

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ....

(Signed) M. Brown, M. D.

(Address) Frank Sq Hospt.

5080

F 61795

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 B

Registered No. F 61795

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2631 Wilkens Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 5
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 2631 Wilkens Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME .....ALBERT WESTPHAL.....

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Elizabeth Westphal
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 30, 1874

8. AGE: Years	Months	Days	If less than one day
..65....	4	5?	— hr. — min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Retired Engineer
11. Industry or business Baltimore & Ohio R.R.

MOTHER'S MAIDEN NAME
12. Name George Westphal
13. Birthplace Germany

FATHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs. Elizabeth Westphal
(b) Address 2631 Wilkens Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 7/39 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave. City
(a) Funeral director F. D. Gilbert Sons
(b) Address 1300 Eutaw Place

19 (a) Filed OCT 6 - 1939 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 4, 19 39 at 5:15 P M

21. I certify that death occurred on the date above stated, that I attended deceased from June 1938 to April 1939.
and that I last saw h alive on 1939.

Immediate cause of death
Coronary Sclerosis
Due to
Due to
Other Conditions Hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Haroman M. D.
Address 2687 Madison Ave Date signed Oct 6 39

61796

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B Registered No. E 61796

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1317 W Lemvale St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1317 W Lemvale St (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Wm N. Wilson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Married

6 (b) Name of husband or ~~wife~~ Mary Elizabeth Wilson
6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) Aug 16 1868

8. AGE: Years	Months	Days	If less than one day
71	- 1	- 17	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Retired Shipping Clerk (Paint Works)
11. Industry or business

FATHER 12. Name Richard W Wilson
13. Birthplace Md

MOTHER 14. Maiden Name Sophia Simpson
15. Birthplace Md

16 (a) Informant Mary E Wilson (wife)
(b) Address 1317 W Lemvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-7-1939 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Brooklyn A. A. Co. Md

18 (a) Funeral director Byron & Mamie E Wright
(b) Address 1218 McElderry St.

19 (a) OCT 5 1939 (Date received by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 3 1939 at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 7 1939 to Oct 3 1939.
and that I last saw h alive on Oct 3 1939.

Immediate cause of death	Coronary Thrombosis	Duration 4 days
Due to	Cerebral Hemorrhage	Sept 7 '39
Due to	Hemiplegia & Facial involvement (Incontinence of Urine & Feces)	
Other Conditions	(none other)	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ruth L. Young M. D.
Address 1429 E Monument St Date signed 10/5/39

VS 3

1797 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 61797

CERTIFICATE OF DEATH

93-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 505 W. Hoffman St. 17-2 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Emma Grant

If U. S. Veteran specify WAR

(a) Residence: No. 505 W. Hoffman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 16, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Sparrow Point Md.

FATHER

13. NAME Arthur Sands

14. BIRTHPLACE (city or town) (State or country) Cambridge Md.

MOTHER

15. MAIDEN NAME Rose Bedford

16. BIRTHPLACE (city or town) (State or country) Queen Anne Co. Md.

17. INFORMANT Anna E. Tolbert
(Address) 505 W. Hoffman

18. BURIAL, CREMATION, OR REMOVAL
Place North Point Md. 10-8 1939

19. UNDERTAKER Bryson & Jones
(Address) 2121 Eastern Ave

20. FILED OCT 7 - 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 8, 1939 to Oct 6, 1939

I last saw her alive on Oct 6, 1939. Death is said to have occurred on the date stated above, at 4:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	Oct 5
Other contributory causes of importance: Pulmonary edema Hypostatic Acute	Oct 6 Sept 8

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Dr. L. Lugg M. D.

(Address) 1420 E. Chase St

HEALTH DEPARTMENT—CITY OF BALTIMORE

61798 CERTIFICATE OF DEATH 34-E-85 61798

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 954 Forest St St. 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran (Civil) WAR

2. FULL NAME John Ware

(a) Residence: No. Maryland Penitentiary St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) December 24, 1913

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
25	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Newport News, Va

FATHER

13. NAME Rufus Ware

14. BIRTHPLACE (city or town) (State or country) Matthews Co., Va

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Matthews Co., Va

17. INFORMANT Cora Ware

(Address) 908 McCulloh st.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathary Date 10-7-39

19. UNDERTAKER Adrian Valentine

(Address) 918 Druid Hill ave

20. FILED 10-7-1939 19 Huntington Wilson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 4th, 1939

22. I HEREBY CERTIFY, That I attended deceased from September 30, 1939 to October 4th, 1939

I last saw him alive on October 4th, 1939. Death is said to have occurred on the date stated above, at 1:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro Spinal Syphilis	
Other contributory causes of importance: Epilepsy	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John T. Aubrey, M. D.

(Address) Temple Baptist 34th & Guilford ave

C. F. W. Brandt

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 64799

CERTIFICATE OF DEATH

23 F 64799

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 310 N. Preston St. 11-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Virginia Boston

If U. S. Veteran specify WAR

(a) Residence: No. 310 N. Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

5a. If married, widowed or divorced WIFE of Louis C. Boston

6. DATE OF BIRTH (month, day, year) unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dressmaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Factory

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) King County Va

FATHER

13. NAME Chas. P Brafton

14. BIRTHPLACE (city or town) (State or country) King County. Va

MOTHER

15. MAIDEN NAME Mary Williams

16. BIRTHPLACE (city or town) (State or country) King County Va

17. INFORMANT Beatrice Schuster

(Address) 310 Preston

18. BURIAL, CREMATION, OR REMOVAL

M.J. Calvary Cem. Date 10-7-39 19

19. UNDERTAKER address obliterated

(Address) 418 Druid, Hill ave.

OCT 7 - 1939 19 Registrar

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1939 to Oct 6 1939

I last saw h alive on Oct 5 1939 Death is said to have occurred on the date stated above, at 1.50 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	about 8-1-39
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Physical Ex Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. McRae M. D.

(Address) 1126 Druid Hill

M. D. P. 1368-9

F 61800

$1800

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-E-93D

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1231 Madison Ave. Ward 17)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Smith.

(a) Residence: No. 1215 Shields Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
M	colored	widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Martina Waters Smith.

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	3	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 40 yrs.

12. BIRTHPLACE (city or town) (State or country) St Mary's County Maryland

FATHER

13. NAME Frank Smith

14. BIRTHPLACE (city or town) (State or country) Oakville Maryland

MOTHER

15. MAIDEN NAME Maria Carroll

16. BIRTHPLACE (city or town) (State or country) Drayton Maryland

17. INFORMANT Oscar Smith

(Address) 1215 Shields Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Oct 7 1939

19. UNDERTAKER Chas H. Alexander

(Address) 1200 McCulloh

Huntington Williamsport

OCT 7 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 5 1939

22. I HEREBY CERTIFY, That I attended deceased from March 27 1937 to September 21 1939

I last saw h[im] alive on September 21 1939. Death is said to have occurred on the date stated above, at 3 45 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute myocardial failure	Oct 5, 39

Other contributory causes of importance:

Syphilis - C.N.S. - treated.	?

Name of operation none Date of none

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Howard J. Mueller, M. D.

(Address) 2426 Eutaw Place

Howard J. Mueller Medical Examiner

1801

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 61801

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 9 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1111 Wood Heights Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Baby Carole Schmidtman
(b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F
5. Color or race W
6 (a) Single, married, widowed, or divorced. S
(b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec 31, 1938
8. AGE: Years | Months 9 mos | Days | If less than one day hr. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business
12. Name Louis F. Schmidtman
13. Birthplace Md
14. Maiden Name Thelma Luther
15. Birthplace Md
16 (a) Informant Louis F. Schmidtman
(b) Address 1111 Woodheights Ave
17 (a) Burial (Burial, cremation, or removal)
(b) Date thereof Oct 7, 1939 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Windsor Mill Road
18 (a) Funeral director Brenowitsan
(b) Address 3615 1/2 Chestnut Ave
(b) [illegible] for Williams, M.D.
19 (a) (Date rec'd by registrar) Registrar
Oct 7 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 5 1939, at 4:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/1 1939 to 10/5 1939, and that I last saw her alive on 10-5 1939.

Immediate cause of death: Gastro-enteritis of infancy — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J. McClafferty M.D.
Address Bon Secours Hosp. Date signed 10/5/39

VS 1

61802

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-B

F 61802
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3517 Kenwick Road.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3517 Kenwick Road.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 42 years

13 6

3 (a) FULL NAME Marie Durnik

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: widow
6 (b) Name of husband or wife: Frank Durnik.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Feb 4, 1872
8. AGE: Years: 67 Months: 8 Days: 2 If less than one day: hr. min.
9. Birthplace: Austria (Town, county, and state)
10. Usual Occupation: Housework
11. Industry or business:

FATHER
12. Name: Joseph Markette
13. Birthplace: Italy

MOTHER
14. Maiden Name: Marie Debenjek
15. Birthplace: Austria

16 (a) Informant: Anna Cella
(b) Address: 699 E 137th St. N.Y.C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 9, 1939 (month) (day) (year)
(c) Cemetery or crematory: St. Mary's Hampden
Location: Roland Ave.

18 (a) Funeral director: Clemens & Sons
(b) Address: 3615-17 Eastern Ave.

Huntington Williams, M.D.
(Signature of local registrar) Registrar

OK
OK
7 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH October 6th 1939, at 8 10 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Cerebral thrombosis	1 day
Due to Arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wolcomeber M.D.
Medical Examiner.
Date signed Oct 6th, 1939

VR 8

61803 HEALTH DEPARTMENT—CITY OF BALTIMORE F 61803

CERTIFICATE OF DEATH

47-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4311 Underwood Rd. St. 27-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. — mos. — da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Dr. Wilbur Marion Pearce

If U. S. Veteran specify WAR NONE

(a) Residence: No. 4311 Underwood Rd, Guilford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed or divorced: HUSBAND of (or) WIFE of Frances Howe Pearce

6. DATE OF BIRTH (month, day, year) Aug. 22, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0854

10. Date deceased last worked at this occupation (month and year) Dec. 1939

11. Total time (years) spent in this occupation 46yrs.

12. BIRTHPLACE (city or town) (State or country) near Sparks Balto Co. Md

FATHER

13. NAME Wm. Thos. Pearce

14. BIRTHPLACE (city or town) (State or country) My Lady's Manor Md.

MOTHER

15. MAIDEN NAME Margretta Stabler

16. BIRTHPLACE (city or town) (State or country) Carlton Md

17. INFORMANT Mrs Frances H. Pearce (wife)
(Address) 4311 Underwood Rd. Guilford, City

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Date 10/7/39

19. UNDERTAKER STEWART & POWER COMPANY
(Address) [illegible] W. NORTH AVENUE

Filed OCT 7 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1939 to Oct. 5, 1939

I last saw him alive on Oct. 5, 1939. Death is said to have occurred on the date stated above, at 3.50 P.m.

The principal cause of death and related causes of importance, were as follows:

	Date of onset
Carcinoma of right lung	Nov. 1938
Other contributory causes of importance:	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury —, 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

no If so, specify

(Signed) Ernest S. Cox, M. D.

(Address) 1035 N. Calvert St.

F 61804

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 61804

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 9 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1475 S. Lenwood ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James C. Bender
3 (b) If veteran, name war
3 (c) Social Security Account No. 215-10-3779

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Elsie
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) Dec 27, 1889

8. AGE: Years	Months	Days	If less than one day: hr.	min.
49	9	5		

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business W. MD. Dairy Co.

MOTHER / FATHER
12. Name Frank Bender
13. Birthplace Bohemia
14. Maiden Name Mary Coffman
15. Birthplace Bohemia

16 (a) Informant Dorothy Bender.
(b) Address 705 N. Hilton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/7/39 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director C. S. Schimmel
(b) Address 2601-3 E. Madison St.

19 (a) Registered by registrar OCT 7 - 1939 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-5 1939, at 2:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-26 1939, to 10-5 1939, and that I last saw him alive on 10-5-39 1939.

Immediate cause of death: Inguinal Hernia — Duration: 3 yrs.
Due to: Peritonitis — 9-30-39
Due to:
Other Conditions: Bronchopneumonia — 9-30-39
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Sigmoid
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm Manahan M. D.
Address Md Gen Hosp Date signed 10-5-39

61805 E 61805

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 640 N. Carey St. 16-W Ward)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Moody

(a) Residence: No. 640 N. Carey St., Ward, SS. 217-09-5833

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mabel Moody

6. DATE OF BIRTH (month, day, year) Feb. 14, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as mill, saw mill, bank, etc. Doctor's Office

10. Date deceased last worked at this occupation (month and year) 10

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Dillon S. C.

FATHER

13. NAME Augustus Miles

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Mabel Moody

(Address) 640 N. Carey St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Oct 7, 1939

19. UNDERTAKER Mrs Katie R Williams

(Address) 3224 Edmondson St

FILED Oct 7 - 1939

Registrar of Vital Statistics

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/4/39

22. I HEREBY CERTIFY, That I attended deceased from 9/12/39 to 10/4/39

I last saw h[illegible] alive on 10/4/39 Death is said to have occurred on the date stated above, at 7:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	4/1/39

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. W. Stanford Lewis M. D.

(Address) 1600 W. Lanvale St.

F 61806

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

Registered No. F 61806

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 545 Orchard St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 73 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 545 Orchard St. (If rural give location)

17th

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Foreman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 16, 1866

8. AGE: Years 73 | Months — | Days 19 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

MOTHER / FATHER

12. Name Fred Foreman

13. Birthplace Md

14. Maiden Name Mary Foreman

15. Birthplace Md

16 (a) Informant Isaiah N. Foreman

(b) Address 924 Madison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-9-39 (month) (day) (year)

(c) Cemetery or crematory Asbury Meth. Prot. Cem.

Location Balto Co. Md.

18 (a) Funeral director Mrs Frances O. Hemsley

(b) Address 578 N Bridge St Westminster Md

19 (a) OCT 7 1939 (Filed by registrar) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 5, 1939, at 3:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 5 1939, to Oct 5, 1939, and that I last saw her alive on Oct 1, 1939.

Immediate cause of death (a) Carcinoma

(b) Uremia

Duration: 8 months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible] M. D.

Address 924 Madison Ave Date signed 10/6/39

VS 3

F 61807

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61807

CERTIFICATE OF DEATH

Registered No. 177

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4658 Falls Road St., 27-15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Charles Turner

If U. S. Veteran specify WAR

(a) Residence: No. 4658 Falls Road St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 25 1928

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	11		10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bath Md.

FATHER

13. NAME John H. Turner

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Ethel White

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Ethel Turner

(Address) 4658 Falls Road.

18. BURIAL, CREMATION, OR REMOVAL? Place Arlington Mem. Park Date 10-8 19 38

19. UNDERTAKER Mrs Frances A. Hensley

(Address) 571 N. Eutaw St

20. FILED OCT 7-1938 Huntington Williamson, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to Oct 5, 1938

I last saw h[illegible] alive on Oct 5, 1938 Death is said to have occurred on the date stated above, at 8:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gastro Enteritis	
Ptomaine Poisoning	10/5/38
Other contributory causes of importance:	

Was an operation performed? None Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical & Gastric Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edw. Newstetter M. D.

(Address) 2245 Madison Ave

61808

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-F

F 61808 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2602 Allendale Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Blanche E. Smither

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife Charles W

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) March 21, 1873

8. AGE: Years	Months	Days	If less than one day: hr.	min.
66	6	15		

9. Birthplace Amelia County, Va. (Town, county, and state)

10. Usual Occupation HW

11. Industry or business

MOTHER / FATHER

12. Name Emmett Smither

13. Birthplace Virginia

14. Maiden Name Indiana Delay

15. Birthplace Virginia

16 (a) Informant Charles W Smither

(b) Address 2602 Allendale Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 8-1939 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Pikesville

18 (a) Funeral director Sp. Eugene J Sons

(b) Address North & Pennsylvania Ave

19 (a) (Date received by registrar) (b) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 10 / 6 1939, at 7:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 10/2 1939, to 10/6 1939, and that I last saw h-er alive on 10/6 1939.

Immediate cause of death: Carcinoma Head Pancreas — Duration: 4 days

Due to: Acute Cardiac Dilatation — 1 day

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo Frederick Johnston Jr. M. D.

Address Md. General Hospital Date signed 10/6/39

VS 3

1809) ✓ F 61809

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3116 Howard Park Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3116 Howard Park Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah E. Keiscome

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: widow
6 (b) Name of husband or wife: Andrew W. Keiscome
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 5/30/59
8. AGE: Years 80 | Months 4 | Days 6 | If less than one day: hr. min.
9. Birthplace Indianna (Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name William J. Hensley
13. Birthplace Indiana

MOTHER
14. Maiden Name Polly A. Caughren
15. Birthplace Ky.

16 (a) Informant Clara K. Inman
(b) Address 3504 Grantly Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/9/39 (month) (day) (year)
(c) Cemetery or crematory Lorraine Comy.
Location Cooks Lane, Balto. Co. Md.

18 (a) Funeral director John O. Mitchell Sons Inc.
(b) Address 1900 Eutaw Place

19 (a) Huntington Williams M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 6, 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 15 1939 to Oct 6 1939, and that I last saw h alive on 1939.

Immediate cause of death 1 Myocardial Insufficiency — Duration

Due to

Due to

Other Conditions Arterio-sclerosis & Myocarditis
(Including pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A. Schenuch M. D.
Address 1337 S. Charles St. Date signed

VS 3

61810

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

45-F V

Registered No. F 61810

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address: Wyman Park Drive and 31st St.

(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11mo6da

(e) Length of stay in Baltimore (yrs., mos., or days) 49 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore City

(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)

(d) Street No. 1415 W. Fayette Street (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) **FULL NAME** Frank Stone

3 (b) If veteran, name war: SPW

3 (c) Social Security Account No.:

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Mary Jane Newton

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1859

8. AGE: Years 79 | Months 9 | Days 11 | If less than one day: hr. ..... min.

9. Birthplace: San Antonio, Texas (Town, county, and state)

10. Usual Occupation: Plasterer

11. Industry or business:

FATHER

12. Name: Stone

13. Birthplace: Unknown

MOTHER

14. Maiden Name: Mary Ann Oliver

15. Birthplace: Unknown

16 (a) Informant: Records-U. S. Marine Hospital,

(b) Address: Baltimore, Maryland.

17 (a) Burial, cremation, or removal: Burial (b) Date thereof Oct 9 1939 (month) (day) (year)

(c) Cemetery or crematory: Mt. Pleasant Cemetery

Location: Baltimore City, Md.

18 (a) Funeral director: J. H. Lawrence

(b) Address: 1623 W. Baltimore St.

19 (a) OCT 7 - 1939 (Date rec'd by registrar) Thomas J. Williams Registrar

(b)

MEDICAL CERTIFICATION

20. DATE OF DEATH October 6, 1939, at 5:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 31, 1938 to Oct. 6, 1939, and that I last saw him alive on Oct. 6, 1939.

Immediate cause of death: Carcinoma of Pharynx — Duration: 3 to 4 Yrs.

Due to .....

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....

(e) Means of injury .....

23. Signature T. B. W. Anderson M. D.

Address U. S. Marine Hospital, Baltimore, Maryland. Date signed 10/6/39

VS 8

61811

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-F

Registered No. F 61811

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd and Calvert.
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 12 W. Wyman Park Apts (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Mrs Joseph Patrick Grogan (Rachel C.)
(b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F. 5. Color or race W. 6 (a) Single, married, widowed, or divorced Widow
(b) Name of husband or wife Mr. Joseph P. Grogan (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 9, 1863.

8. AGE: Years 76 Months 5 Days 26 If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

12. Name Mr. Wm. Rattray
13. Birthplace England
14. Maiden Name Ann. Bell
15. Birthplace Md.

16 (a) Informant Mrs. W. V. Conner (daughter)
(b) Address 3914 University Place.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/8/39 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director H. O. Means & Son
(b) Address 845 W. Lafayette Ave.

19 (a) OCT 7 - 1939 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 5, 1939, at 6:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 17 1939, to Oct. 5 1939, and that I last saw her alive on Oct. 5, 1939.

Immediate cause of death Carcinoma of the gall bladder

Duration 1 yr.

Due to

Due to

Other Conditions Metastases to liver, arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Carcinoma of Gallbladder

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Richard H. Kimball M. D.
Address Union Memorial Hosp. Date signed 10-5-39

VS 3

Kurtzwile

F 61812

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 59

Registered No. F 61812

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3903 Fairview Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 d

(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County B
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
Street No. 3903 Fairview Ave
(If rural give location)
(d) If foreign born, how long in U. S. A.? 27 years

3 (a) FULL NAME Lizzie Kurtzwile

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Aaron Kurtzwile
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 60 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

MOTHER / FATHER

12. Name Harry Weinstein

13. Birthplace Russia

14. Maiden Name Rachael --

15. Birthplace Russia

16 (a) Informant Aaron Kurtzwile

(b) Address 3903 Fairview Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-8-39 (month) (day) (year)

(c) Cemetery or crematory Hebrew Mt. Carmel

Location

18 (a) Funeral director Jack Levin Inc

(b) Address 1439 E. Balto. St

19 (a) (Date rec'd by registrar) (b)

VS 3 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-6-39 19 . at 2.45 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/7 19.29. to 10/6 1939, and that I last saw her alive on 10/6 1939.

Immediate cause of death	Duration
auto cardiac Dilatation	10/7/39
Due to Coronary Thrombosis	10/1/39
Due to Diabetes mellitus	192
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.

Address 230 W Eutaw Pl Date signed 10/6/39

61813

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-cF 61813 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2 S. Exeter St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 50yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto

(c) City or town 2 S Exeter St (If outside city or town limits, write RURAL and give town)

Street No. 3 (If rural give location)

(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Abraham Ader

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Minnie

6 (c) If alive, give age 85 years

7. Birth date of deceased (mo., day, yr.) 1855

8. AGE: Years	Months	Days	If less than one day hr.	min.
85				

9. Birthplace Russia (Town, county, and state) 0060

10. Usual Occupation Tailor - Retired

11. Industry or business

MOTHER / FATHER

12. Name Isadore Ader

13. Birthplace Russia

14. Maiden Name Sarah

15. Birthplace Russia

16 (a) Informant Wife

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-8-39 (month) (day) (year)

(c) Cemetery or crematory Rosedale

Location Phil. Pike & Hamilton Ave

18 (a) Funeral director Jack Levy Inc

(b) Address 1439 E. Balto St

19 (a) 10-8-1939 (Date received by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-7-39 19 . at 7 9 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1939 to Oct 6 1939.

and that I last saw him alive on Oct 6 19 39.

Immediate cause of death Duration

Acute Heart Dilation 1 dy

Due to

Due to Chron Myocarditis 2 yrs

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature M D Bayless

Address 2040 Eutaw Date signed 10/7

VS 3

61814

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 61814

Registered No. 94-B

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2228 Eutaw Pl

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr 3

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 2228 Eutaw Place (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lawy Fisher

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 69 | Months | Days | If less than one day: hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Shoe Merchant

11. Industry or business

FATHER 12. Name Emanuel Fisher

13. Birthplace Germany

MOTHER 14. Maiden Name Lena Herman

15. Birthplace Germany

16 (a) Informant Martin Dorman

(b) Address 2228 Eutaw Pl

17 (a) Burial (Burial, cremation, or removal)

(b) Date thereof 10-8-39 (month) (day) (year)

(c) Cemetery or crematory Lehan Frendsh

Location E. Balto St

18 (a) Funeral director Jack Levy Inc

(b) Address 1737 E. Balto St

19 OCT 8 - 1939 (Date rec'd by registrar) per [illegible] Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 6 1939, at 10 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1930 to Oct 6 1939, and that I last saw him alive on Oct 5 1939.

	Duration
Immediate cause of death: Coronary Thrombosis	at once
Due to: Coronary Sclerosis	5 years
Due to: General Arteriosclerosis	10 yrs
Other Conditions (Include pregnancy within 3 months of death)	

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Emma E. Wagner M. D.

Address 1 E. Eutaw Pl Date signed 10/6/39

VS 3

F 61815

61815

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 48

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2009 Callow Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2009 Callow Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME FANNIE MAYER

3 (b) If veteran, name war .....
3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) About 1876

8. AGE: Years	Months	Days	If less than one day
About 63			hr. ... min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business .....

MOTHER / FATHER
12. Name Lee Mayer,
13. Birthplace Germany
14. Maiden Name Rosa Steinberg,
15. Birthplace Baltimore, Md.

16 (a) Informant Miss. Fannie Rice,
(b) Address Marlborough Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 9th. 1939 (month) (day) (year)
(c) Cemetery ~~or Crematory~~ Oheb Shalom
Location Baltimore, Md.

18 (a) Funeral director Abard Sonnenstein & Son
(b) Address 1902 Eutaw Place.

19 (a) ..... (Date rec'd by registrar) (b) ..... Registrar

8—VS 39

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 7th. 1939, at A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 7 1939 to Oct 7 1939, and that I last saw her alive on Oct 7 39

Immediate cause of death	Duration
General carcinomatosis	3 mos
Due to	
Due to Carcinoma of uterus	6 mos.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....

23. Signature J. Frederick Leitz M. D.
Address Temple Garden Apts Date signed .....

Stern

HEALTH DEPARTMENT—CITY OF BALTIMORE

61816 — CERTIFICATE OF DEATH — 51-B — F 61816

1. PLACE OF DEATH: Sinai Hospital — Registered No.

CITY OF BALTIMORE: (No. Monument & Rutland St. 13th Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leopold Stern — If U. S. Veteran specify WAR

(a) Residence: No. 2421 Lakeview Ave. Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Alice Frank Stern

6. DATE OF BIRTH (month, day, year) about 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing Salesman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Jacob Stern

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Henrietta Fox

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs. D. J. Moses
(Address) 754 W. Pratt St.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Heb. Friendship Date Oct. 1 1937

19. UNDERTAKER Abid Sonneborn & Son
(Address) 1902 Eutaw Place

20. FILED 1937 Registrar

OCT 8 - 1937 Hunting H. Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 2 . 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 4 . 1937 to Oct 7 . 1937

I last saw h[illegible] alive on Oct. 2, 1937 Death is said to have occurred on the date stated above, at 1:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
[redacted]	

Other contributory causes of importance:

Adenocarcinoma Ht. Sinai
Ca of bladder 3/22/35
Small papilloma

Was an operation performed? Yes Date of Ca of bladder 6/3/35 (over)

For what disease or injury?

Name of operation Cutaneous transplantation of ureters

What test confirmed diagnosis? Path report Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) [illegible] M. D.

(Address) Sinai Hosp.

F 61817

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53-C

F 61817
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1927 Ridgehill Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 1 y years

3 (a) **FULL NAME** Michael Pasten

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 29- 1938

8. AGE: Years	Months	Days	If less than one day
1	2	7	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Eli Pasten
13. Birthplace Romania

MOTHER
14. Maiden Name Mary Pasten
15. Birthplace Aurora Ill.

16 (a) Informant Eli Pasten
(b) Address 1927 Ridgehill

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 9 39 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Back Rd

18 (a) Funeral director Joseph Kasmakas Inc.
(b) Address 602 W Washington Blvd

19 (a) (Date received by registrar) (b) (Registrar)

OCT 8 - 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH October 6 1939, at 6:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 21 1939, to Oct 6 1939, and that I last saw h in alive on Oct 6 1939.

Immediate cause of death Meningitis
Staphylococcus Aureus

Duration 11 days

Due to

Due to

Other Conditions Brain Tumor

(Include pregnancy within 3 months of death)

Major findings:
Of operations glioma tum cyst left frontal lobe
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leo A. Eisele M. D.
Address University Hospital Date signed 10/6/39

61818

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

49013 SD 61818
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 33 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6 North Potomac Street (If rural give location)
(e) If foreign born, how long in U. S. A.? 33 yrs. years

3 (a) FULL NAME John Politawicz (POLITOWSKI)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Lillian

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 4, 1876

8. AGE: Years 62 | Months 10 | Days 3 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Bricklayer

11. Industry or business

FATHER
12. Name Michael Politowski
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof 10/10/39 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) (Date received by registrar) 10-11-1939 Huntington Ave. undertaker.

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-7-1939 at 1:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-7-1939 to 10-7-1939 and that I last saw h[im] alive on 10-7-1939.

Immediate cause of death: Lobar pneumonia — Duration: 6 days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy none.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Murray Kelter M. D.
Address Balto City Hosp. Date signed 10-7-39

61819

F 61819

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-13 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2107 Uffington Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 yrs
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 9 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2107 Uffington Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? 2 years

3 (a) FULL NAME Carrie E. Hudson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) ~~Single, married~~ widowed, ~~or divorced~~ Widowed

6 (b) Name of husband ~~or wife~~ Joseph Hudson

6 (c) If alive, give age X years

7. Birth date of deceased (mo., day, yr.) May 31st 1851

8. AGE: Years 88 Months 6 Days 6 If less than one day hr. min.

9. Birthplace England (town, county, and state)

10. Usual Occupation At Home

11. Industry or business Self

FATHER
12. Name Tobe Tuffley
13. Birthplace England

MOTHER
14. Maiden Name ? Darby
15. Birthplace England

16 (a) Informant Fred. W. Colbeck
(b) Address 2107 Uffington Rd

17 (a) Cremation (b) Date thereof 10/9/39 (month) (day) (year)
(~~burial~~, cremation, ~~removal~~)
(c) ~~Cemetery or~~ crematory Greenmount
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 127 St. Paul St

19 (a) (Date rec'd by registrar) (b) [illegible] Registrar

OCT 9 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 7 1939 at 7.45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Month 19 87 to Oct 7 19 39.
and that I last saw h[illegible] alive on Oct 7 19 39.

Immediate cause of death
Myocardial Insufficiency
Due to Arteriosclerosis
Due to Cardiac disease

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations X
Of autopsy X

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide X
(b) Date of occurrence X
(c) Where did injury occur? X (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W H Smith M. D.
Address 3429 Chesterfield Ave Date signed Oct 8 39

61820

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48

F 61820

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 516 Baker St
(b) Street address Balto Md
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days) no
(e) Length of stay in Baltimore (yrs., mos., or days) 19yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Balto (b) County Md
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 516 Baker St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Georgiana Anthony
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F | 5. Color or race negro | 6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife John Anthony
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Mar ? 1889

8. AGE: Years 49 | Months 7 | Days — | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

MOTHER FATHER
12. Name Sanford Dickerson
13. Birthplace Va
14. Maiden Name Georgiana Dickerson
15. Birthplace Va

16 (a) Informant Roberta M. Evans
(b) Address 253 Robert St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/8/39 (month) (day) (year)
(c) Cemetery or crematory Arbutus
Location Arbutus, Md.

18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 631 Druid Hill Ave

OCT 8 - 1939
(Date rec'd by registrar) Registered by Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/4-39 19 at 4:3 M

21. I certify that death occurred on the date above stated, that I attended deceased from Aug 25 1939. to Oct 4 1939.
and that I last saw h[illegible] alive on 10/4-39 19

Immediate cause of death Cerebral Hemorrhage
Hemiplegia (Left)
Duration 1 hr

Due to Carcinoma of Cervix Uteri

Due to

Other Conditions Malnutrition
Anemia
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Boyd Jenkins M.D.
Address 512 Fulton Date signed 10/7/39

VS 3

61821 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 61821

CERTIFICATE OF DEATH

1. PLACE OF DEATH 512 N. Arlington Ave — 56 — Registered No. 2449

CITY OF BALTIMORE: (No. ..... St., 18 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs Lonsa Thompson — If U. S. Veteran specify WAR

(a) Residence: No. 512 N. Arlington Ave St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept 3, 1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) March 30, 1939
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME Benjamin Thompson
14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER
15. MAIDEN NAME Caddy Thompson
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Milton Brown
(Address) 512 N Arlington Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cem Date 10/8 39

19. UNDERTAKER Wm. Geo. H. Holland
(Address) 1631 Druid Hill Ave

20. FILED 19 Registrar.

OCT 8 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1939 to Oct 4, 1939

I last saw her alive on Oct 4, 1939 Death is said to have occurred on the date stated above, at 1:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Endocarditis	
Other contributory causes of importance: Pneumonia Fever	Mar 1939

Was an operation performed? None Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Ls H Watts, M. D.
(Address) 515 Arlington Ave

61822

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

Registered No. E 61822

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution:

Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 days 3 mths.

(e) Length of stay in Baltimore (yrs., mos., or days) 43 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1820 Druid Hill Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Burton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Brown

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: George

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/15/1862

8. AGE: Years	Months	Days	If less than one day
77	0	21	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation NONE

11. Industry or business

FATHER 12. Name George Nelson

13. Birthplace Md.

MOTHER 14. Maiden Name Sarah Smith

15. Birthplace Md.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/9/39 (month) (day) (year)

(c) Cemetery or crematory Hereford, Md.

Location Baltimore County, Md.

18 (a) Funeral director Mrs. Chas. A. Stallard

(b) Address 1631 Druid Hill Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 6 1939, at 1:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 12 1939 to Oct 6 1939, and that I last saw her alive on Oct 6 1939.

Immediate cause of death: Hypertensive cardiovascular disease — Duration: unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [signature] M. D.

Address Balto City Hosp. Date signed 10-6-39

61823

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

Registered No. F 61823

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 264 S. Duncan St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sophie Karcher

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	White	Widow

6 (b) Name of husband or wife George
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-6-1868

8. AGE: Years	Months	Days	If less than one day
71	8	29	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Joseph Bailey
13. Birthplace Germany

MOTHER
14. Maiden Name Marugerite
15. Birthplace Germany

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 9/1937 (month) (day) (year)
(c) Cemetery or crematory Western
Location Druid Ridge Cem. Balto
18 (a) Funeral director C. H. Heald Inc.
(b) Address 1420-22 N. Charles St

19 (a) (Date received by registrar) (b) Registrar

OCT 1937

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-5 1937, at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-27 1937, to 10-5 1937, and that I last saw her alive on 10-5 1937.

Immediate cause of death: arteriosclerotic heart disease — Duration: several years

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. L. Woodyard M. D.
Address Balto City Hosp. Date signed 10-6-37

1824

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 F 61824 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 411 S Clinton (If rural give location)
(e) If foreign born, how long in U. S. A.? 55 years

3 (a) FULL NAME Emil Kunze
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Elizabeth
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Dec 4 1867

8. AGE: Years	Months	Days	If less than one day: hr.	min.
71	10	2		

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Sawyer
11. Industry or business Saw Mill

MOTHER FATHER
12. Name Carl Kunze
13. Birthplace Germany
14. Maiden Name Louisa Leith
15. Birthplace Germany

16 (a) Informant Mrs Elizabeth Kunze
(b) Address 411 S Clinton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 9 1939 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave Balto Co
18 (a) Funeral director William M Mareck
(b) Address 715 Light St
19 Oct 1939 (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-6- 1939, at 7.15 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration
Due to Sclerosis -
Due to Generalized Arterio-Sclerosis
Other Conditions Cerebral softening, with slight hemorrhage
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy above

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Moldauer M.D. Medical Examiner.
Date signed 10-6-39

61825

GGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48890 F 61825

96 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1214 Aisquith St. (If rural give location)
(e) If foreign born, how long in U. S. A? years

3 (a) FULL NAME Michael Kielly

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 72 | Months ? | Days ? | If less than one day hr. min.

9. Birthplace Unknown (Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

MOTHER / FATHER

12. Name Unknown

13. Birthplace Unknown

14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation or removal) (b) Date thereof Oct 9th 1939 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Geo. E. Cook

(b) Address 1701 E. Patterson Park Ave

19 (a) (Date received by Registrar) (b) Registered

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 5 1939, at 5:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from October 3 1939 to Oct 5 1939, and that I last saw him alive on October 5 1939.

Immediate cause of death — Duration

Dissecting Aneurysm of aorta — unknown

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Dissecting aneurysm

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Mervaghe Lafair M. D.
Address Balto City Hosp. Date signed 10-6-39

F 61826

6384181

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-a

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. ~~yrs.~~, mos., or days ~~1 day~~ 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State W Va (b) County .....
(c) City or town Amigo (If outside city or town limits, write RURAL and give town)
(d) Street No. ..... (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME James Richard Carter

3 (b) If veteran, name war ..... 3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	Black	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 5-12-05

8. AGE: Years	Months	Days	If less than one day hr.	min.
34	4	13		

9. Birthplace W. Va (Town, county, and state)

10. Usual Occupation Coal ~~Miner~~ Miner

11. Industry or business

MOTHER FATHER

12. Name Yancy Carter
13. Birthplace Va
14. Maiden Name Louise Irby
15. Birthplace Va

Records

16 (a) Informant JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) SHIPPED (Burial, ~~cremation~~, or removal) (b) Date thereof 10-8-39 (month) (day) (year)

(c) Cemetery or crematory Mayberry
Location Mcdowell Co. Va

18 (a) Funeral director Williams & Jackson
(b) Address [illegible]

19 (a) 10-8-1939 (Date rec'd by registrar) (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 5 1939, at 6 50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 18 1939, to Oct 5 1939, and that I last saw him alive on Oct 5 1939.

Immediate cause of death	Duration
Congestive Heart failure	6 mos.
auricular fibrillation	6 mos.
Due to Mitral Stenosis & insufficiency & aortic insufficiency	Unknown
Due to Rheumatic heart disease	Unknown
	34 yrs.

Other Conditions ? Patent Inter auricular septum
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature C W Dunner M. D.
Address Johns Hopkins Hosp Date signed 10 6 39

VS 3

61827 F 61827

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 210 M

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University Hospital
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Penna (b) County
(c) City or town McKeesport (If outside city or town limits, write RURAL and give town)
(d) Street No. 304 Market St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward A Sullivan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race Wh

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Helen Sullivan

6 (c) If alive, give age 27 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 26 Months Days If less than one day hr min.

9. Birthplace McKeesport Pa (Town, county, and state)

10. Usual Occupation Engineer

11. Industry or business Steel

FATHER
12. Name Wm J Sullivan
13. Birthplace McKeesport Pa

MOTHER
14. Maiden Name Elizabeth D. Brady
15. Birthplace McKeesport Pa

16 (a) Informant Mrs E. Sullivan
(b) Address 322 Clinton Ave

17 (a) Burial, cremation, or removal (b) Date thereof 10-10-39. (month) (day) (year)
(c) Cemetery or crematory Mt. Lebanon Cem
Location Pittsburgh Pa

18 (a) Funeral director Wm J. Kelly
(b) Address 2435 Grand Ave

19 (a) 1939 (b) Filed by registrar Oct 6

VS 6

MEDICAL CERTIFICATION

4a

20. DATE OF DEATH October 8 1939, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Fracture of skull
Cerebral Concussion
Due to Fracture of mandible

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 10/8/39
(c) Where did injury occur? Lawrence & Braddock Rds (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Street (Specify type of place) While at work? no
(e) Means of injury Automobile struck by auto

23. Signature H B Vandegrift M.D.
Medical Examiner.
Date signed 10/8/39

F 61828

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 61828

Registered No. 72-A

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Redwood & Gunn Sts.

(c) Hospital or institution: Univ. Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 6/24/39

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Anundel Co, Md.

(c) City or town Ferndale Rural Anundel Co Md.
(If outside city or town limits, write RURAL and give town)

(d) Street No. — (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elmer Brooks

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Mal

5. Color or race C

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 46 | Months - | Days - | If less than one day: hr. min.

9. Birthplace Anundel Co, Md. (Town, county, and state)

10. Usual Occupation Laborer.

11. Industry or business

FATHER 12. Name Douglas Brooks

13. Birthplace Anundel Co, Md

MOTHER 14. Maiden Name Mary ?

15. Birthplace Anundel Co Md.

16 (a) Informant Hospital Records.

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 9th 39 (month) (day) (year)

(c) Cemetery or crematory Mt Calvery. Cemetery,

Location Brooklyn.

18 (a) Funeral director E. Roy O Wilson.

(b) Address 1000 Brantley Ave Huntington Annex, Md.

19 (a) Oct 9 1939 (Registrar)

(b) Registrar

VS 8 . . F

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 7 1939, at 6 15 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/26 1939, to 10/7 1939, and that I last saw him alive on 10/7 1939.

Immediate cause of death: Hemorrhage into gastrointestinum

Due to Thrombocytopenia

Due to Leucemia Erythrodermia

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Same

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Henry Haase M. D.

Address Univ. Hosp. Date signed 10/7/39

F 61829

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B

F 61829

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2003 Orleans St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 4

(e) Length of stay in Baltimore (yrs., mos., or days) 67

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2003 Orleans St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Katherine Fletcher

3 (b) If veteran of what war —

3 (c) Social Security Account No. —

4. Sex Female 5. Color or race White 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Peregrine Fletcher

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 21 1872

8. AGE: Years 67 Months 8 Days 24 If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation At home

11. Industry or business

MOTHER / FATHER

12. Name Ignatius Bonnett

13. Birthplace France

14. Maiden Name Dont Know

15. Birthplace France

16 (a) Informant Edwin Reisz

(b) Address 2439 E North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 9 39 (month) (day) (year)

(c) Cemetery or crematory Mount Carmel

Location Baltimore Md

18 (a) Funeral director John Ellis

(b) Address 2008 Orleans St

19 (a) Oct 9 1939 (b) Huntington Williams Registrar

(Date received by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 5 1939. at 10 30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 3, 1935. to Oct. 5, 1939. and that I last saw her alive on Oct. 5, 1939.

Immediate cause of death	Duration
Coronary Thrombosis	1/2 hr.
Due to Arteriosclerosis	4 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert G Singewald M. D.

Address 1613 E. North Ave Date signed 10-7-39

F 61830

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 120

F 61830
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3411 Poplar Grove st (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Samuel Goldberg

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race Wh | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Rose

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years 66 | Months | Days | If less than one day hr min

9. Birthplace Austria (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business Baker Trade

FATHER
12. Name Hebert Goldberg
13. Birthplace Austria

MOTHER
14. Maiden Name Hannah ?
15. Birthplace Austria

16 (a) Informant Harry Goldberg
(b) Address 107 N Monroe St

17 (a) (Burial, cremation, or removal) (b) Date thereof 10-9-39 (month) (day) (year)

(c) Cemetery or crematory Balto Hebrew Cemetery
Location Gate at Old Liverpool Rd

18 (a) Funeral director Sol Levinson & Bro
(b) Address 1124-26 W North ave Huntington Woodlawn Hts

19 (a) (b) Registrar

Date received OCT 9-1939

VS 6

MEDICAL CERTIFICATION 10-A

20. DATE OF DEATH October 8 1939, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Acute ulceration I Intestis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W M Landau Jr M.D. Medical Examiner

Date signed 10/8/39

831 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 61831

CERTIFICATE OF DEATH

186-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. W. Balt. Gen'l Hosp. St., 20-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME John Feilinger

(a) Residence: No. 539 N. Pulaski St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Julia M Feilinger

6. DATE OF BIRTH (month, day, year) Feb 26, 871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME John Feilinger

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Marie Hartman

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Mrs. Julia M. Feilinger
(Address) 539 N. Pulaski St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 10/10/39

19. UNDERTAKER John F. Cowan & Son
(Address) 401 Holmes St.

20. FILED ... 19 ... Registrar.

OCT 9 1939 OCT 9 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-7-1939

22. I HEREBY CERTIFY, That I attended deceased from 10-4, 1939 to 10-7, 1939

I last saw him alive on 10-7, 1939 Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	10-1939
Other contributory causes of importance: Diabetes mellitus	1938

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury 10-4, 1939

Where did injury occur? Baltimore
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down Stairs

Nature of injury Fractured R. clavicle & Head Injuries

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Thos Shear M. D.

(Address) 100 E. Lee St.

61832

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

49-B

Registered No. F 61832

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2831 Fleetwood Ave.

(c) Hospital or institution: - - -

(d) Length of stay in hospital or inst. (yrs., mos., or days) -

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County - -

(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)

(d) Street No. 2831 Fleetwood Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? - - years

3 (a) FULL NAME IDA VIRGINIA BECKLEY

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife: Frank J. Beckley

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Aug. 20. 1834

8. AGE: Years 75 | Months 1 | Days 16 | If less than one day: hr. ____ min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business: - - -

FATHER

12. Name: Colimore Taylor

13. Birthplace: Philadelphia Pa.

MOTHER

14. Maiden Name: Julia Gross

15. Birthplace: New Jersey

16 (a) Informant: Mr. Frank J. Beckley (Husba

(b) Address: 2831 Fleetwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 9. 1939 (month) (day) (year)

(c) Cemetery or crematory: Parkwood Cemetery

Location: Baltimore Md.

18 (a) Funeral director: HENRY SAUER & SONS. INC.

(b) Address: Baltimore & Broadway.

19 (a) (Date received by registrar) (b) [illegible]

OCT 9 1939 VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 6. 1939 19 2.30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 9 1939. to Oct. 6 1939.

and that I last saw her alive on Oct. 6 1939.

Immediate cause of death: Carcinoma of vulva — Duration 11 mo.

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature S. A. Alessi M. D.

Address 6217 Harford Rd Date signed 10-7-39

61833

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61833

CERTIFICATE OF DEATH

✓ 95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No. 40th & Kenwick Rd St. 12-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR —

2. FULL NAME Mrs. Mary Williams

(a) Residence: No. Home for Incurables St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Williams

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	about 63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) W. Virginia

FATHER

13. NAME John O'Neill

14. BIRTHPLACE (city or town) (State or country) W. Virginia

MOTHER

15. MAIDEN NAME Dillon

16. BIRTHPLACE (city or town) (State or country) Terry Co. Ireland

17. INFORMANT Home for Incurable Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Oct 10 1939

19. UNDERTAKER Henry H. Lenkin & Sons
(Address) Eutaw & Mulberry Sts

20. FILED ..... Huntington Williams Registrar.

Oct 9 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feby 1st 1939 to Oct. 8 1939

I last saw h. alive on October 7 1939. Death is said to have occurred on the date stated above, at 7.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10/5/39
Other contributory causes of importance: Hypertensive Cardio Vas Disease	Several years

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thomas Cullen Woll M. D.

(Address) 11 E. Chase St. Baltimore

F 61834

LB

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B F 61834 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 517 N. Stricker St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Martha Dixon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 69 Months ? Days ? If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

MOTHER / FATHER

12. Name Charles Dixon

13. Birthplace Md.

14. Maiden Name Anna Eliz. Johnson

15. Birthplace Md.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 10-9-39 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location Westport

18 (a) Funeral director Adolphus Halstead

(b) Address 918 Druid Hill Ave.

19 (a) 1939 (Date received by registrar) (b) Registrar

VR 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 1 1939, at 7 35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 28 1939, to Oct 1 1939, and that I last saw h[illegible] alive on Oct 1 1939.

Immediate cause of death: Hypertensive cardio vascular disease — Duration unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Enlarged heart, cardiac failure

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.

Address Balto City Hosp Date signed 10-4-39

61835

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82 - a F 61835 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3600 Plateau Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3600 Plateau Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 56 years

3 (a) FULL NAME Albert Francis Sill

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Johanna Sill
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 15-1855

8. AGE: Years	Months	Days	If less than one day
84	5	22	hr. min.

9. Birthplace Germany (Town, county and state)
10. Usual Occupation Retired
11. Industry or business

MOTHER / FATHER
12. Name ? Sill
13. Birthplace Germany
14. Maiden Name Wilhelmina Schmidt
15. Birthplace Germany

16 (a) Informant Frederick Sill
(b) Address 3600 Plateau Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-9-39 (month) (day) (year)
(c) Cemetery or crematory Mount Olive
Location Randallstown Md.

18 (a) Funeral director John C. Fuller Sons
(b) Address 2433-35 E. Oliver St.

19 Oct 9 1939 (Date received by registrar) (b) Registrar

If a ten Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 7 1939, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 27 1934 to Oct 7 1939, and that I last saw h— alive on Oct 7 1939.

Immediate cause of death: Cerebral Hemorrhage — Duration: 2 wks

Due to

Due to Arterio Sclerosis — Duration: 2 years

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. C. Smith M. D.
Address 4509 Labyrinth Rd. Date signed Oct 7

VS 3

F 61836

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 61836

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Green & Redwood Sts.

(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 hrs.

(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 716 W. Fayette Street (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Henderson

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-01-5945

4. Sex M.

5. Color or race W.

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years 51 Months Days If less than one day hr. min.

9. Birthplace Massachusetts (town, county, and state)

10. Usual Occupation Bartender

11. Industry or business Bar-room.

FATHER 12. Name Ralph ?

13. Birthplace ?

MOTHER 14. Maiden Name Mary ?

15. Birthplace

16 (a) Informant Mrs. Stella Burell

(b) Address 716 W. Fayette Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 9-39 (month) (day) (year)

(c) Cemetery ~~crematory~~ Cedar Hill

Location

18 (a) Funeral director Edel Jonson

(b) Address 2727 Greenmount Ave

19 OCT 9 - 1939 (Date received by registrar) by Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 6 1939, at 9 1/2 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 5 1939, to Oct. 6 1939, and that I last saw h[im] alive on Oct. 6 1939.

	Duration
Immediate cause of death (a) Coronary thrombosis	?
Due to (b) Arteriosclerotic cardio-vascular disease. Coronary sclerosis	?
Due to (c)	?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Coronary thrombosis - ? type not stated further.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature L. Freeman M. D.

Address 2420 Eutaw Pl Date signed 10-6-39

VS 3

F 61837

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 F 61837

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6-E-Highfield Rd Ward) 24

Length of residence in city or town where death occurred 49 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rena Esther Smith

If U. S. Veteran specify WAR None

(a) Residence: No. 6-E-Highfield St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Cephas C. Smith

6. DATE OF BIRTH (month, day, year): July-1-1890

7. AGE: Years 49 | Months 3 | Days 7 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): none

11. Total time (years) spent in this occupation: None

12. BIRTHPLACE (city or town) (State or country): near Greenwich New York

FATHER

13. NAME: Alfred English

14. BIRTHPLACE (city or town) (State or country): probably New York

MOTHER

15. MAIDEN NAME: Lucy M. ? ? ? ?

16. BIRTHPLACE (city or town) (State or country): ? ? ? U. S. A.

17. INFORMANT: Mr. C. C. Smith - (Husband)
(Address): 6-E-Highfield Rd

18. BURIAL, CREMATION, OR REMOVAL.
Place: Redfield N.Y. Date: Oct-10/39

19. UNDERTAKER: FEWART & WOOLEN COMPANY
(Address): (W. E. WOOLEN SUC.) 108 W. BOATH AVENUE

20. FILED OCT 9 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from 9-10- 1938 to 10-8- 1939

I last saw h[illegible] alive on 10-8- 1939 Death is said to have occurred on the date stated above, at 7.15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial hemorrhage	10/7/39
Other contributory causes of importance:	
Chr. Nephritis	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

29. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No, If so, specify

(Signed) Theo. B. Lybert M. D.

(Address) 2802 Harford Ave

F 61838

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 61838 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Eastern Avenue

(c) Hospital or institution: Balto. City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1638 N. Carey St (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Grant Holley

3 (b) If veteran, name war

3 (c) Social Security Account No 218-10-1643

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	B	Married

6 (b) Name of ~~husband or~~ wife Georgia Holly

6 (c) If alive, give age 27 years

7. Birth date of deceased (mo., day, yr.) Sept 1 1906

8. AGE: Years	Months	Days	If less than one day
33	1		hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation Cook

11. Industry or business

FATHER 12. Name Nathan

13. Birthplace North Carolina

MOTHER 14. Maiden Name Annie

15. Birthplace North Carolina

16 (a) Informant City Hospital

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 9 1939 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cem.

Location A A Co Md

18 (a) Funeral director Robert E Williams

(b) Address 5-5 McElderry St

19 (a) Date received by registrar OCT 9 1939 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 1 1939 at 6.54 M

21. I certify that death occurred on the date above stated, that I attended deceased from Jan. 21 1939 to Oct 1 1939. and that I last saw h alive on Oct 1 1939.

Immediate cause of death Tuberculosis of Lungs — Duration May 1938

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature B. C. H. D'Alessi

Address Date signed 10/1/39 M. D.

F 61839

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-E

F 61839

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1002 Linden Ave. 4-1-4 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Grant

(a) Residence: No. 1002 Linden Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John Grant

6. DATE OF BIRTH (month, day, year): July 12 1844

7. AGE: Years 90 | Months 1 | Days 24 | If LESS than 1 day, hrs. or min. 29

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year): Jan. 1, 1919

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Annapolis Maryland

FATHER

13. NAME: Henry Boston

14. BIRTHPLACE (city or town) (State or country): Annapolis Md ?

MOTHER

15. MAIDEN NAME: Rachel Annapolis

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Alice Grant

(Address) 1002 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Int. Calvary Date: 10-11-39

19. UNDERTAKER: Chas H. Alexander

(Address) 1338 McCulloh St

20. FILED: OCT 9 - 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 6. 39

22. I HEREBY CERTIFY, That I attended deceased from June 1 1939 to Oct 6 1939

I last saw h alive on Oct 6 1939 Death is said to have occurred on the date stated above, at 11A m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset June 1 1939

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George S. Allen M. D.

(Address) 6 Annapolis Md

61840

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91-a F 61840 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 23rd & Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 5/12 mo
(e) Length of stay in Baltimore (yrs., mos., or days) 21 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3915 Cold Spring Lane. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

15/10

3 (a) FULL NAME Paul Irving Hatfield

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Married

6 (b) Name of husband or wife Mrs Leonora Hatfield
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 29, 1917

8. AGE: Years	Months	Days	If less than one day
22	3	9	7 hr. 55 min.

9. Birthplace Salt Lake City - Utah. (Town, county, and state)
10. Usual Occupation Ass't Manager
11. Industry or business Theater

FATHER
12. Name Mr Theodore N. Hatfield
13. Birthplace Salt Lake City

MOTHER
14. Maiden Name Miss Libby Yearsley
15. Birthplace Salt Lake City

16 (a) Informant Mrs Leonora Hatfield
(b) Address 3915 Cold Spring Lane

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Oct 11/1939 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Balto Md.

18 (a) Funeral director Harry N Annacott
(b) Address 4204 Ridgewood Ave Printing for Baltimore, Md.

19 (a) Date rec'd by registrar OCT 9 1939 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 8 1939, at 7 1/2 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 8 1939, to Oct 8 1939, and that I last saw him alive on Oct 8 1939.

Immediate cause of death: Cerebral Embolus
Due to: Subacute Bacterial Endocarditis.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Duration: 4 5/60 hrs.
Many years.

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature S. D. Sunday
Address Union Memorial Hospital Date signed 10/8/39

1841

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E Registered No. E 61841

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4310 Ridgewood Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 62 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4310 Ridgewood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Albert Burker

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Lucille A. Burker
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) January 3 1877

8. AGE: Years	Months	Days	If less than one day
62	9	4	hr. min.

9. Birthplace Baltimore Md (Town, county, and State or foreign country)
10. Usual Occupation Commission Merchant
11. Industry or business

FATHER
12. Name Adam Burker.
13. Birthplace Germany

MOTHER
14. Maiden Name Friederika Schlaegle
15. Birthplace Germany

16 (a) Informant Albert Lee Forsters.
(b) Address 3803 Dorchester Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 10/1939 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem Location Baltimore Md

18 (a) Funeral director Harry A. Arnaccost
(b) Address 4204 Ridgewood Ave.

19 (a) OCT 9 — 1939 (Date rec'd by Registrar) Number on Register 1841

MEDICAL CERTIFICATION

20. DATE OF DEATH October 7 1939 at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 2 1939 to October 7 1939.
and that I last saw him alive on Oct. 7 1939.

Immediate cause of death Acute Cardiac Dilatation — Duration 1 day
Due to Jaundice — 6 months
Due to Carcinoma of Hepatic Duct — about 7 mos

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations Obstruction Jaundice
Of autopsy Carcinoma bile ducts

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature F. J. Roberts M.D. M. D.
Address 4367 Ridgewood Ave Date signed 10/7/39

VS 3

61842

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V 159

F 61842 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Redwood & Greene

(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3½ hrs

(e) Length of stay in Baltimore (yrs., mos., or days) 12 hrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 614 Bradley (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Brooks (Baby Girl)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	B	—

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 10/5/39

8. AGE: Years	Months	Days	If less than one day
			12 hr. 40 min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name Lonnie Brooks

13. Birthplace ?

MOTHER 14. Maiden Name Lottie Rochald

15. Birthplace

16 (a) Informant

(b) Address

17 (a) ____ (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Location

UNIVERSITY MEDICAL SCHOOL OCT - 9 1939

Commissioner of Health

Per H. A. Moore

18 (a) Funeral director

(b) Address

OCT 9 - 1939 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/5 1939 at 3⁴⁰ P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/5 1939 to 10/5 1939, 12:00 Noon — 3:40 P.M. and that I last saw her alive on 10/5 1939.

Immediate cause of death: Prematurity (6 mo. - 3¼ lbs)

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. B. Nuttall M. D.

Address University Hospital Date signed 10/5/39

VS 3

61843

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

34-F

Registered No. E 61843

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Redwood & Gunn Sts.

(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

Street No. 676 Fairmount Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Charles Harris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	M

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day hr.	min.
40				

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Undertaker

Location

18 (a) Funeral director Per H. A. Moore

(b) Address

19 (a) (Date rec'd by registrar) (b) Registrar

UNIVERSITY MEDICAL SCHOOL OCT - 9 1939 Commissioner of Health

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 4 1939, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/25 1939, to 10/4 1939, and that I last saw him alive on 10/4 1939.

Immediate cause of death Meningo Vascular Syphilis

Due to Syphilis

Due to

Other Conditions Gonorrhea

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy no

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Henry Haden M. D.

Address Univ. Hosp. Date signed 10/5/39

61841

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 61841

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 36 W. West
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A. A.
(c) City or town Mt Cabalary (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alice E Diggs

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex fem

5. Color or race Colored

6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Jacob Diggs

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 1 1886

8. AGE: Years 53 Months 7 Days 1 If less than one day hr. min.

9. Birthplace A. A. Co. Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Robert Linsey
13. Birthplace A. A. Co.

MOTHER
14. Maiden Name Lurinda Miller
15. Birthplace A. A.

16 (a) Informant Jacob Diggs
(b) Address 27 Lafayette Ave Annapolis

17 (a) Annapolis (Burial, cremation, or removal) (b) Date thereof Oct 12 39 (month) (day) (year)
(c) Cemetery or crematory Asbury
Location Annapolis

18 (a) Funeral director J. B. Johnson
(b) Address Annapolis

19 (a) (Date received by registrar) (b) Huntington Williams, M.D. Registrar

V = 1000

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 9th, 1939, at 7 45 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death Carcinoma of Cervix — Duration

Due to

Due to

Other Conditions Hydronephrosis, bilateral (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Carcinoma, cervix

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner

Date signed 10-8-39

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 59

Registered No. F 61845

F 61845

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Southern Home

(c) Hospital or Institution 2510 Greenmount Ave.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2510 Greenmount Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.) 70Yrs. years

3 (a) FULL NAME Matilda Burton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 14/68

8. AGE: Years 71 | Months | Days 22 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Home duties, Retired

11. Industry or business

FATHER 12. Name Michel Carlsbeck

13. Birthplace Germany

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant Mrs E.C. Wright

(b) Address 2510 Greenmount Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 9 - 39 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Frederick Rd. 3801

18 (a) Funeral director John C. Mitchell & Sons

(b) Address 1900 Eutaw Place

19 (a) Oct 9 1939 (b) Interring in Baltimore MD

(Date received by registrar)

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 6 1939. at 9:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1939. to October 1939.

and that I last saw her alive on Oct. 6 1939.

Immediate cause of death Congestive Heart disease, Valvular incompetence — Duration 3 yrs

Due to Arterial Sclerosis

Due to

Other Conditions Chronic Diabetes Mellitis — 6 yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Sherman R. Vantz

Address Manhattan & Rusk Ave. Date signed 10/7/39 (M. D.)

F 61846

47427 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137

Registered No. F 61846

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3311 Fleet Street (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 yrs. years

26 11

3 (a) FULL NAME Peter Zwoster

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	White	Married

6 (b) Name of husband or wife Mary M.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/27/1864

8. AGE: Years	Months	Days	If less than one day
75	6	11	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Blacksmith
11. Industry or business

FATHER
12. Name Thomas (d)
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara ? (d)
15. Birthplace Germany

16 (a) Informant Records
(b) Address Baltimore City Hosiptasl

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-11-39 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location German Hill Road
18 (a) Funeral director Lilly & Zirkin Inc
(b) Address 403 S. Wolfe St.
19 (a) OCT 9 1939 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-8 1939 at 10 35 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-10 1939 to 10-8 1939 and that I last saw h/m alive on 10-8 1939.

Immediate cause of death	Duration
Broncho pneumonia	four days
Cerebral Hemorrhage	2 weeks
Due to Benign prostatic hypertrophy	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Benign prostatic hypertrophy
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. L. Woodward M. D.
Address Balto city Hosp. Date signed 10-8-39

VS 3

6184?

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C

Registered No. F 61847

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3412 FAIT AVE.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 58 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
26-9
(d) Street No. 3412 FAIT AVE (If rural give location)
(e) If foreign born, how long in U. S. A.? 58 years

3 (a) FULL NAME AGNES HERBERICH.

3 (b) If veteran, name war: NO
3 (c) Social Security Account No. NON

4. Sex: FEMALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: MARRIED
6 (b) Name of husband or wife: VALENTIN HERBERICH
6 (c) If alive, give age 65 years
7. Birth date of deceased (mo., day, yr.) JULI 1 1876
8. AGE: Years 62 | Months 3 | Days 5 | If less than one day: hr. min.
9. Birthplace GERMANY (Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business ATHOME

FATHER
12. Name BARTHOLOW GLEICK
13. Birthplace GERMANY

MOTHER
14. Maiden Name AGNES FIEDLER
15. Birthplace GERMANY

16 (a) Informant VALENTIN HERBERICH HUS.
(b) Address 3412 FAIT AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT. 10/39 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD.

18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) OCT 9 1939 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH OCT. 6 /39 19 at 8/30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from OCT 4 1939 to OCT 6 1939 and that I last saw her alive on OCT 6 1939.

Immediate cause of death: Chronic Myocarditis.
Duration:
Due to
Due to
Other Conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John J. Gorsuch M. D.
Address 114 N East ave Date signed 10-7-39

1848

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61848

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 315 S. Furrow St. 20-5 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Gertrude W. LANE HART

(a) Residence: No. 315 S. Furrow St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	MARRIED

5a. If married, widowed, or divorced (or) WIFE of WALTER LANE HART

6. DATE OF BIRTH (month, day, year) Feb 5, 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Louis Clauss

14. BIRTHPLACE (city or town) (State or country) PARIS FRANCE

MOTHER

15. MAIDEN NAME Dora Clauss

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT WALTER LANE HART

(Address) 315 S. Furrow St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon PARK Date Oct. 10 19 39

19. UNDERTAKER Fredricks A. Cole

(Address) 1200 W. Lombard ST

20. FILED Oct 10 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1936 to Oct. 8, 1939

I last saw her alive on Oct. 8, 1939 Death is said to have occurred on the date stated above, at 7.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	
Coma	3 yrs
	9 mo
Other contributory causes of importance:	
Acute uremia	3 days

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Renal Probing Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

no If so, specify .....

(Signed) Benjamin Miller M. D.

(Address) 2630 Wilkens Ave

F 61849

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C F 61849 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 770 Lanvale St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., days~~) 30

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 770 Lanvale St (If rural give location)
(e) If foreign born, how long in U. S. A., ... years

3 (a) FULL NAME Minnie J Nelson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex female | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Nehemiah Nelson

6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) Oct 27 1853

8. AGE: Years 85 | Months 11 | Days 6 | If less than one day ... hr. ... min.

9. Birthplace N C (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Cephus Wilkins

13. Birthplace N C

MOTHER 14. Maiden Name Mary Bynum

15. Birthplace N C

16 (a) Informant Carrie Nelson

(b) Address 770 Lanvale

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 10 1939 (month) (day) (year)

(c) Cemetery or crematory Calvary

Location Norfolk Va

18 (a) Funeral director Isaiah L Bromley

(b) Address 1220 Montana Street

19 (a) Oct 9 1939 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 6 1939 at 7:15 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from Oct 6 1939 to Oct 6 1939 and that I last saw h[illegible] alive on Oct 6 1939.

Immediate cause of death: Uremic Myocarditis — Duration 6 mos

Due to: Hypertension — 2 yrs

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 1515 Eutaw Place Date signed Oct 9 1939
Dr. L. McKenzie Hospital and Med Examiner

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

Registered No. F 61850

F 61850

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25-9-12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Balto. Md (If outside city or town limits, write RURAL and give town)
Street No. 2211 Rogers Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Birdie Skipper

3 (b) If veteran, name war: Na
3 (c) Social Security Account No. None

4. Sex: Fe
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single.
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 26 1856

8. AGE: Years 83 | Months 8 | Days 12 | If less than one day: hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business At Home for Aged

MOTHER / FATHER
12. Name Theasha Skipper
13. Birthplace Maryland
14. Maiden Name Catherine Wilhelm
15. Birthplace Md.

16 (a) Informant Records home for Aged of M. E. Church
(b) Address 2211 Rogers Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 13 1939 (month) (day) (year)
(c) Cemetery or crematory David Ridge
Location Balto Co. Md.

18 (a) Funeral director William Cook
Address 1917 St. Paul St. Huntingtor Williams, Md.

OCT 9 1939
(Date rec'd by registrar)

Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-8-39 19 . at 7:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-13 1939 to 10-8 1939 and that I last saw her alive on 10-8-39.

Immediate cause of death	Duration
Fract neck left femur	9-13-39
Due to Hypostatic pneumonia	10-4-39
Due to Ch. myocarditis	?

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 9-13-39
(c) Where did injury occur? Balto Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?
(e) Means of injury Fell getting out of bed

23. Signature Howard J. Walders M.D. M. D.
Address Md. Gen Hosp Date signed 10-8-39

Howard J. Walders, M.D. - Med. Exam.

F 61851

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

121 Registered No. F 61851

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Milton Eaton Apts.
(c) Hospital or institution: Saint Agnes' Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2308 Harlem Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mabel Griffin

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife William
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3, 1905

8. AGE: Years	Months	Days	If less than one day: hr.	min.
34	3	6		

9. Birthplace Balt., Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name Zachariah Durham
13. Birthplace Balt. Md.

MOTHER 14. Maiden Name Mary Spinnler
15. Birthplace Balt. Md.

16 (a) Informant Ella Durham
(b) Address 1936 Maret St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-12-39 (month) (day) (year)
(c) Cemetery or crematory London Cos
Location Baltimore Md

18 (a) Funeral director [illegible]
(b) Address [illegible]

19 OCT 9 - 1939 (Date rec'd by registrar) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-9- 1939, at 7.40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-6 1939, to 10-9 1939, and that I last saw her alive on 10-9 1939.

Immediate cause of death Heart failure due to extreme toxemia, due to appendicial abscess with localized peritonitis.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations appendicial abscess.

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Sheppard
Address St Agnes Hospital Date signed 10/9/39

VS 3

61852

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a

Registered No. F 61852

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2117 Denison St.
(c) ~~Hospital or~~ institution:
Crawford Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1726 22 E. 25th St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma Craig

3 (b) If veteran, name war —— No

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced~~
Female	White	Single

6 (b) Name of husband or wife ——

6 (c) If alive, give age —— years

7. Birth date of deceased (mo., day, yr.) Dec 18th 1854

8. AGE: Years	Months	Days	If less than one day
84	9	19	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation At Home for Aged
11. Industry or business

FATHER

12. Name Robert Craig
13. Birthplace Md.

MOTHER

14. Maiden Name Louisa ?
15. Birthplace Md

16 (a) Informant Mr. King Schultz
(b) Address 1137 N. Calvert St.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Oct 10th 1939 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Greenmount
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1217 E. Fayette St.

19 Oct 9 1939 Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 7th 1939, at 11:15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from January 1939 to October 1939, and that I last saw her alive on Oct. 7 1939.

Immediate cause of death Cerebral hemorrhage — Duration 3 days.

Due to Arteriosclerosis generalized — Years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry M. Hanson M. D.

Address 20 E. Preston Street Date signed Oct 9/39

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 61853

Registered No. F 61853

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2635 N. Franklin St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 2635 N. Hamilton St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Francis Harter (Harter)

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 216-07-7267

4. Sex: M. 5. Color or race: Wh 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If wife, give age years

7. Birth date of deceased (mo., day, yr.) Sept 25. 1873

8. AGE: Years 65 Months 0 Days 27 If less than one day: hr min

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Grocery

FATHER 12. Name Francis Harter

13. Birthplace Scotland

MOTHER 14. Maiden Name Sarah Hammon

15. Birthplace Germany

16 (a) Informant Mrs Mary Summers

(b) Address 2635 N Hamilton St

17 (a) Final (Burial, cremation, or removal) (b) Date thereof Oct 9. 1939 (month) (day) (year)

(c) Cemetery or crematory Loudon Park, Location Baltimore Md

18 (a) Funeral director Gibson Co

(b) Address 1217 E Fort Ave Baltimore, Md.

19 OCT 9 - 1939 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 7th 1939, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. W. Wilmer M.D. Medical Examiner

Date signed 10/7/39

VS 6

F 61851

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-W Registered No. F 61851

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 522 Harwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt (If outside city or town limits, write RURAL and give town)
(d) Street No. 522 Harwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Martha Jane Adams

3 (b) If veteran, name war W 3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) ~~Single, married,~~ widowed, ~~or divorced~~ Widowed

6 (b) Name of husband ~~or wife~~ James

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 4 1857

8. AGE: Years 82 | Months 5 | Days 3 | If less than one day hr. min.

9. Birthplace Delaware (Town, county, and state)

10. Usual Occupation At home

11. Industry or business Self

12. Name Jacob Bundleman

13. Birthplace Harford Co. Md.

14. Maiden Name Fellencia

15. Birthplace Harford Co. Md.

16 (a) Informant Walter S. Adams

(b) Address 522 Harwood Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Oct 10 1939 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Darlington

Location Harford Co. Md

18 (a) Funeral director William Cook

(b) Address 127 St. Paul St. Baltimore, Md.

19 OCT 9 - 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 7 1939 at 11.40 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 5 1939 to Oct 7 1939 and that I last saw her alive on Oct 7 1939.

Immediate cause of death: Cerebral Hemorrhage — Duration: 3 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. J. Conley M. D.

Address 506 Forest Rd Date signed 10-8-39

VS 3

F 61855

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 61855

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 25 1
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. Leila Ave (If rural, give location)
(e) If foreign born, how long in U. S. A., ... years

3 (a) FULL NAME Chas J. Schemer (Shires)

3 (b) If veteran, name war No

3 (c) Social Security Account No. None

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mary L Shires

6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) Feb 4 57

8. AGE: Years 82 Months 8 Days 5 If less than one day hr. ... min.

9. Birthplace Hamilton Co. (Town, county, and state)

10. Usual Occupation Engineer Retired

11. Industry or business Construction

MOTHER / FATHER

12. Name Linton Shires

13. Birthplace Virginia

14. Maiden Name Mary Miller

15. Birthplace Virginia

16 (a) Informant Mrs Mary L Shires

16 (b) Address Epiphany Rd

17 (a) Burial (Burial, cremation, or removal)

17 (b) Date thereof 10 9 39 (month) (day) (year)

17 (c) Cemetery or crematory Woodbrook Cemetery

Location Baltimore Co Md

18 (a) Funeral director Mayer

18 (b) Address 2705 Eutaw St

19 OCT 9 -- 1939 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-9-1939, at 3.59 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to h... death on the day stated above.

Immediate cause of death	Duration
Fractured base of skull	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 10-7-39
(c) Where did injury occur? City (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Struck by R. R. Train

23. Signature Homer J. Knudsen M.D. Medical Examiner

Date signed 10-9-39

VS 6

F 61856

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 127

F 61856 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton Avenue
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ---
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 310 Stinson Street (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 Years years

3 (a) FULL NAME Peter Brandt

3 (b) If veteran, name war ---

3 (c) Social Security Account No. 218-09-2015

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Margaret Brandt
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) July 7th 1882

8. AGE: Years 57 | Months 3 | Days 1 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Butcher
11. Industry or business Meat Business

FATHER
12. Name Reinhardt Brandt
13. Birthplace Germany

MOTHER
14. Maiden Name Elixabeth Leimbach
15. Birthplace Germany

16 (a) Informant Mrs Margaret Brandt
(b) Address 310 Stinson Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 11th 1939 (month) (day) (year)
(c) Cemetery or crematory Oakland Cem.
Location Balto. Md.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Penna Aves.

19 (a) 1939 (Date received by registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 8. 1939. at 2.45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 28 1939. to Oct 8 1939. and that I last saw h im alive on Oct 8 1939.

Immediate cause of death	Duration
Cardiac Failure	
Due to Delerium tremens	
Due to Post operative weakness - following gall bladder drainage	
Other Conditions Contr. Frac of r. t. of Femur (Include pregnancy within 3 months of death)	
Major findings: Of operations Cholecystitis	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. Sadove M. D.
Address St Agnes Date signed Oct 8 39

Howard J. Haagdieth M.D. Med. Exam.
per S. Bozman

61857

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-F 61857 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5612 Purdue Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 34 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ~~Balto.~~
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 5612 Purdue Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Joseph Whitney Evans

3 (b) If veteran, name war: World

3 (c) Social Security Account No. none.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Mary L. Evans.

6 (c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) Nov. 8, 1892

8. AGE: Years 46 | Months 11 | Days 0 | If less than one day: hr. ..... min.

9. Birthplace Wynne Maryland. (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER
12. Name James O. Evans
13. Birthplace St. Mary's County. Md.

MOTHER
14. Maiden Name Margaret Yates
15. Birthplace St. Mary's County Md.

16 (a) Informant Mrs. Mary L. Evans.
(b) Address 5612 Purdue Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/11/1939 (month) (day) (year)
(c) Cemetery or crematory Balto. National.
Location

18 (a) Funeral director Coleman Lemmon
(b) Address 4611 Park Heights

19 (a) (Date rec'd by registrar) Registrar

OCT 13 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 8th 1939 at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from ..... 19 ..... to ..... 19 ....., and that I last saw h ~~alive~~ dead on 10/8 1939.

Immediate cause of death: Coronary Thrombosis — Duration .....

Due to .....

Due to .....

Other Conditions Angina pectoris

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Francis L. Bayli M. D.
Address 6077 Harf. Rd. Date signed

61858

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121 F 61858

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteers) Emerg. Hosp. St., ... (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Helen Johns

If U. S. Veteran specify WAR .....

(a) Residence: No. 321 S. Lehigh St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) June 26, 1922

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
17	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James A Johns

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Helen May Stinchcomb

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT James A. Johns

(Address) 321 S. Lehigh St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Mem. Park Date Oct. 11, 1939

19. UNDERTAKER George W. Zitzer

(Address) 1757 E. Eager St.

20. FILED ..... 19..... Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1939 to Oct 8, 1939

I last saw her alive on Oct 8, 1939 Death is said to have occurred on the date stated above, at 3:45 p.m.

The principal cause of death and related causes of importance were as follows:

Intussusception Terminating in Gangrene of Bowel — Oct 6, 39

Toxic Shock — 10-7-39

Cardiac Failure — 10-7-39

Other contributory causes of importance: .....

Was an operation performed? Yes Date of Oct 5, 1939

For what disease or injury? Ileocolic Appendicitis & Perforation of Jejunum

Name of operation Suturing & Exteriorization of Jejunum

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Howard M. Hemmeter M. D.

(Address) 418 N. Eutaw St.

Del. 9/12 Emerg. Hosp.

859 F 61859

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 871 Watts St. 13-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth ? yrs. mos. ds.

2. FULL NAME Carrie Gasper

If U. S. Veteran specify WAR .....

(a) Residence: No. 871 Watts St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed or divorced: HUSBAND of (or) WIFE of: Elizabeth Gasper

6. DATE OF BIRTH (month, day, year): Jan 1 1865

7. AGE: Years 5 8 | Months 9 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va

FATHER

13. NAME: Christian Gasper

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Fannie Gatherd

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Elizabeth Gasper

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 10/11/39

19. UNDERTAKER: Reid & Nelson

(Address) 303 Presstman St

OCT 9 - 1939 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 6 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 26 1939 to Oct 6 1939

I last saw her alive on Oct 6 1939 Death is said to have occurred on the date stated above, at 1.30 pm

The principal cause of death and related causes of importance were as follows:

Cardio-vascular hypertension — Broncho pneumonia — Acute Alveolus — Rheumatism

Date of onset: Sept 26

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. J. Coleman M. D.

(Address) 1139 W Cathedral

GPG

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

61860 131 F 61860

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2728 West Mosher Street) Ward 6

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Francis Patrick Tully

If U.S. Veteran specify WAR

(a) Residence: No. 2728 West Mosher Street (Usual place of abode) Ward (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary I. Bradley

6. DATE OF BIRTH (month, day, year) Dec. 7-1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Philip Tully

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Elizabeth Burns

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Mary I. Tully

(Address) 2728 W. Mosher St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. 10/10 39

19. UNDERTAKER John J. Foley Funeral Home

(Address) 1310 Eutaw St

20. OCT 9 - 1939 Huntington, Indiana

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October 6, 1939.

I HEREBY CERTIFY, That I attended deceased from Sept. 2, 1939 to October 6, 1939

I last saw him alive on October 6, 1939 and that death is said to have occurred on the date stated above, at 11.15 P.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset: Not Known

Cardiac Hypertension

Chronic Nephritis

Other contributory causes of importance:

Cerebral Hemorrhage — Oct. 6, 1939

Was an operation performed? No. Date of

For what disease or injury?

What test confirmed diagnosis? Physical Examination Was there an autopsy? No.

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

23. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Edward Norris M. D.

(Address) 107 East West St.

F 61861

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91a

Registered No. F 61861

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 409 E. Preston St.
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 409 E. Preston St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine F. Brennan

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-07-3544

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If above, give age years

7. Birth date of deceased (mo., day, yr.) July 31-1917

8. AGE: Years 22 Months 2 Days 8 If less than one day hr. min.

9. Birthplace Reisterstown Md. (Town, county, and state)

10. Usual Occupation Waitress 0970

11. Industry or business Gabriel Restaurant

MOTHER / FATHER

12. Name George Brennan

13. Birthplace Maryland

14. Maiden Name Rose M. McCartin

15. Birthplace Maryland

16 (a) Informant Mrs. Rose M. Evans

(b) Address 409 E. Preston St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 11-1939 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Baltimore Md.

18 (a) Funeral director Horace F. Burgan

(b) Address 3631 Falls Road

19 (c) OCT 9 - 1939 Huntington Williamsport (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 8 - 1939 at 12-15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 10 1939 to Oct 8 1939 and that I last saw her alive on Oct 8 1939

Immediate cause of death Terminal Broncho-Pneumonia — Duration 1 Week

Due to —

Due to —

Other Conditions Subacute Endocarditis — 5 mos.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN. Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph V. Horan M. D.

Address 920 W. 34th St. Date signed 10-9-39

VS 3

61862

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 61862

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4407 ADELLE TERRACE
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County **********
(c) City or town Baltimore, City (If outside city or town limits, write RURAL and give town)
(d) Street No. 4407 Adelle Terrace (If rural give location)
(e) If foreign born, how long in U. S. A.? ******** years

3 (a) FULL NAME ..... MRS LILLIE KATZENBERGER .....

3 (b) If veteran, name war .....
3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	MARRIED

6 (b) Name of husband or wife FRANK J. KATZENBERGER 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) AUGUST 22/1872

8. AGE: Years	Months	Days	If less than one day
67	1	15	**** hr. ***** min.

9. Birthplace Baltimore. Maryland (Town, county, and state)
10. Usual Occupation Housewife at Home
11. Industry or business Home

FATHER
12. Name Philip Chalmers
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Sarah Tappan
15. Birthplace Baltimore, Maryland

16 (a) Informant Mr. Frank J. Katzenberger
(b) Address 4407 Adelle Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 10/39 (month) (day) (year)
(c) Cemetery or crematory New Cathederal
Location Old Frederick Rd. City

18 (a) Funeral director C. B. Peppers Son
(b) Address 1300 EUTAW PLACE....c

19 (a) OCT 9 - 1939 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 7, 1939, at 6 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 18 1939 to Oct 7 - 1939.
and that I last saw h[illegible] alive on Oct 7 1939.

Immediate cause of death Hemiplegia (Right)
Hypostatic Pneumonia. Arterio Sclerosis
Coronary Occlusion

Duration

Due to

Due to

Other Conditions Pulmonary Edema

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert A. Nitsch M. D.
Address 2151 Wilkens Ave. Date signed 10/11/39

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61863

CERTIFICATE OF DEATH

82-F 61863

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 849 N. Gay St. 10-K Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? 33 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Angela Lazzara

(a) Residence: No. 849 N. Gay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	M.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Louis Lazzara

6. DATE OF BIRTH (month, day, year): Not Known

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
About 68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Italy

FATHER

13. NAME: Angelo Costelano

14. BIRTHPLACE (city or town) (State or country): Italy

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT: Louis Lazzara
(Address) 849 N. Gay St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Oct. 11. 1939

19. UNDERTAKER Paul Vigliata F.H. Inc.
(Address) 1546 N. Gay St.

20. FILED OCT 9 1939 If burial in Baltimore, name of cemetery

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/8 1939

22. I HEREBY CERTIFY, That I attended deceased from 10/6 11.30 A.M. 1939 to 10/8 11.15 A.M. 1939

I last saw her alive on 10/8 1939. Death is said to have occurred on the date stated above, at 2:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	10/8/39
Hypertension	3

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Frank T. Momen. M. D.

(Address) 742 S. Ford Ave

342.5 (Manner)

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61864 Social Security # 215-01-6147

CERTIFICATE OF DEATH

107-a F 61864

1. PLACE OF DEATH St. Joseph's Hospital

Registered No.

CITY OF BALTIMORE: (No. ..... St. 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Duchek

If U. S. Veteran specify WAR

(a) Residence: No. 919 N. Duncan St., Ward. Baltimore Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Duchek

6. DATE OF BIRTH (month, day, year) June 8 - 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Platowy Bohemia

FATHER

13. NAME John Duchek

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Boehme

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Marie Duchek
(Address) 919 N. Duncan St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Oct 11 1939

19. UNDERTAKER Francis Cusack & Son
(Address) 1906 Ashland Ave.

20. FILED OCT 9 - 1939 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from September 19, 1939 to October 8, 1939

I last saw h.i.m alive on Oct 10, 1939. Death is said to have occurred on the date stated above, at 5.25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
pneumonia	days
complicating a bronchiectasis	
Other contributory causes of importance:	

Was an operation performed? yes Date of Sept 27 - 1939

For what disease or injury? Chronic sinusitis

Name of operation sinusotomy

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) M. R. Lampert, M. D.

(Address) St. Joseph's Hosp.

38467 RB

F 61865

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

23

Registered No. F 61865

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 mo., 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1927 Homewood Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Ida Cashmyer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-28-1858

8. AGE: Years 81 | Months 1 | Days 10 | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Augustus Cashmyer (dead)
13. Birthplace Germany

MOTHER
14. Maiden Name Rosina Wernith (dead)
15. Birthplace France

16 (a) Informant Records
(b) Address B.C.H.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 10 -39 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Edmondson Ave
18 (a) Funeral director Albert W Gregory
(b) Address 440 E North Ave
19 (a) OCT 8 - 1939 Huntington Hilliard M.D. (By registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 7 1939, at 2.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 18 1938 to Oct 7 1939, and that I last saw h alive on Oct 7 1939.

Immediate cause of death: Tuberculosis of Lungs — Duration: July 1938

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dalsen M.D.
Address RR 14, Date signed 10/8/39

VS 3

3685331866

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

87-B

F 61866

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 7125 Holabird Ave (If rural give location) Dundalk

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Donald Morris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-1-36

8. AGE: Years	Months	Days	If less than one day
2	11	8	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation child

11. Industry or business

FATHER 12. Name Ray Morris

13. Birthplace Va

MOTHER 14. Maiden Name Mary Morris

15. Birthplace Va

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/11/39 (month) (day) (year)

(c) Cemetery or crematory Stanmeyer, Va

Location Charlottesville Va

18 (a) Funeral director Raymond D. Covington

(b) Address 21 W. 25th St

19 (a) 10 1939 (Date received by Registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 9 1939, at 4:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 17 1939, to Oct 9 1939, and that I last saw him alive on Oct 9 1939.

Immediate cause of death	Duration
Progressive Cerebral Degeneration	1½ yr.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature H. P. Goldberg M.D.

Address Johns Hopkins Hosp Date signed 10-9-39

F 61867

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1X 50

F 61867 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1813 St. Paul St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1½ Mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Delaware (b) County
(c) City or town Wilmington (If outside city or town limits, write RURAL and give town)
(d) Street No. 611 W. 20th St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hester A. B. Sasse

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) ~~Single~~, married, ~~widowed or divorced~~ Married

6 (b) Name of husband ~~or wife~~ Lewis Sasse

6 (c) If alive, give age 2 years

7. Birth date of deceased (mo., day, yr.) Dec 19th 1865

8. AGE: Years 73 | Months 9 | Days 20 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER 12. Name Joseph D. Harrington

13. Birthplace Md.

MOTHER 14. Maiden Name Mary J. Vallient

15. Birthplace Md

16 (a) Informant Wm E. Haines

(b) Address 24th & Market sts Wilmington Del

17 (a) Burial (Burial, ~~cremation, or removal~~)

(b) Date thereof Oct 12th 1939 (month) (day) (year)

(c) Cemetery ~~or crematory~~ St Michaels Md

Location

18 (a) Funeral director William Cook

(b) Address 1217 St Paul St

19 (a) [illegible] (b) [illegible] Registrar

(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 9th 1939, at 10:50 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 22 1939 to Oct. 9. 1939. and that I last saw her alive on Oct. 9 1939.

Immediate cause of death Extensive Carcinoma — Duration over

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lyle Bowden M.D. M. D.

Address 108 St. Johns Road Date signed 10/9/39

F 61868

61868

Naeve

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1107-C

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 22 S. Athol Ave
(c) Hospital or institution: General German Aged Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 22 S. Athol Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lettef Naeve

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W.	widower

6 (b) Name of husband or wife Johana Naeve 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5, 1848

8. AGE: Years	Months	Days	If less than one day
91	5	3	hr. min.

9. Birthplace Germany (City, county, and state)

10. Usual Occupation Schoemaker

11. Industry or business

FATHER 12. Name Theodor Naeve

13. Birthplace Germany

MOTHER 14. Maiden Name Schafer

15. Birthplace Germany

16 (a) Informant General German aged Home

(b) Address 225 Athol Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/10/39 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location

18 (a) Funeral director Harry H. Nuttle

(b) Address 4101 Edmondson Ave

(c) Date received by registrar OCT 10 1939 Hunting to Williamsport

MEDICAL CERTIFICATION

P.

20. DATE OF DEATH Oct. 8/39 19 at 6.30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1/39 19 to Oct. 8/39 19 and that I last saw him alive on Oct. 6/39 19

Immediate cause of death	Duration
Broncho Pneumonia	10 days.
Due to	
Due to Arterio-Sclerosis	Unknown.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home. (Specify type of place) While at work? No.
(e) Means of injury

23. Signature Henry Keats Cheung M. D.

Address 933 Hanover St. Date signed Oct. 9/39.

VS 3

F 61869

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61869

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 722 S. Port St. St. 1-3 Ward)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Mattes

(a) Residence: No. 722 S. Port St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles C. Mattes

6. DATE OF BIRTH (month, day, year) Aug. 16. 1885

7. AGE Years	Months	Days	If LESS than 1 day... hrs. or ... min.
54	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Joseph Helinski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Sophie Pawlak

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Charles C. Mattes

(Address) 722 S. Port St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Oct. 12. 1939

19. UNDERTAKER Fred W. Ozazewski

(Address) 1930 Eastern Ave.

20. FILED OCT 10 1939 Hunting Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 5 1939 to Oct. 8 1939

I last saw her alive on Oct 8 1939 Death is said to have occurred on the date stated above, at 6:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	Oct 5/39
Hypertension	?

Other contributory causes

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas F. Smyth M. D.

(Address) 2007 E. Fort Ave

61870

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a F 61870

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address: Wyman Park Drive and 31st St.

(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.

(d) Length of stay in hospital or inst. (yrs., mos., or days): 5mo2da

(e) Length of stay in Baltimore (yrs., mos., or days): 5mo17da

2. USUAL RESIDENCE OF DECEASED:

(a) State: Maryland (b) County: Baltimore City

(c) City or town: Baltimore City (If outside city or town limits, write RURAL and give town)

(d) Street No.: 1934 Chesapeake Ave., Balto. Md. (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME: Marshall M. Jarvis

3 (b) If veteran, name war: ____

3 (c) Social Security Account No.: ____

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: ____

6 (c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): May 6, 1896

8. AGE: Years: 43 Months: 5 Days: 2 If less than one day: hr. ____ min. ____

9. Birthplace: WEST Virginia (Town, county, and state)

10. Usual Occupation: Fireman-CS Wm. C. Atwater

11. Industry or business: Maritime

FATHER

12. Name: David Jarvis

13. Birthplace: West Virginia

MOTHER

14. Maiden Name: Nora Manuel

15. Birthplace: West Virginia

16 (a) Informant: Records-U. S. Marine Hospital,

(b) Address: Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 11 1939 (month) (day) (year)

(c) Cemetery or crematory: St Mary's

Location: Roland Ave.

18 (a) Funeral director: Shenandoah Lan

(b) Address: 365 Chestnut Ave.

(a) OCT 10 1939 (Local registrar) (b) ____ Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 8, 1939, at 12:15 am

21. I certify that death occurred on the date above stated; that I attended deceased from April 18, 1939 to Oct. 8, 1939. and that I last saw him alive on Oct. 8, 1939.

Immediate cause of death: Cerebral Hemorrhage — Duration: Feb. 1939

Due to: ____

Due to: ____

Other Conditions: Arteriosclerosis general — Unknown

(Include pregnancy within 3 months of death)

Major findings:

Of operations: ____

Of autopsy: ____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide: ____

(b) Date of occurrence: ____

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury: ____

23. Signature: T. M. H. Andrews M. D.

Address: U. S. Marine Hospital, Baltimore, Md. Date signed: 10/9/39

61871

OGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

149-a

48[illegible] 61871

Registered No. .....

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore Maryland

(c) Hospital or institution:

Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 yrs.

(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County .....

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

Street No. 526 Bruce St. (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Catherine Green

3 (b) If veteran, name war .....

3 (c) Social Security Account No. .....

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: William

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec. 29, 1901

8. AGE: Years 37 | Months 9 | Days 7 | If less than one day: hr. ..... min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation None 0037

11. Industry or business .....

FATHER 12. Name George Green

FATHER 13. Birthplace Unknown

MOTHER 14. Maiden Name Virginia Paul

MOTHER 15. Birthplace Unknown

16 (a) Informant Records

16 (b) Address Baltimore City Hospitals

17 (a) ..... (Burial, cremation, or removal)

17 (b) Date thereof Oct 10, 1939 (month) (day) (year)

17 (c) Cemetery or crematory Mt. Auburn

Location .....

18 (a) Funeral director Mrs Katie R. Williams

18 (b) Address 322 N Schroeder St.

19 (a) ..... (Filed by registrar)

19 (b) .....

10 10 1939

Vs 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-6 1939 at 4:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9 6 1939, to 10-6 1939, and that I last saw he[illegible] alive on 10 6 1939.

Immediate cause of death: Ovarian malignancy with metastases — Duration: ?

Due to .....

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury .....

23. Signature L.K. Woodward M. D.

Address Balto. city Hosp. Date signed 10-7-39

M. D. B. 1268-9

F 61872

61872

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 92-a

Registered No.

(If death occurred in a hospital or institution give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5'5'2 Oxford St. 17-2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Pinder

(a) Residence: No. 5'5'2 Oxford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Thomas W Pinder

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Preacher & Lecturer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lynchburg Va.

FATHER

13. NAME Minor Scott

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Thomas Pinder

(Address) 5'5'2 Oxford St

18. BURIAL, CREMATION, OR REMOVAL

Loudon Park Date 10-11 39

19. UNDERTAKER Adolphus Halstead

(Address) 5'5'2 Oxford St

Remington Pikesville MD

FILED OCT 10 1939 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7 1939

22. I HEREBY CERTIFY, That I attended deceased from July 7 1939 to Oct 7 1939

I last saw her alive on Oct 4 1939. Death is said to have occurred on the date stated above, at 11:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Tabular Heart Disease	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Emily Ingram Frey M. D.

(Address) 1928 Penna Ave.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

61873

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 Registered No. F 61873

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1038 N. Eutaw Street
(c) Hospital or institution: City Hospital last year
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 17 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1038 N. Eutaw Street (If rural give location)
(e) If foreign born, how long in U. S. A.? 17 years

3 (a) FULL NAME Lee Bronson — No Country

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: colored

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 1905

8. AGE: Years 34 | Months | Days | If less than one day: hr. min.

9. Birthplace Charlotte South Carolina (Town, county, and state)

10. Usual Occupation Labor

11. Industry or business Fertilize Factory

FATHER
12. Name

13. Birthplace

MOTHER
14. Maiden Name Alice Maseby

15. Birthplace Baltimore Md.

16 (a) Informant Alice Maseby

(b) Address Baltimore Md

17 (a) (Burial, cremation, or removal) (b) Date thereof 10-10-39 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location Brooklyn

18 (a) Funeral director Adolphus Halstead

(b) Address [illegible]

19 (a) OCT (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 7th 1939, at 9:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 4, 1939, to Oct 7, 1939, and that I last saw him alive on 4th 1939.

	Duration
Immediate cause of death Uremia, Anasarca, with weakness and Shortness of breath	9:4:1939 10:7:1939
Due to Nephritis chronica	
Due to coma, about 5 a.m. Oct. 7, as deep he could not be aroused	4 hours
Other Conditions Weakness. Coma about 24 hours (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. B. Connor M.D. M. D.
Address 535 E 37 Street Date signed 10:7:1939

VS 3

F 61874

61874

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 73

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 87 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 651 W. Fairmount Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ernest Kennedy (46387)

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 12, 1894

8. AGE: Years	Months	Days	If less than one day
45	8	23	hr. min.

9. Birthplace S. Car. (Town, county, and state)
10. Usual Occupation W.P.A. Laborer
11. Industry or business

FATHER
12. Name Ed. Kennedy
13. Birthplace S. Car.

MOTHER
14. Maiden Name Annie Simms
15. Birthplace S. Car.

16 (a) Informant Hospital Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 10-10-39 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Westport
18 (a) Funeral director Adolphus Halstead
(b) Address 916 Linden Ave.
19 (a) (Date received by registrar) (b) Filing No. 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH October 5, 1939 . at 4:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 10, 1939 to Oct. 5, 1939 and that I last saw him alive on October 5, 1939 .

Immediate cause of death Tuberculosis of Lungs — Duration: May 1939

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. J. Ahern, M.D.
Address Balto. City Hospitals Date signed 10-5-39

VS 3

F 61875

31875

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 621 W. Barre
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 621 W. Barre St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harriet C. Pinder

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Robert Pinder

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — 1865

8. AGE: Years 74 | Months | Days | If less than one day hr. min.

9. Birthplace md (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name B. Custis
13. Birthplace md

MOTHER 14. Maiden Name Mary Thomas
15. Birthplace md

16 (a) Informant Estella Jones Stickum
(b) Address 323 N. Stricker St

17 (a) (Burial, cremation, or removal) (b) Date thereof 10-11-39 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto.

18 (a) Funeral director James A. Stayer
(b) Address 142 Druid Hill Ave

19 (Date received by local registrar) OCT 10 1939 (Registrar) Huntington Williams M.D. City

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 7 1939, at 11.30 P M

21. I certify that death occurred on the date above stated, that I attended deceased from Sept 27 1939, to Oct 7 1939, and that I last saw h[er] alive on Oct 6 1939.

Immediate cause of death: Nephritis & Endocarditis — Duration: 10 days

Due to —

Due to —

Other Conditions Senility

(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James C. Cayer M. D.
Address 1016 Sharp. Date signed 10-9-39

F 61876

61876

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2809 Alvarado Square

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 63

2. USUAL RESIDENCE OF DECEASED:

(a) State ..... (b) County .....

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2002 N Washington St (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) **FULL NAME** Mary C Coffay

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F. Male	White	Married

6 (b) Name of husband or wife Michael J.

6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) June 10 1876

8. AGE: Years	Months	Days	If less than one day
63	3	28	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation House work at home

11. Industry or business

FATHER

12. Name Alford Sutton

13. Birthplace Md

MOTHER

14. Maiden Name Mary E Garrett

15. Birthplace Md

16 (a) Informant Mrs S. Irene Eldridge

(b) Address 3404 Lyndale Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 11 1939 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location Taylor Ave, Balto Co

18 (a) Funeral director William M Mareck

(b) Address 715 Light St, Baltimore, Md.

19 (a) 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 8 1939, at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 30 1939 to Oct 8 1939 and that I last saw h[illegible] alive on Oct 8 1939.

Immediate cause of death Cerebral Hemorrhage

Due to Arter. Sclerosis

Due to

Other Conditions Hypo Static Pneumonia.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Fred H. Magruder M. D.

Address 14 E Read St Date signed 10.9.39

Verum 2689

VS 3

61877

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a

48933 SP

Registered No. P 61877

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution:

Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days

(e) Length of stay in Baltimore (yrs., mos., or days) 1 yr.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 651 Pierce Street

(If rural give location)

(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Rebecca Friday

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Horrel (d)

6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) May 1, 1858 ?

8. AGE: Years 81 ? Months 5 Days 5 If less than one day hr. ... min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Young

13. Birthplace ?

MOTHER 14. Maiden Name Alei ?

15. Birthplace ?

16 (a) Informant Records

(b) Address BaltimoreCity Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-10-39 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location West Port

18 (a) Funeral director William A Tarkson

(b) Address 916 Potrero

19 (a) Filed by registrar (b) ... Registrar

10 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH October 6 1939, at 1055 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 4 1939 to Oct 6 1939, and that I last saw h m alive on Oct 6 1939.

Immediate cause of death: cerebral hemorrhage — Duration: 2 days

Due to

Due to

Other Conditions: hypertension — unknown.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy cerebral hemorrhage

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible] M. D.

Address Balto City Hosp Date signed 10-9-39

61878

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-B F 61878

Registered No. .....

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution:

Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mth, 21 days 1 yr.

(e) Length of stay in Baltimore (yrs., mos., or days) 37 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County .....

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 317 S. Collins Ave., Irvington

(If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Andrew Wellstood

3 (b) If veteran, name war .....

3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Adeline

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr) 8/19/1862

8. AGE: Years	Months	Days	If less than one day
77	1	20	hr. ..... min.

9. Birthplace N. Y. (Town, county, and state)

10. Usual Occupation O A P. dead

11. Industry or business .....

FATHER

12. Name William

13. Birthplace Scotland

MOTHER

14. Maiden Name Alice Spence

15. Birthplace Pa.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/11/39 (month) (day) (year)

(c) Cemetery or crematory LOUDON PARK

Location FIR

18 (a) Funeral director C. RAYMOND KAUFMAN

(b) Address 927 LEEDS AVE.

19 (a) ..... (Date received by registrar) (b) ..... (Signature of Registrar)

OCT 10 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH October 9 1939, at 2 35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from August 18 1938, to October 9 1939, and that I last saw h m alive on Oct 9 1939.

Immediate cause of death Bronchopneumonia — Duration 4 days.

Due to .....

Due to .....

Other Conditions Cerebral Hemorrhage — 2 years

(include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? ..... (City or town) ..... (County) ..... (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....

(Specify type of place)

(e) Means of injury .....

23. Signature Jonas Goldstein M. D.

Address Balto City Hosp. Date signed 10-9-39

HEALTH DEPARTMENT—CITY OF BALTIMORE

1879 | CERTIFICATE OF DEATH | 92-aF 61879

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 622 W Lafayette St. or Ward) 14

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Richard Stanton

(a) Residence: No. 622 W Lafayette St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Stanton

6. DATE OF BIRTH (month, day, year) 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. foundry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Depew N.Y.

FATHER

13. NAME Robert Stanton

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Elizabeth Stanton
(Address) 622 W Lafayette

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cem 10/11 1939

19. UNDERTAKER Geo. L. Kelson & Son
(Address) 1503 Presstman St.

20. FILED OCT 11 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 11, 1939, to Oct 8, 1939

I last saw him alive on Oct 7 1939 Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	Oct 3-39
Mitral Insufficiency	

Other contributory causes of importance:

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, state how

(Signed) J. Edward Fisher M.D.
164 E Monument St

61880 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 61880

CERTIFICATE OF DEATH 95-3

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 24 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. 6 mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jacob Kern S. S No. 217-07-8864

(a) Residence: No. 1030 Fort Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 15, 1915

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	24	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laboratory Assistant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dental Laboratory

10. Date deceased last worked at this occupation (month and year) May, 1939

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Frank Kern

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Elizabeth Tarot

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Frank Kern
(Address) 1030 Fort Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Oct 12th 1939

19. UNDERTAKER Charles F. Dill
(Address) 1501 E Fort Ave.

20. FILED OCT 10 1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 12, 1939 to October 9, 1939

I last saw him alive on October 9, 1939. Death is said to have occurred on the date stated above, at 11:05 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	1931
Cardiac Decompensation	1938
Ascites, Anasarca.	May 1939

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Wm. H. Kammer, M. D.

(Address) Mercy Hospital

VS B

61884 51
3666

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 61881
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 7-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Dundalk (If outside city or town limits, write RURAL and give town)
(d) Street No. 1903 Monumental Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? 32 years ~~10 months~~ years

3 (a) FULL NAME Assunta (Sadie) Ambrosetti
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Anthony
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 8-5-83
8. AGE: Years 56 Months 2 Days 23 If less than one day hr. min.
9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Vincent Palmisano
13. Birthplace Italy

MOTHER
14. Maiden Name Mary Casquese PASCASI
15. Birthplace Italy

16 (a) Informant JOHNS HOPKINS HOSPITAL
(b) Address Records

17 (a) OAK LAWN CE, (Burial, cremation, or removal) Date thereof Oct.11-39 (month) (day) (year)
(c) Cemetery or crematory OAK LAWN CEME.
Location Eastern Ave Balt. Md.
18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Morley St. Williams, Mgr

OCT 10 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 8 1939. at 3 A M
21. I certify that death occurred on the date above stated; that I attended deceased from Aug 2 1939. to Oct 8 1939. and that I last saw her alive on Oct 8 1939.

Immediate cause of death Myocardial failure secondary to prolonged infection
Due to Multiple liver abscess and abscess in abdominal cavity
Due to following appendectomy for ruptured appendix.
Other Conditions Sub phrenic abscess (Include pregnancy within 3 months of death)
Major findings:
Of operations 1st Ruptured appendix; 2nd abdominal abscess; 3rd liver abscess
Of autopsy Sub-phrenic abscess

Duration 8 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Johns Hopkins Hospital Date signed

VS 8

36243 61882

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46-E F 61882 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address John Hopkins Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6608 Busby St (If rural give location)
(e) If foreign born, how long in U. S. A.? 25 years

3 (a) FULL NAME Margaret Fanchi
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife late (Filippo Fanchi)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-17-74

8. AGE: Years 64 | Months 11 | Days 21 | If less than one day hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Giacomo Pedrolini
13. Birthplace Italy

MOTHER
14. Maiden Name Giovanna ?
15. Birthplace Italy

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Oak Lawn Cem. (Burial, cremation, or removal) (b) Date thereof Oct. 11 1939 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cemetery
Location Eastern Ava Balt. Md.

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Morley St.

OCT 10 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 8 1939, at 3 17 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 2 1939 to Oct 8 1939. and that I last saw her alive on Oct 8 1939

Immediate cause of death	Duration
Metastatic Carcinoma to Liver	
Due to ? Ca of Gall Bladder or Pancreas	
Due to	
Other Conditions Arteriosclerotic Cardiovascular Glomerulonephritis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Lymphosarcoma confirmed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. M. Welty M. D.
Address Johns Hopkins Hosp. Date signed 10-9-39

V8 3

1883 369237

F 61883

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 910 N Bond (If rural give location)
(e) If ~~foreign born, how long~~ in U. S. A.? Life years

3 (a) FULL NAME Robert Loyal

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	Black	married

6 (b) Name of husband or wife Dorothy

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-15-15

8. AGE: Years	Months	Days	If less than one day hr.	min.
24	4	7		

9. Birthplace S C (Town, county, and state)

10. Usual Occupation Presser

11. Industry or business

FATHER 12. Name Arthur Loyal
13. Birthplace S.C.

MOTHER 14. Maiden Name Hennie Jones
15. Birthplace S.C.

16 (a) Informant Records JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-11-39 (month) (day) (year)
(c) Cemetery or crematory Wesley Cemetery
Location Jamestown S C

18 (a) Funeral director Robert Williams
(b) Address 515 N Eden St

19 (a) Embalmed by (Embalmer) (b) Date embalmed (month) (day) (year)

OCT 10 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 8 1939. at 6 40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 2 1939. to Oct 8 1939. and that I last saw him alive on Oct 8 1939.

Immediate cause of death: Malignant nephrosclerosis — Duration: 4 wks

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Hemorrhagic kidney cortex

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C W O'Leary M. D.
Address Date signed 10-9-39

VS 3

61884

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a F 61884 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2300 Garrison Boulevard
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2300 Garrison Boulevard (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lillie B. Carr

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 20, 1866

8. AGE: Years	Months	Days	If less than one day
73	2	19	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name James E. Carr
13. Birthplace Howard County, Md.

MOTHER
14. Maiden Name Amanda M. Wright
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. Herbert N. Gerry
(b) Address 2300 Garrison Boulevard

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 11, 1939 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Greenmount Ave. & Oliver, Balto.

18 (a) Funeral director George J. Smith
(b) Address 1900 Eutaw Place, Baltimore

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 9 1939, at 1:10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 9/16 1939 to 10/8 1939.
and that I last saw h[illegible] alive on 10/8 1939.

Immediate cause of death	Duration
Bronchopneumonia	24 hrs
Due to Cerebral Hemorrhage	3 wks-
Due to Arteriosclerosis	?
Other Conditions Hypertension Bilateral	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature]
Address 3403 Garrison Blvd. Date signed 10/9/39 (M D)

FS 3

1885 F 61885

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-13

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital Ward 15-43

(If death occurred in a hospital or institution, give the NAME instead of street and number.)

Length of residence in city or town where death occurred, 42 yrs. ... mos. ... da. How long in U. S. If of foreign birth 52 yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Mollie Lesser

(a) Residence: No. 3531 Reisterstown Rd. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louis Lesser

6. DATE OF BIRTH (month, day, year) 1916

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife yes 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Charles Ricklass

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Freida Ricklass

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Samuel E Lesser

(Address) Stamford N. J.

18. BURIAL, CREMATION, OR REMOVAL Place Rosedale Date 10-10-39 19

19. UNDERTAKER Jack Levin Inc

(Address) 1432 E. Baltimore St

20. FILED OCT 10 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 9 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 19 1937 to Oct. 9 1937.

I last saw h.er alive on Oct. 9 1939. Death is said to have occurred on the date stated above, at 11:25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10/5/39
Arteriosclerotic cardiovascular disease, decompensated.	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harold A. Gratz, M. D.

(Address) Sinai Hospital

F 61886

Registered No.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1886 369426 119

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1222 Ashland ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Richard Jenkins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-23-39

8. AGE: Years	Months	Days	If less than one day
	2½	13	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER	12. Name	Charles Jenkins
	13. Birthplace	Md
MOTHER	14. Maiden Name	Ruth Douglas
	15. Birthplace	Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location OCT 0 1939

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore.

19 (a) (b) Hunting to Baltimore MD

OCT 10 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 6 1939, at 6.40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 4 1939 to Oct 6 1939, and that I last saw him alive on Oct 6 1939.

Immediate cause of death: Dysentery — Duration: 4 days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. P. Goldberg M. D.
Address Johns Hopkins Hop. Date signed 10-9-39

F 61887

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 18 N. Washington (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Minoglio
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days | If less than one day 18 hr. min

9. Birthplace Md (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Victor Minoglio
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL OCT 10 1939
COMMISSIONER OF HEALTH

18 (a) Funeral director Per H. A. Moore
(b) Address 1101 W. Huntington Ave Baltimore Md

19 (a) 1939 (Date rec'd by registrar) (b) Permit issued

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 4 19 1939 at 12 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 3 1939 to Oct 4 1939 and that I last saw him alive on Oct 4 1939.

Immediate cause of death Prematurity — Duration 18 hrs

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry P. Goldberg M. D.
Address Johns Hopkins Hosp Date signed 10-6-39

VS 3

61888

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

Registered No. F 61888

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2952 Greenmount ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
Street No. 2952 Greenmount ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank L. Ammen (or Hammen)

3 (b) If veteran, name war Spanish American war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband~~ or wife: Ella F.

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Feb 23 1866

8. AGE: Years 73 | Months 7 | Days 17 | If less than one day: hr. min

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Salesman

FATHER
12. Name Henry Ammen or Hammen
13. Birthplace Balto

MOTHER
14. Maiden Name Eva Stratzer
15. Birthplace Balto

16 (a) Informant Ella F. Ammen
(b) Address 2952 Greenmont ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 12 39 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director Martin H. B. Dippel
(b) Address 7110 Belair Rd

19 (a) (Date received by registrar) (b) Registrar

OCT 10 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH October 10th 1939, at 5 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Cardiac disease, hypertensive	
Due to Arteriosclerosis generalized	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wolfenweber M.D.
Medical Examiner
Date signed Oct 10th, 1939

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61889

CERTIFICATE OF DEATH

46-C F 61889

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1801 E Federal St. 8-6 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anna Benosky

(a) Residence: No. 1801 E. Federal St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles E. Benosky

6. DATE OF BIRTH (month, day, year) Sept 17-1875

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
64	0	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Conrad Koch

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Charles E. Benosky

(Address) 1801 E. Federal St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 10-11-39

19. UNDERTAKER Mudd & Humphreys

(Address) 2-11 N. Gay St.

20. FILED OCT 10 1939 19 Huntington Hill [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 13, 1938 to Oct. 7, 1939

I last saw her alive on Oct. 6, 1939 Death is said to have occurred on the date stated above, at 11:10 m. P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Hepatic flexure of the Colon.	Oct. 38.

Other contributory causes of importance:

Was an operation performed? Yes. Date of Nov. 1938.

For what disease or injury? For the above.

Name of operation Laporotomy & Caecostomy.

What test confirmed diagnosis? Laboratory tests. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Albert E. Singewald, M. D.

(Address) 1613 E. North Ave.

VS 8

F61890

CGK

48245 F61890

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 124-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore Maryland

(c) Hospital or institution:

Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1555 McKeen Ave. (If rural give location)

(e) If foreign born, how long in U. S. A? ..... years

3 (a) FULL NAME Correna Crooks

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife Kesine

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug. 6, 1895

8. AGE: Years 44 | Months 2 | Days 2 | If less than one day: hr ..... min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name Robert Schultz

13. Birthplace Md.

MOTHER

14. Maiden Name Sophie Bayline

15. Birthplace Md.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-12-39 (month) (day) (year)

(c) Cemetery or crematory Western

Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tiekmer & Sons

(b) Address North & Pennsylvania Avenues

19 (a) Filed [illegible] Huntington Wallace, M.D. Registrar

OCT 10 1939

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH October 8 1939, at 9:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 11 1939 to Oct 8 1939, and that I last saw h e alive on Oct 8 1939.

Immediate cause of death: Cirrhosis of the Liver — Duration unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy cirrhosis of the liver

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [illegible] M. D.

Address Balto City Hosp Date signed 10-9-39

61891

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. F 61891

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2430 Jefferson St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Laura U Heuer.

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-10-0293

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: John Heuer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 14, 1881

8. AGE: Years 58 | Months 8 7 | Days 26 | If less than one day: hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual Occupation: Seamstress

11. Industry or business

FATHER
12. Name: Christian Schieff
13. Birthplace: Germany

MOTHER
14. Maiden Name: Margaret Mueller
15. Birthplace: Germany

16 (a) Informant: Mr. Cecil
(b) Address: 2919 Kildare Drive

17 (a) (Burial, cremation, or removal) (b) Date thereof 10 12 39 (month) (day) (year)
(c) Cemetery or crematory Bacto Laundry
Location

18 (a) Funeral director Leonard J. Rank
(b) Address 6364 Reisterstown Rd.

19 OCT 10 1939 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 10th 1939, at 6 05 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Broncho-pneumonia, lobar.	
Due to	
Due to	
Other Conditions Pneumonia / hypostatic, tuberculosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Pneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H L Wollenweber M.D. Medical Examiner
Date signed Oct 10th, 1939

VS 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

61892 F 61892

CERTIFICATE OF DEATH

Social Security 213-05-8867

Registered No. 28-195-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. ( ) Ward)

Length of residence in city or town where death occurred 52 yrs. 11 mos. 24 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. J. Carroll ~~Harryman~~ Hamman

If U. S. Veteran specify WAR

(a) Residence: No. 3600 Woodbine Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Myrtle Hamman

6. DATE OF BIRTH (month, day, year) Oct. 15, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	52	11	24	If LESS than 1 day, 5 hrs. or 35 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Credit Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas & elec fixtures

10. Date deceased last worked at this occupation (month and year) Sept. 26/37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME J. C. Carroll Hamman

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Annie Armstrong

16. BIRTHPLACE (city or town) (State or country) ~~Baltimore, Md.~~ Virginia

17. INFORMANT Mrs. Myrtle Hamman

(Address) 3600 Woodbine Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date Oct. 11th. 1937

19. UNDERTAKER Wm. J. Tiainer & Sons.

(Address) North & Penna Aves.

20. FILED OCT 10 1937 Starting for Hillsboro, Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 26, 1937 to Oct. 9, 1937

I last saw him alive on Oct. 7, 1937. Death is said to have occurred on the date stated above, at 5:35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular Disease	3 yrs.
Cerebral Haemorrhage	" 8 hrs.
Subdural Hemorrhage	" 2 hrs.
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frederick J. Gallagher M. D.

(Address) Mercy Hosp.

VS 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

61893 CERTIFICATE OF DEATH 131 F 61893

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2117 Jennison St. 12-5 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR

2. FULL NAME Mary Sharp Griffiths
(a) Residence: No. 1800 N. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: white
5. Single, Married, Widowed, or Divorced (write the word): married
6a. If married, widowed or divorced — HUSBAND of (or) WIFE of: Gerald Griffiths
6. DATE OF BIRTH (month, day, year): March 20th 1867
7. AGE: Years 72 | Months 6 | Days 20 | If LESS than 1 day.... hrs. or .... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Dinwiddie Co Virginia

FATHER
13. NAME: Edward Sharp
14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER
15. MAIDEN NAME: Ida Coghill
16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT (Address): Gerald Sharp Griffiths 1800 N. Charles St. Balto. Md.

18. [illegible] CREMATION. Date 10-11-39, 19
Place: Loudon Park

19. UNDERTAKER (Address): Wm. J. Jackson Sons 1701 Pa. Avenue

20. FILED OCT 10 1939 Funeral to be held at Residence

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 10th 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 8th 1939 to Oct. 10th 1939
I last saw h[illegible] alive on Oct. 9th 1939. Death is said to have occurred on the date stated above, at 4:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Since Nov. 17th 1937
Other contributory causes of importance: Chronic Nephritis	Abt 4 Years

Was an operation performed? no Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If [illegible]

(Signed) Edwin C. Reifsnyder M. D.
(Address) 2245 Reisterstown Rd. Balto. Md.

61894

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-E

Registered No. F 61894

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2404 W. Lafayette Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2404 W. Lafayette Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma Rice

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Charles E. Rice

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 19, 1844

8. AGE: Years	Months	Days	If less than one day
94	11	20	hr. min.

9. Birthplace Philadelphia, Pa. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name John Donnally
13. Birthplace Ireland

MOTHER 14. Maiden Name Andrews
15. Birthplace

16 (a) Informant Mr. Edward Rice
(b) Address 2404 W. Lafayette Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-12-39 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address Northern Pennsylvania Avenues

19 (a) OCT 10 1939 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 9, 1939, at 12:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1939 to Oct 9 1939, and that I last saw h alive on Oct 8 1939.

Immediate cause of death Cardiac dilitation — Duration 2 days.

Due to Myocardial changes due to age —

Due to — Anemia —

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry D. McCarty M. D.
Address 37 W. Preston St Date signed 10-10-39

VS 3

F 61895

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164-a

F 61895 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 232 Hanover St
(c) Hospital or institution Bon Sec Bells Hosp

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 232 Hanover St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Andrew Busch Sr

3 (b) If veteran, name war: ns
3 (c) Social Security Account No. ns

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widower

6 (b) Name of husband or wife Julia Busch
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 22 - 1873

8. AGE: Years	Months	Days	If less than one day: hr	min
66	10	16		

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Taylor
11. Industry or business Self-

FATHER
12. Name John Busch
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Reis
15. Birthplace Baltimore Md

16 (a) Informant Andrew K Busch Jr
(b) Address 2312 W Lanvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 12 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave City

18 (a) Funeral director Charles P Powell
(b) Address 2427 Edmondson Ave

19 (a) (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 9th 1939, at 5 30 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to death on the day stated above.

Immediate cause of death: Suicide, carbon monoxide poisoning, (gas jet)
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence October 9th, 1939
(c) Where did injury occur? Baltimore, Maryland (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? —
(e) Means of injury Gas jet

23. Signature H L Wollenweber M.D (Medical Examiner)
Date signed Oct 9th, 1939

F 61896

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 Registered No. F 61896

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4040 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 19yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 524 N. Carrollton Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lula Payne
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex: Female
5. Color or race: Brown
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Lemon Payne
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 10 1895
8. AGE: Years 44 Months 4 Days 27 If less than one day hr. min.
9. Birthplace Ga. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Hensel McCoy
13. Birthplace Ga.

MOTHER
14. Maiden Name Jennie Grace
15. Birthplace Ga.

16 (a) Informant Records
(b) Address Balto. City Hospitals
(b) Date thereof 10-11-39 (month) (day) (year)

17 Burial (Burial, cremation, or removal)
(c) Cemetery or crematory Mt. Calvary
Location Baltimore, Md.
18 (a) Funeral director Charles S. Hofer
(b) Address 514 N. Calvert St.
19 (a) OCT 10 1939 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-7 1939, at 1:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 10-7 1939, to 10-7 1939, and that I last saw her alive on 10-7 1939.

Immediate cause of death Uremia — Duration 10 days
Due to Acute Nephritis — Duration 3 weeks
Due to ... — Duration 20 yrs
Other Conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Mayer Goldstein M. D.
Address Balto City Hospitals Date signed 10-7 39

VS 3

369101 12281

F 61897

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

145a-1493

Registered No. F 61897

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days

(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 217 S Caroline (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Marie Miller

3 (b) If veteran, name war

3 (c) Social Security Account No. no

4. Sex Female

5. Color or race Black

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 1-26-07

8. AGE: Years 32 Months 8 Days 12 If less than one day hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation H W

11. Industry or business

FATHER 12. Name Edward Murel

13. Birthplace S.C.

MOTHER 14. Maiden Name Ada Ford

15. Birthplace Va

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal)

(b) Date thereof 10/10/39 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location Hampden Road

18 (a) Funeral director Wendell Chappel

(b) Address 1405 E. Fayette St.

19 OCT 10 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 8 1939, at 445 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 28 1939, to Oct 8 1939, and that I last saw her alive on Oct 8 1939.

Immediate cause of death: Cardiac Failure — Duration 10-8-39

Due to Pelvic peritonitis — 9-28-39

Due to Sub phrenic abscess — 10-5-39

Due to Ruptured uterus — 9-28-39

Due to Dissolution of wound. — 10-7-39

Other Conditions Pregnancy — 9 mos.

(Include pregnancy within 3 months of death)

Major findings:

Of operations Hysterectomy on ruptured uterus.

Of autopsy See above.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature E. W. Overstreet M. D.

Address Johns Hopkins Hosp. Date signed 10-9-39

VS 3

F 61898

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 B

Registered No. F 61898

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 14 S Augusta Ave

(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 d

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 14 S Augusta Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edna C Haynes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife James C Haynes

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 18 1880

8. AGE: Years 58 Months 9 Days 20 If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name John Wenger

13. Birthplace Germany

MOTHER 14. Maiden Name Frances Hornberg

15. Birthplace France

16 (a) Informant James C Haynes

(b) Address 14 S Augusta Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/11/39 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Baltimore Md

18 (a) Funeral director Geo A Tayler

(b) Address Inland Ave & Taylor Huntingtown Hillsdale Md.

OCT 10 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION 1939

20. DATE OF DEATH 10-8 1939, at 3 a M

21. I certify that death occurred on the date above stated, that I attended deceased from 10-8 1939, to 10-8 1939 and that I last saw h es alive on Oct 8 1939.

	Duration
Immediate cause of death Coronary thrombosis	1 day
Due to Hypertension	?
Due to Arteriosclerosis	?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations ✓

Of autopsy ✓

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ✓

(b) Date of occurrence ✓

(c) Where did injury occur? ✓ (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work?

(e) Means of injury ✓

23. Signature J. T. Lyons M. D.

Address 3521 Greenmount Ave Date signed 10/10/39

VS 3

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61899 F 61899

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2037 N Fulton ave Ward) 15th

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Elizabeth Hardesty

(a) Residence: No. 2037 N Fulton ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas A Hardesty

6. DATE OF BIRTH (month, day, year) Feb 13. 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co Md

FATHER

13. NAME Holworth Simmons

14. BIRTHPLACE (city or town) (State or country) Md Calvert Co. Md.

MOTHER

15. MAIDEN NAME Maria A Buckmaster

16. BIRTHPLACE (city or town) (State or country) Calvert Co Md

17. INFORMANT Elmer Hardesty

(Address) 2037 N Fulton ave

18. BURIAL, CREMATION, OR REMOVAL. Christ M. E. Church Cemetery Date Oct 12 . 1939

Place Calvert Co.

19. UNDERTAKER Ellis D. White

(Address) 2240 Lord Baltimore Apts

20. FILED OCT 10 1939 Huntingtown Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 9 . 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 3 . 1939 to Oct 9 . 1939

I last saw her alive on Oct 8 . 1939 Death is said to have occurred on the date stated above, at 1230 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Oct 3/39
Arteriosclerosis	Unknown

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Autopsy? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Fred C Jewett M. D.

(Address) 2514 Penn. Ave

BE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 61900

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48

F 61900

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 439 W. 24th St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 25 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 439 W. 24th St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hazel L. Owings

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) ~~Single~~, married, ~~widowed, or divorced~~ Married

6 (b) Name of husband ~~or wife~~ Earl H. Owings

6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) May 23rd 1896

8. AGE: Years	Months	Days	If less than one day hr.	min.
43	4	15		

9. Birthplace Wheeling W. Va (Town, county, and state)

10. Usual Occupation House wife

11. Industry or business At Home

MOTHER / FATHER

12. Name Unknown

13. Birthplace Unknown

14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant Earl H. Owings

(b) Address 439 W. 24th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 11 1939 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet

Location Baltimore Md

18 (a) Funeral director Wilson (Col)

(b) Address 2112 E Fort Ave

19 (a) Oct 11 1939 (Date rec'd by registrar) (b) [illegible]

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 8th 1939, at 9:45 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 17 1939 to Oct 8 1939 and that I last saw her alive on Oct 6 1939.

Immediate cause of death Carcinoma Uterus — Duration April 17 1939

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Chas W. Edmunds M. D.

Address 2716 Alameda Date signed Oct 9, 1939

Howard J. Healy's Assistant Med. Exam.

F 61901

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61901

CERTIFICATE OF DEATH

122-B

1. PLACE OF DEATH Woman's Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... S. 11-2 Ward)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Ida Mane Burke — If U. S. Veteran specify WAR .....

(a) Residence: No. 922-31st Ave Seattle King Ward.
(Usual place of abode) Lakeside Wash (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — — —

6. DATE OF BIRTH (month, day, year) May 19th 1912

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
27	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supervisor pd
9. Industry or business in which work was done, as silk-mill, saw mill, bank, etc. Social Security Board
10. Date deceased last worked at this occupation (month and year) 9/30/39
11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) (State or country) Seattle Washington

FATHER

13. NAME Howard Burke
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Emma Bevan
16. BIRTHPLACE (city or town) (State or country) Scranton Pa

17. INFORMANT Howard L. Burke
(Address) 922-31st Ave Seattle Washington

18. BURIAL, CREMATION, OR REMOVAL
Place Seattle Washington Date 10/11/ 1939

19. UNDERTAKER William Bok
(Address) 127 St Paul St

20. FILED ... 19... Registrar.

OCT 11 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from October 2nd 1939 to October 10 1939
I last saw h.&c. alive on October 10, 1939. Death is said to have occurred on the date stated above, at 9.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralytic ileus	

Other contributory causes of importance:
Post-Operative gastric dilatation

Was an operation performed? yes Date of October 4
For what disease or injury?
Name of operation Exploratory Laparotomy
What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Richard N. Washington M. D.
(Address) Hospital for the Women's Med

F 61902

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 61902 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wilkens + Caton Aves.

(c) Hospital or institution: Saint Agnes' Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Anne Arundel

(c) City ~~or town~~ ~~Baltimore~~ Ellicott (If outside city or town limits, write RURAL and give town)

(d) Street No. ~~Wilkens + Caton Aves.~~ (If rural give location)

(e) If foreign born, how long in U. S. A.? —— years

3 (a) **FULL NAME** Mr. George Baumann,

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-05-1987

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Gertrude E.

6 (c) If alive, give age 32 years

7. Birth date of deceased (mo., day, yr.) Jan 31st 1904

8. AGE: Years	Months	Days	If less than one day
35	8	9	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation meat cutter

11. Industry or business A-P Stores Co

FATHER 12. Name Otto Baumann

13. Birthplace Md.

MOTHER 14. Maiden Name Lillian Smith

15. Birthplace Md.

16 (a) Informant Lillian Baumann

(b) Address 2502 Belmont Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 10/13/39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Western

Location Balto Md

18 (a) Funeral director William Cook

(b) Address 1217 E. Fund St

19 (a) 10-12-39 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-10-1939, at 6.55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-23 1939 to 10-10 1939. and that I last saw him alive on 10-10 1939.

Immediate cause of death Typhoid Fever

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature James N. Crains M. D.

Address St. Agnes Hospital Date signed 10-10-39

VS 3

61903

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

F 61903

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1605 Bloomingdale Rd

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 1605 Bloomingdale Rd (If rural give location)

(e) If foreign born, how long in U. S. A.? years

5-6

3 (a) FULL NAME Rose Gertrude Yeatman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Female	White	Married

6 (b) Name of husband ~~or wife~~ Fred Yeatman

6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) April 15th 1883

8. AGE: Years	Months	Days	If less than one day
56	5	25	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

MOTHER / FATHER

12. Name Louis E. Brenkeis

13. Birthplace Germany

14. Maiden Name Unknown

15. Birthplace Germany

16 (a) Informant Eleanore Trekeide

(b) Address 1605 Bloomingdale Rd

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Oct 13th 1939 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Holy Redeemer

Location Balto. Md.

18 (a) Funeral director William Cook

(b) Address 1217 St. Paul St

19 (a) (b) Registrar

(To be filled in by registrar)

OCT 11 1939

V53

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 10th 1939, at 12 M. P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 30 1938, to Oct 10 1939. and that I last saw her alive on Oct 9, 1939.

	Duration
Immediate cause of death Hypertensive Cardiovascular disease with edema & terminal failure	10 mos
Due to Chronic nephritis with uraemia Duration	1 mos
Due to	10 mos
	3 mos

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature L. Kemper Wallace M. D.

Address 2839 Walbrook Ave Date signed 10-10-39

F 61904

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 61904 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 1030 N. Calhoun Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wesley Davis

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Dorothy
6 (c) If alive, give age 22 years

7. Birth date of deceased (mo., day, yr.) Jan. 14, 1914

8. AGE: Years 25 | Months 10 | Days 24 | If less than one day: hr. min

9. Birthplace Amelia Co. Virginia (Town, county, and state)

10. Usual Occupation Carpenter
11. Industry or business Bldg.

FATHER
12. Name Milton Davis
13. Birthplace Amelia Co. Va.

MOTHER
14. Maiden Name Adell Meade
15. Birthplace Richmond, Va.

16 (a) Informant Adell Mc.Gee
(b) Address 1030 N. Calhoun Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 - 12 - 39 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location Amelia, Virginia

18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 1631 Druid Hill Ave.

CT 19 10 1939 (Date received by registrar) Hunter [illegible] Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-8- 1939, at 6.50 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Gun shot of Head — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 10-8-39
(c) Where did injury occur? City (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Street - (Specify type of place) While at work? No
(e) Means of injury Bullet wound of Head

23. Signature Howard J. Markson M.D.
Medical Examiner.
Date signed 10-9-39

61905 42349-FS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 61905

Registered No. 48

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4960 Eastern Ave.

(c) Hospital or institution:

Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7mo.15 das.

(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1525 Locust St. (If rural give location)

(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME Josephine Dworkowski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: John

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-23-1883

8. AGE: Years 55 | Months 11 | Days 16 | If less than one day: hr. min.

9. Birthplace: Poland (Town, county, and state)

10. Usual Occupation: H.W.

11. Industry or business

FATHER

12. Name: Casimer Ozcus

13. Birthplace: Poland

MOTHER

14. Maiden Name: Amelia Miller

15. Birthplace: Poland

16 (a) Informant: B.C.H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 13, 1939 (month) (day) (year)

(c) Cemetery or crematory Loch Raven A.A. Location Annapolis Blvd.

18 (a) Funeral director Margaret G. Flynn

(b) Address 1422 E. Fayette St. Baltimore, Md.

19 (a) (Signature of Registrar) Registrar

OCT 11 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-9 1939, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-24 1939, to 10-9 1939, and that I last saw her alive on 10-9 1939.

Immediate cause of death: Carcinoma cervix with metastasis — Duration: ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations none,

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature L. K. Woodward Jr. M. D.

Address Balto city Hosp. Date signed 10-10-39

F 61906

F 61906

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 53a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E. 33-d St
(c) Hospital or institution: Union Memorial Hospital 16-6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County /
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2840 W Lanvale St (If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) **FULL NAME** Blanche J Hamp

3 (b) If veteran, name war ———

3 (c) Social Security Account No. ———

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Walter K Hamp
6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) 5/13/1892

8. AGE: Years	Months	Days	If less than one day
42.	4	27	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name Andrew Simms
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Burton
15. Birthplace Maryland

16 (a) Informant Chart
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof OCT 13 1939 (month) (day) (year)
(c) Cemetery or crematory Mangle Chapel
Location Glen Hunt Md

18 (a) Funeral director Geo A Little 2788
(b) Address EDMONDSON AVE

19 (a) Date received by registrar OCT 13 1939 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/10 1939, at 5:09 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 22 1939, to Oct 10 1939 and that I last saw her alive on 10/9 1939.

Immediate cause of death Gas Gangrene — Duration ?

Due to Gas Gangrene

Due to Embolus Femoral Art Rt Leg

Other Conditions Amputation

(Include pregnancy within 3 months of death)

Major findings:
Of operation Gangrene Rt leg
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature S. D. Sunday M. D.
Address Union Memorial Date signed 10/10/39

F 61907

61907

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 901 W. North Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 901 W. North Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME Sophia Rosett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Late Arnold Mark

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years 70 | Months | Days | If less than one day: hr. min

9. Birthplace Russia (Town, county, and state) 0045

10. Usual Occupation Millinery Business

11. Industry or business

MOTHER / FATHER

12. Name Jerome Wolosoff

13. Birthplace Russia

14. Maiden Name Hannah Rosett

15. Birthplace Russia

16 (a) Informant Mrs Annette Rusbaum

(b) Address 2150 Mt Royal Terrace

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Balto. Hebrew Cemetery

Location Gay St

18 (a) Funeral director Sol Levinson & Bros.

(b) Address 1124-26 W North ave

(c) Place of death in city or town Baltimore Md.

(Date rec'd by registrar) (Registrar's signature)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/9 1939, at 11:59 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/7 1936, to 10/9 1939, and that I last saw her alive on 10/9 1939.

Immediate cause of death: Acute Cardiac Dilatation — Duration 10/9/39

Due to: General arteriosclerosis — 1936

Due to: Hypertension — 1936

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature S Rusbaum M. D.

Address 2150 Mt Royal Pl Date signed 10/10/39

61908
368689

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

145a-146F 61908 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 Week.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Towson (If outside city or town limits, write RURAL and give town)
(d) Street No. 207 Allegheny Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Virginia Fickenscher
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: MARRIED
6 (b) Name of husband or wife: EDWARD
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 9-15-97

8. AGE: Years 42 | Months 0 | Days 25 | If less than one day: hr. min.

9. Birthplace Balto Co, MD (Town, county, and state)
10. Usual Occupation H. Wife
11. Industry or business

FATHER 12. Name Nicholas C Burke
13. Birthplace Wash. D.C.

MOTHER 14. Maiden Name Chloe Ady
15. Birthplace MD

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, ~~cremation, or removal~~) (b) Date thereof 10/13/39 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Cathedral
Location Frederick Road

18 (a) Funeral director Henry H. Myers & Son
(b) Address 801 N. Calvert St. Embalming by Wallace Myers

19 (a) 1 189 (Date received by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 10 1939, at 6:13 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 20 1939, to Oct 10 1939. and that I last saw him alive on Oct 10 1939.

Immediate cause of death: Septicemia — Duration
Due to: Pyelitis Pregnancy
Due to: Caesarean Section Wound dissolution,
Other Conditions: Jaundice, hemolytic. (Include pregnancy within 3 months of death)
Major findings:
Of operations: Cesarean Section
Of autopsy: See above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. W. Overstreet M. D.
Address Johns Hopkins Hosp. Date signed 10-10-39

61909 HEALTH DEPARTMENT—CITY OF BALTIMORE E 61909

CERTIFICATE OF DEATH

✓ 94-B

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St. 7 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. 5 mos. 7 ds. How long in U. S. If of foreign birth -- yrs. -- mos. -- ds.

2. FULL NAME Harry Ferdinand Schaefer

If U. S. Veteran specify WAR

(a) Residence: No. 906 E. 20th St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Agnes Gertrude Schaefer

6. DATE OF BIRTH (month, day, year): 5-2-1880

7. AGE: Years 59 (80) | Months 5 | Days 7 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: civil engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Md. State Roads Dept.
10. Date deceased last worked at this occupation (month and year): 5-10-38
11. Total time (years) spent in this occupation: 19

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER
13. NAME: John Schaefer
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Mc Shannon
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Dr. Mercy Hosp. - Balto.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Joseph's Cem. Date 10/12, 1939

19. UNDERTAKER (Address): Henry H. Mears and Son 505 N. Calvert St.

20. FILED ... 19... Huntington Williams
OCT 11 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10-9, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1939 to Oct 9, 1939
I last saw him alive on Oct 9, 1939. Death is said to have occurred on the date stated above, at 11:40 AM

The principal cause of death and related causes of importance were as follows:
Myocardial failure. — Date of onset
Coronary thrombosis

Other contributory causes of importance:
Coronary disease
Arteriosclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) George Lieb, M. D.
(Address) Mercy Hospital

V0 3

F 61910

OGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48955

Registered No. F 61910

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore Mayyland

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hr

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 100 S. Dean St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl McGraw

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	N B

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10 -5-39

8. AGE: Years	Months	Days	If less than one day
N B			4 hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name Luther

13. Birthplace Unknown

MOTHER

14. Maiden Name Beatrice Beckett

15. Birthplace west Va.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 10/9/39 (month) (day) (year)

(c) Cemetery or crematory Crematory

Location Balto City Hospitals

18 (a) Funeral director

(b) Address

19 (a) (Date rec'd by registrar) (b) Signature of Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 5 1939 at 2 30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 5 1939 to Oct 5 1939. and that I last saw h alive on Oct 5 1939

Immediate cause of death	Duration
Prematurity	
Due to	
Due to	
Other Conditions Atelectasis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature L Louis Dacon M. D.

Address Balto City Hosp Date signed 10-5-39

VS 3

F 61911

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 61911 Registered No. 943

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1519 Argyle Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14-7

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1519 Argyle Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Maria (Myra) Simms Barnes

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex 7 | 5. (Color) or race cd | 6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Richard

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Apr. 10, 1884

8. AGE: Years 55 | Months 6 | Days — | If less than one day hr min

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation None 0037

11. Industry or business

FATHER 12. Name Jack Simms

13. Birthplace Md.

MOTHER 14. Maiden Name Lidonia Hall

15. Birthplace Md

16 (a) Informant Hattie Simms

(b) Address 2124 Division St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/14/39 (month) (day) (year)

(c) Cemetery or crematory Mt Zion

Location

18 (a) Funeral director Geo. E. Kelson

(b) Address 1303 Pennsylvania Ave

19 (a) (Date received by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 10th 1939, at 7 30/60 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration —

Due to Arteriosclerosis generalized

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy arteriosclerosis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner

Date signed

Spec.—8-16-29—L. F. S.—100 Blks.

61912

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61912

CERTIFICATE OF DEATH

REGISTERED NO. 131

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 919 S. Sharp ST. 23-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Robert Adams

(a) RESIDENCE NO. 919 S. Sharp ST., WARD 22

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1881

7 AGE: Years 58 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 00+0

(c) Name of employer: Unemployed

9 BIRTHPLACE (city or town) (State or country): S. C.

PARENTS

10 NAME OF FATHER: Green Adams

11 BIRTHPLACE OF FATHER (city or town) (State or country): S. C.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): S. C.

14 Informant: Rachel Adams

(Address): 919 S Sharp St.

15 Filed 11-1-29, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10-8-29

17 I HEREBY CERTIFY, That I attended deceased from Sept 24th, 19 29 to Oct 8th, 19 29 that I last saw h[illegible] alive on Oct 7th, 19 29 and that death occurred, on the date stated above, at 5:20 P. m.

The CAUSE OF DEATH* was as follows:

Nephritis Endocarditis & Cerebral Hemorrhage

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Senility (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Yes

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Examination

(Signed) Jos. Carey, M. D.

, 19 (Address) 1016 E. Sharp St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Ct

DATE OF BURIAL: 10/31 1929

20 UNDERTAKER: Isaac L. Brown & Son

ADDRESS: 1017 Montgomery

Important. See instructions on back of certificates.

61913 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 61913

CERTIFICATE OF DEATH

√943

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 200 S. Furrow St. 20-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mr. Charles P. Heise

If U. S. Veteran specify WAR ...

(a) Residence: No. 200 S. Furrow St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Emma Heise

6. DATE OF BIRTH (month, day, year) May 22, 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Baker 003

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bakery

10. Date deceased last worked at this occupation (month and year) Oct. 9, 1939

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME George Heise

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Emma Heise

(Address) 200 S. Furrow

18. BURIAL, CREMATION, OR REMOVAL

Place Westernberg Date Oct 11 1939

19. UNDERTAKER J. Vernon Kushner

(Address) 2301 Edmondson Ave

OCT 11 1939 Huntington Williams M.D. Registrar.

GPC

V0 8

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 2, 1939 to Oct. 9, 1939

I last saw him alive on Oct. 9, 1939. Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset 10-9-39

Other contributory causes of importance:

None

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Morris B. Schreiber, M. D.

(Address) 54 S. Fulton Ave.

OCCUPATION is very important. See instructions on back of certificate.

1914

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 64914

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: John Hopkins Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 718 Augusta St (If rural give location)
(e) If foreign born, how long in U. S. A.? 25 years

3 (a) FULL NAME Dora Robofsky
3 (b) If veteran, name war ✓
3 (c) Social Security Account No. 216-01-0099
4. Sex F
5. Color or race Wh
6 (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife
6 (c) If alive, give age ✓ years
7. Birth date of deceased (mo., day, yr.) 1910
8. AGE: Years 29 | Months | Days | If less than one day: hr. min
9. Birthplace Russia (Town, county, and state) 1009
10. Usual Occupation Secretary
11. Industry or business

FATHER
12. Name Wolfe Robofsky
13. Birthplace Russia

MOTHER
14. Maiden Name Freda Robofsky
15. Birthplace Russia

16 (a) Informant Ellis Polesuk
(b) Address 107 N. Collington Ave
17 (a) Burial (Burial, cremation, or removal)
(b) Date thereof 10-11-39 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Phil Rd & Hamilton Ave
18 (a) Funeral director Jos. Lewis Inc.
(b) Address 1439 E. Balto St
19 (a) OCT 11 1939 (Date received by Registrar)
(b) for Hilliard MR Registrar

MEDICAL CERTIFICATION 24 hrs A

20. DATE OF DEATH October 11 1939 at M
21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " (Autopsy or Inquiry) find that said deceased came to Her death on the day stated above.

Immediate cause of death: Fractured Skull. Cerebral Concussion
Due to Subarachnoid Hemorrhage
Due to Compound fracture of both lower legs

Duration

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 10/10/39 - 11:30 PM
(c) Where did injury occur? In Balto St. near Augusta (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Street While at work? No (Specify type of place)
(e) Means of injury Struck by auto
23. Signature W. B. Vandersluft M.D. Medical Examiner
Date signed 10/11/39

VS 6

1915

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

24 E-107a F 61915

Registered No. .....

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals 24

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 days 3 mths.

(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County .....

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1029 Compton St. (If rural give location)

(e) If foreign born, how long in U. S. A.? 36 yrs. years

3 (a) FULL NAME Dimitries Perdikoulias

3 (b) If veteran, name war .....

3 (c) Social Security Account No. .....

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife Eva (d)

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan. 1874

8. AGE: Years 65 Months 9 Days ? If less than one day ..... hr. ..... min.

9. Birthplace Greece (Town, county, and state)

10. Usual Occupation sells peanuts

11. Industry or business .....

FATHER 12. Name Peter

13. Birthplace Greece

MOTHER 14. Maiden Name ?

15. Birthplace Greece

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 11/39 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location near Baltimore

18 (a) Funeral director John R. Byers

(b) Address Westminster Md

19 (a) Oct 11 1939 (Date rec'd by Registrar) Livingston Wallace M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 9 1939, at 2:20 A M

21. I certify that death occurred on the date above stated, that I attended deceased from June 13 1939 to Oct 9 1939, and that I last saw h[illegible] alive on October 9 1939.

Immediate cause of death	Duration
Bronchopneumonia	4 days.
Due to	
Due to	
Other Conditions Cerebrospinal Syphilis	unknown.

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy Pneumonia

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury .....

23. Signature J. Monaghebotes M. D.

Address Balto City Hosp Date signed 10-11-39

61916

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 61916

Registered No. 5317

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood and Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 months
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County City of Balto
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 311 S. Mount St (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Mae Higgins

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Claggett W Higgins

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mch. 11-1887

8. AGE: Years	Months	Days	If less than one day: hr.	min.
52	6	29		

9. Birthplace Howard Co Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER — 12. Name Wm. H. Washter
13. Birthplace Md

MOTHER — 14. Maiden Name Laura Graves
15. Birthplace Md

16 (a) Informant Claggett W Higgins
(b) Address 311 S Mount St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 13-39 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Montgomery Co Md

18 (a) Funeral director Geo Z Beyer Jr
(b) Address 1012 Hollins St

Oct 11 1939 — (Date received by local registrar) — Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 10 1939, at 12:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1 1939 to Oct 10 1939, and that I last saw h[er] alive on Oct 10 1939.

Immediate cause of death	Duration
Cachexia	2 months
Due to Generalized Pneumonia Sepsis	3 months
Due to	over 1 month
Other Conditions Syphilis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations — none
Of autopsy Microscopic Exam

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Stanley C. Bradley, M. D.
Address University Hospital Date signed 10/10/39

VS 3

F 61917

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61917

CERTIFICATE OF DEATH

V + 117a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hosp. St., 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs John Grove

(a) Residence: No. Joppa Rd. Towson Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian Irene Grove

6. DATE OF BIRTH (month, day, year) Jan. 1, 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plasterer 0.57

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. I.D. No. 217-03-1232

10. Date deceased last worked at this occupation (month and year) Oct. 6, 1939

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME John H. Grove

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Martha Francis

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

17. INFORMANT Chas. Grove
(Address) Govelend Pa.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date Oct. 13, 1939

19. UNDERTAKER F. Josephson & Son
(Address) 7421 Belair Road

20. FILED , 19 Registrar.

OCT 11 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 8, 1939 to Oct 11, 1939

I last saw him alive on Oct 11, 1939 Death is said to have occurred on the date stated above, at 4:12 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	10/8/39
Perforated gastric ulcer	10/1/39
Other contributory causes of importance:	

Was an operation performed? Yes Date of 10/8/39

For what disease or injury? Perforated gastric ulcer

Name of operation Repair of gastric perforation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. P. Tennyt, M. D.

(Address) St. Josephs Hosp.

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

VS 9

61918

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 c

F 61918 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1233 Fremmount Ave

(c) Hospital or institution: At Home

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)

(d) Street No. 1233 Fremmount Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hannah M. Mulligan

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife James F. Mulligan

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 6. 1859

8. AGE: Years 79 Months 11 Days 4 If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Home work at Home

11. Industry or business

FATHER 12. Name Joseph Byrnes

13. Birthplace Ireland

MOTHER 14. Maiden Name Sally Doheny

15. Birthplace Ireland

16 (a) Informant Mrs. Joseph P. Mulligan

(b) Address 1233 Fremmount Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 13 1939 (month) (day) (year)

(c) Cemetery or crematory Mt. Cathedral

Location 4300 Old Frederick Rd.

18 (a) Funeral director Elmer W. Conklin Son

(b) Address 924 E. Eager St.

19 (a) 1939 (b) Oct 13 1939 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 10th 1939, at 1.00 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 15 1939, to Oct 10 1939, and that I last saw h alive on Oct 9 1939.

Immediate cause of death	Duration
Thrombosis, R Middle Cerebral Artery	25 days.
Due to Arteriosclerosis	?
Due to with Decompensated Hypertension	?
Other Conditions Chronic Cystitis with prolapse of Uterus (Include pregnancy within 3 months of death)	4 yrs.

Major findings:

Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature William A Bradley M. D.

Address 10 E Biddle Date signed 10/11/39

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61919 — CERTIFICATE OF DEATH — F 61919

1. PLACE OF DEATH: Provident Hospital ✓157-1 — Registered No.

CITY OF BALTIMORE: (No. 1514 Division St. 17-1 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 7 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME: Mary Regina Green — If U. S. Veteran specify WAR

(a) Residence: No. 617 George St. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
fem	col	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ctr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. md.

FATHER

13. NAME Saml Stewart Green

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Ferby Lynch

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Saml Stewart Green

(Address) 617 Georges St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Oct 11, 1939

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 N Schroeder St.

20. FILED OCT 11 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH ✓

21. DATE OF DEATH (month, day, year) 10-8-39 19

22. I HEREBY CERTIFY, That I attended deceased from 8-8-39 19 to 10-8-39 19

I last saw h alive on 10-8-39 19 Death is said to have occurred on the date stated above, at 8:10 P M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	10-5-39
Other contributory causes of importance: Congenital Malformation of the Heart.	Since Birth.

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lo H. Mahoney M. D.

(Address) Provident Hospital.

V0 8

61920

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B F 61920 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wyman Park Drive and 31st St.

(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 da.

(e) Length of stay in Baltimore (yrs., mos., or days) 19 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore City

(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)

(d) Street No. 727 George Street, Balto. Md. (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME William Williams

3 (b) If veteran, name war: SAW

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) June 23, 1875

8. AGE: Years 64 | Months 3 | Days 6 | If less than one day: hr. ____ min.

9. Birthplace Washington, D. C. (Town, county, and state)

10. Usual Occupation Cook

11. Industry or business House Service

FATHER 12. Name William Williams

13. Birthplace Virginia

MOTHER 14. Maiden Name Minnie Kidrick

15. Birthplace Virginia

16 (a) Informant Records-U. S. Marine Hospital,

(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 12, 1939 (month) (day) (year)

(c) Cemetery or crematory National Cemetery

Location

18 (a) Funeral director Mrs Katie R. Williams

(b) Address 322 N. Schroeder St

19 (a) OCT 11 1939 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 9, 1939 at 6:45PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 29, 1939 to Oct. 9, 1939 and that I last saw him alive on Oct. 9, 1939.

Immediate cause of death: Carcinoma of the stomach, recurrent, post-operative. — Duration: Unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Carcinoma of the stomach

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature T. M. V. Anderson, M. D.

Address U. S. Marine Hospital, Baltimore, Maryland. Date signed 10;10;39

VS 3

61921

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 61921

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Redwood & Howard Sts.

(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13/4 Hrs.

(e) Length of stay in Baltimore (yrs., mos., or days) 5 mos.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Baltimore

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 826 Pearce St. (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Mamie Eloise Scott

3 (b) If veteran, name war ____

3 (c) Social Security Account No. ____

4. Sex: Female

5. Color or race: Black

6 (a) Single, married, widowed, or divorced. ____

6 (b) Name of husband or wife ____

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 4 1939

8. AGE: Years ____ Months 5 Days ____ If less than one day: hr. ____ min. ____

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation ____

11. Industry or business ____

FATHER

12. Name Thomas Taylor

13. Birthplace Md

MOTHER

14. Maiden Name Ernestine Scott

15. Birthplace ____

16 (a) Informant Ernestine Scott

(b) Address 826 Pearce St

17 (a) (Burial, cremation, or removal) (b) Date thereof Oct 11, 1939 (month) (day) (year)

(c) Cemetery or crematory Arbutus Memorial

Location ____

18 (a) Funeral director Mr. Katz R. Williams

(b) Address 322 E. Lexington St

19 (a) OCT 11 1939 (Date received by registrar) (b) Huntington Hill Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/9 1939 at 3:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/9 2:00 PM 1939 to 10/9 3:45 PM 1939 and that I last saw her alive on 10/9 1939.

	Duration
Immediate cause of death: Shock	2 hrs.
Due to: Malnutrition	3 mos.
Due to: Congenital Syphilis	5 mos.
Other Conditions (Include pregnancy within 3 months of death)	

Major findings:

Of operations ____

Of autopsy Ulcer of Stomach. Lymphadenopathy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ____

(b) Date of occurrence ____

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury ____

23. Signature James B. Nuttall M. D.

Address University Hospital Date signed 10/10/39

F 61922

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

Registered No. F 61922

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution:

Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr. 7 mths. 9 days

(e) Length of stay in Baltimore (yrs., mos., or days) 51 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. no home (If rural give location)

(e) If foreign born, how long in U. S. A.? years

26 F

3 (a) FULL NAME Mary Haynie

3 (b) If veteran, name war No

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 5/31/1866

8. AGE: Years	Months	Days	If less than one day hr.	min.
73	4	9		

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER

12. Name George Haynie

13. Birthplace Va.

MOTHER

14. Maiden Name Mary Haynie

15. Birthplace Va.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/12/39 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet Balto Md

Location Baltimore Md

18 (a) Funeral director Fuhrmann & Sons

(b) Address 1224 Ford Pl

19 (a) OCT 11 1939 (Date received by registrar) (b) Huntington Baltimore Md Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 10 1939, at 305 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1938, to October 10 1939, and that I last saw her alive on October 10 1939.

Immediate cause of death	Duration
Arteriosclerotic Heart disease	unknown.
Due to	
Due to	
Other Conditions Rheumatoid arthritis	unknown.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy generalized arteriosclerosis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature I. M. Wagheistein M. D.

Address Balto City Hosp. Date signed 10-11-39

VS 3

F 61923

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-P Registered 61923

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3403 Ellamont Rd

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 8 mo.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street 3403 Ellamont Rd.

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John N. Shreve

3 (b) If veteran, name war —— 19

3 (c) Social Security Account No. None

4. Sex Male

5. Color or race White

6 (a) ~~Single~~, married, ~~widowed, or divorced~~. Married

6 (b) Name of ~~husband or~~ wife Edith Randall Shreve

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 30th 1880

8. AGE: Years 58 | Months 11 | Days 10 | If less than one day hr. min.

9. Birthplace Washington D. C. (Town, county, and state)

10. Usual Occupation Auditor 1086

11. Industry or business U. S. Govt

FATHER

12. Name Wm Olive Shreve

13. Birthplace St. Marys Co. Md

MOTHER

14. Maiden Name Ann Maria Mann

15. Birthplace Penna

16 (a) Informant Mrs Edith Shreve

(b) Address 3403 Ellamont Rd

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 10/13/39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Cedar Hill Md

Location Line Range 3

18 (a) Funeral director William Cook

(b) Address 1217 St. Paul st

(c) 10 11 1939 (Date rec'd by registrar) Huntington Pitts Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 10th 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/5 1939 to 10/10 1939 and that I last saw h alive on 10/10 1939.

Immediate cause of death Carcinoma of Urinary Bladder — Duration 3 yrs.

Due to

Due to

Other Conditions Secondary Infection Uremia (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Luther E Leale, M. D.

Address 928 N. Charles st 10/14/39

F 61924

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 61924

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33 + Calvert
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Stevenson (If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore Co. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Mr. Ral Parr
3 (b) If veteran, name war World War
3 (c) Social Security Account No.
4. Sex Male
5. Color or race White
6 (a) Single, married, widnwed, or divorced. married
6 (b) Name of husband or wife Mrs. Ral Parr (Sonia Walsh Parr)
6 (c) If alive, give age 43 years
7. Birth date of deceased (mo., day, yr.) Mar. 26, 1877
8. AGE: Years 62 | Months 6 | Days 14 | If less than one day ____ hr. ____ min.
9. Birthplace Philadelphia, Pa. (town, county, and state)
10. Usual Occupation Retired - Bus. Mgr. Grand Parr
11. Industry or business Insurance

FATHER
12. Name Mr. Harry S. Parr (d)
13. Birthplace Maryland

MOTHER
14. Maiden Name Harriet Howell (d)
15. Birthplace Pennsylvania

16 (a) Informant Mrs Ral Parr (wife)
(b) Address Stevenson - Balto Co. Md.
17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 10-12-39 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville - Md.
18 (a) Funeral director Sherwood & Sons Co.
(b) Address 1014 N. Howard Ave
19 (a) OCT 11 1939 (Date rec'd by registrar) (b) Huntington Hilliard (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 10, 1939. at 7:50 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Oct 10 1939. to Oct 10 1939. and that I last saw h[illegible] alive on Oct 10 1939.

Immediate cause of death ~~Cerebral accident~~ Cerebral hemorrhage — Duration ____
Due to Hypertension
Due to ____
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Ferdinand E. Chatard M. D.
Address Union Memorial Hosp. Date signed 10-10-39

Veteran - World War. - Soc. Sec. # 066-01-9824

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61925 CERTIFICATE OF DEATH V123 F 61925

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 11-1 Ward)

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred /.. yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louis S. Hess

If U. S. Veteran specify WAR

(a) Residence: No. Mt. Royal Hotel St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Buyer - Ladies' Wear

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Joseph Sesselman

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Helen Rosenthal

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mr. B. Rosenthal
(Address) 2523 Liberty Heights Ave.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Oheb Shalom Date 10/12/ 1939

19. UNDERTAKER Harid Sondheimer & Son
(Address) 1902 Eutaw Place
Huntington Hilliard, Md.

20. FILED OCT 11 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 6, 1939, to Oct. 11, 1939

I last saw h.. alive on 10-11-39, 19.. Death is said to have occurred on the date stated above, at 8 25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Diverticulum of Sigmoid colon	10.3.39
Peritonitis	10.5.39
Intestinal obstruction	10.7.39

Other contributory causes of importance:

Was an operation performed? Yes Date of 10.6.39

For what disease or injury? Perforation of sigmoid colon

Name of operation Drainage of localperitonitis

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. Perkin, M. D.

(Address) Sinai Hosp.

OCCUPATION is very important. See instructions on back of certificate.

VS 8

F 64926

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-a

Registered No. F 61926

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2744 N. Calvert Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2744 N. Calvert Street
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Sarah Elizabeth Comegys

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Edward T. Comegys
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 10, 1859

8. AGE: Years	Months	Days	If less than one day
80	0	1	hr. min.

9. Birthplace Kent County, Maryland
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name James W. Hurtt
13. Birthplace Kent County, Maryland

MOTHER
14. Maiden Name Mary E. Woodland
15. Birthplace Kent County, Maryland

16 (a) Informant Mrs. Mabel W. Dukehart
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-12-39 (month) (day) (year)
(c) Cemetery or crematory Shrewsbury, Kent Co.,
Location

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pennsylvania Avenues

19 (a) OCT 11 1939 (Date rec'd by registrar) (b) Huntington Hollins M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 11, 1939, at 2.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 16 1939 to Oct. 11 1939 and that I last saw her alive on Oct. 10 1939.

Immediate cause of death	Duration
Endocarditis	
Due to --------	
Due to --------	
Other Conditions Arterio-Sclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frederick L. Green M.D.
Address 2827 N. Calvert Date signed 10/11/39

VS 3

F 61927

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 91

Registered No. 61927

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Madison & Howard Sts

(c) Hospital or institution: Maryland General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days

(e) Length of stay in Baltimore (yrs., mos., or days) 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3030 O'Donnell St. (If rural give location)

(e) If foreign born, how long in U. S. A.? --- years

3 (a) FULL NAME William A. Butler (William Alvey Hamilton Butler)

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced. Widowed.

6 (b) Name of husband or wife Hollie Butler

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) Feb 14th 1852

8. AGE: Years 87 | Months 7 | Days 26 | If less than one day: hr. ___ min. ___

9. Birthplace Sandy Hook, Maryland (Town, county, and state)

10. Usual Occupation ~~Farmer~~ Retired

11. Industry or business Theatre

MOTHER / FATHER

12. Name Armand D. Butler

13. Birthplace Washington City, D.C.

14. Maiden Name Alinda Hindle

15. Birthplace Virginia

16 (a) Informant Mrs. W. B. Elliott

(b) Address 3030 O'Donnell St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 12th 1939 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons

(b) Address North & Penna Aves.

19 (a) OCT 11 1939 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 10 1939, at 4.30 P. M

21. I certify that death occurred on the date above stated, that I attended deceased from Septmb. 20 1939, to Octbr 10 1939, and that I last saw h[illegible] alive on October 10 1939.

Immediate cause of death Arteriosclerosis. — Duration 4 yrs.

Due to

Due to

Other Conditions Hypostatic pneumonia — Duration 5 6 days

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Edward H. Thomas M. D.

Address Md Gen. Hosp. Date signed 10/9/39

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 61928

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 61928

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 11 W. 29th Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 11 W. 29th Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nellie M. Harrington

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Milton C. Harrington
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 17, 1875

8. AGE: Years	Months	Days	If less than one day
64	2	23	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name ? Woodward
13. Birthplace Richmond, Va.

MOTHER
14. Maiden Name ? Benson
15. Birthplace Baltimore, Maryland.

16 (a) Informant Mr. Milton C. Harrington
(b) Address 11 W. 29th Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-12-39 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Maryland

18 (a) Funeral director Wm. J. Dickmar & Sons,
(b) Address North & Pennsylvania Avenues

19 (a) OCT 11 1939 (Date rec'd by registrar) Huntington Hospital

MEDICAL CERTIFICATION

20. DATE OF DEATH October 9, 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 - 1938 to Oct 9 1939.. and that I last saw her alive on Oct 9 1939.

Immediate cause of death Chronic Nephritis — Duration 20 Mo.
Due to Uremia - 3 weeks.
Due to Cardiac Hypertrophy. 20 Mo.
Other Conditions Gall Stones —
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward H. Warner M. D.
Address 2604 Garrison Blvd Date signed 10-10-39.

VS 3

61929

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a

Registered No. F 61929

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 881 N. HOWARD STREET
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) .55.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 881 N. Howard Street (If rural give location)
(e) If foreign born, how long in U. S. A.? ....55.... years

3 (a) FULL NAME .....MRS. LOUISA DUNLOP .....

3 (b) If veteran, name war ********** 3 (c) Social Security Account No. **********

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife James Dumlop
6 (c) If alive, give age . . . years

7. Birth date of deceased (mo., day, yr.) Dec. 30, 1851

8. AGE: Years	Months	Days	If less than one day
..87..	9	9	********** hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Prop. Dunlop Oyster House
11. Industry or business Oyster Business

FATHER
12. Name Ludwig Ott
13. Birthplace Germany

MOTHER
14. Maiden Name Madaline Steiger
15. Birthplace Germany

16 (a) Informant Mrs. Anna Mohrman
(b) Address 881 N. Howard Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 12/39 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park Cem.
Location Woodlawn, Maryland

18 (a) Funeral director C. W. Hilpert & Son
(b) Address 2360 EUTAW PLACE...c

19 (a) OCT 11 1939 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION P

20. DATE OF DEATH October 9, 1939 at 5:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 21 1939. to Oct 9 1939.
and that I last saw h[illegible] alive on Oct 9 1939.

Immediate cause of death	Duration
Cerebral Hemorrhage (left)	3 weeks
Due to Arterio sclerosis	5 yrs
Due to	
Other Conditions Acute Myocardial Failure	24 hrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Michael A Abrams M. D.
Address 2360 Eutaw Place Date signed 10/11/39

Dr. Michael A. Abrams

VS 3

F 3680 54 F 8619 30

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-a

Registered No. F 64930

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State U S (b) County
(c) City or town New York (If outside city or town limits, write RURAL and give town)
(d) Street No. 30 Rockefeller Plaza (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Chateau Johnson
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-18-89

8. AGE: Years 50 | Months | Days 22 | If less than one day hr. min.

9. Birthplace Mo. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name David Johnson
13. Birthplace La.

MOTHER
14. Maiden Name Anna Chateau
15. Birthplace Mo

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Oct. 12 1939 (month) (day) (year)
(c) Cemetery or crematory Fort Lincoln
Location Washington D C

18 (a) Funeral director Harry H. Wittle
(b) Address 4101 Edmondson Ave.

19 (a) OCT 13 1939 (Date received by Registrar) (b) Huntingtown Calliagua Md. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 10 1939 at 10 25 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 20 1939 to Oct 10 1939 and that I last saw him alive on Oct 10 1939.

Immediate cause of death Carcinoma of the larynx with involvement tissues of neck, Local
Due to hemmorrhages, malnutrition due to inability to
Due to Cat

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration: About 2 yrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Donald F. Porter M. D.
Address J. H. H. Date signed 10/10/39

F 61931

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-6 F 61931 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md Gen Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2605 N Calvert St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Milton W. Gatch

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Ida Phillips Gatch
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 16 1869

8. AGE: Years 70 | Months 4 | Days 25 | If less than one day: hr. min.

9. Birthplace Milford Ohio (Town, county, and state)
10. Usual Occupation Fire Brick Manufacturer
11. Industry or business Fire

MOTHER / FATHER
12. Name Francis M Gatch
13. Birthplace Ohio
14. Maiden Name Selina Harber
15. Birthplace Ohio

16 (a) Informant Mrs Ida Phillips Gatch
(b) Address 2605 N Calvert St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 13 39 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Catonsville Md

18 (a) Funeral director Pickerson
(b) Address 1317 N Eutaw St Baltimore, Md.

19 (a) OCT 12 1939 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-11-39 19 . at 5 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 9-28 19 39 to 10-11 19 39 and that I last saw him alive on 10-11 19 39.

Immediate cause of death: Cerebral hemorrhage — Duration: 3 yrs.
Recent hemorrhage — 9-28-39
Due to: Bronchopneumonia — 10-6-39
Due to:
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Workmans Md
M. D.
Address Md Gen Hosp Date signed 10-11-39

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 61932

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-13

F 61932 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution: Church Home and Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 78 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4439 Newport Ave. (If rural give location)
If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dora H. Leonard

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None
4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Dr. Hardy Leonard
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): April 16, 1861
8. AGE: Years 78 | Months 5 | Days 24 | If less than one day: hr. min.
9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual Occupation: house wife
11. Industry or business:

FATHER
12. Name: John N. Sellers
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Matilda Moore
15. Birthplace: Baltimore, Md.

16 (a) Informant: Mrs. Minnie P. Yeadaker
(b) Address: 4439 Newport Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct 14th 1939 (month) (day) (year)
(c) Cemetery or crematory: London Park
Location: Balto Md
18 (a) Funeral director: William Cook
(b) Address: 1217 St. Paul St
19 (a) (Date rec'd by registrar) (b)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: 10-11- 1939, at 7 A. M
21. I certify that death occurred on the date above stated; that I attended deceased from 10-1-39 to 10-11-1939, and that I last saw her alive on 10-10-1939.

Immediate cause of death: Arteriosclerotic Heart disease
Due to
Due to
Other Conditions: Generalized arteriosclerosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration: ?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: John F. Carolahan M. D.
Address: Church Home Infirmary Date signed: 10-11-39

F 61933

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-C

F 61933 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Church Home & Infirmary
(c) Hospital or institution: Broadway Fairmont Ave

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) Over 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 7101 Southern Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Lawrence B. Meise

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Victoria C Meise
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 4 1873

8. AGE: Years 66 | Months 4 | Days 7 | If less than one day hr. min

9. Birthplace Baltimore Co Md (Town, county, and state)

10. Usual Occupation Retired Factory Worker

11. Industry or business

FATHER 12. Name Andrew Meise
13. Birthplace Germany

MOTHER 14. Maiden Name Victoria Lipsitz
15. Birthplace Baltimore Md

16 (a) Informant Victoria C Meise
(b) Address 7101 Southern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 14 39 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Spurrier Co
(b) Address 1219 E Fayette St

19 (a) (Date received by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 11 1939, at 6 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 30 1939, to Oct. 11 1939, and that I last saw him alive on Oct 11 1939.

Immediate cause of death Terminal pneumonia
Uraemia - Post. Op.
Due to Ca of sigmoid colon

Due to

Other Conditions Hypertension
Coronal Arterio Sclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations - Ca of sigmoid colon.
Of autopsy Ca of sigmoid - Local to colon

Duration 7 days 2 4 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. L. Eisenman M. D.
Address Church Home Inf. Date signed 10-11-39

36 F 48 1934

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-B F 61934 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard
(c) City or town Elkridge (If outside city or town limits, write RURAL and give town)
(d) Street No. Lawyers Hill Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Erich A. Thiele
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Margaret
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 10-6-80
8. AGE: Years 59 | Months | Days 3 | If less than one day hr. min.
9. Birthplace Wis. (Town, county, and state)
10. Usual Occupation Electrical shop
11. Industry or business
FATHER 12. Name Gottlaid Thiele
13. Birthplace Germany
MOTHER 14. Maiden Name Katherine Deuschle
15. Birthplace Germany
16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 10/12/39 (month) (day) (year)
(c) Cemetery or crematory Fort Lincoln
Location Fredrick Road
18 (a) Funeral director John O. Mitchell & Sons
(b) Address 1900 Eutaw Place
19 (a) OCT 12 1939 (Date rec'd by registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 9 1939 at 905 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 6 1939, to Oct 9 1939, and that I last saw him alive on Oct 9 1939.

Immediate cause of death: Carcinoma of Lung
Due to: 2 Metastasis
Due to:
Other Conditions
(Include pregnancy within 3 months of death)

Duration: 1939

Major findings:
Of operations
Of autopsy same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James A. Howland M. D.
Address Johns Hopkins Hosp. Date signed X-10-39

F 61935

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a F 61935 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 302 Woodlawn Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 302 Woodlawn Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Eugene Zoller

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Sue Danner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 22, 1879

8. AGE: Years	Months	Days	If less than one day
60	1	18	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Broker -- Zoller & Co.
11. Industry or business Canned Goods

FATHER
12. Name Henry Zoller
13. Birthplace Pa.

MOTHER
14. Maiden Name Lizzie V. McLane
15. Birthplace W. Va.

16 (a) Informant Mrs. Sue D. Zoller
(b) Address 302 Woodlawn Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 12, 1939 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place, Baltimore

19 (a) (State registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 10 1939, at 8.4. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 19 23 to Oct. 19 ..., and that I last saw h[illegible] alive on Oct. 9 1939.

Immediate cause of death Hypertension and Arterial Degeneration — Duration .6 yrs.

Due to

Due to

Other Conditions Cerebral Accident (Hemiplegia) — 3 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 2444 Eutaw Place Date signed Oct. 11-39

RB - 15683 ✓ F 61936

F 61936

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 107-a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 yrs., 1 mo., 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1104 Druid Hill Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John H. Williams (John Thomas Williams)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Black

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 10, 1854

8. AGE: Years 84 | Months 10 | Days 0 | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Abe Williams
13. Birthplace Balto.

MOTHER
14. Maiden Name Mary Cooper
15. Birthplace Eastern Shore, Md.

16 (a) Informant Records
(b) Address B.C.H.

17 (a) (Burial, cremation, or removal)
(b) Date thereof Oct 12 38 (month) (day) (year)
(c) Cemetery or crematory Laurel Cemetery
Location Balto. Md.

18 (a) Funeral director Archibald C. Gladdish
(b) Address 21 N. Mo Bentalou St

19 (a) (Date rec'd by registrar) OCT 12 1939
(b)

MEDICAL CERTIFICATION

20. DATE OF DEATH October 10 1939, at 1.50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 8 1933, to Oct 10 1939, and that I last saw h im alive on Oct 10 1939.

Immediate cause of death: Broncho pneumonia — Duration: 2 weeks.

Due to

Due to

Other Conditions generalized arteriosclerosis — Duration: unknown.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Pneumonia, arteriosclerosis.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Murray Gelston M. D.
Address Balto. City Hosp. Date signed 10-11-39

HEALTH DEPARTMENT—CITY OF BALTIMORE

61937 61937

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH West. Baltimore General Hospital Registered No.

CITY OF BALTIMORE: (No.) St. 1517 West

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mollie Kaplan If U. S. Veteran specify WAR

(a) Residence: No. 2904 Norfolk Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Morris

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Von Kraus

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Von Kraus

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT M. Schulman
(Address) 2904 Norfolk ave

18. BURIAL, CREMATION, OR REMOVAL 10-12-39
Place Herring Run Date 19

19. UNDERTAKER Levi Levin Inc
(Address) 1439 E. Baltimore

20. FILED 19 Registrar

OCT 12 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 11 1939

22. I HEREBY CERTIFY That I attended deceased from October 7 1939 to October 11 1939

I last saw her alive on October 11 1939 Death is said to have occurred on the date stated above, at 6 08 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephromendular Nephritis	
Hypertension	
Hypertension H. D.	
Uremia	
Other contributory causes of importance:	
Bronchopneumonia - 3 days (Terminal)	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. S. Good. M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61938

F 61938

92-B

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2606 Kim Oak Road W. St., 11 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Cora Virginia Frost

(a) Residence: No. 2606 Kim Oak Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George H. Frost

6. DATE OF BIRTH (month, day, year) Dec 8, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Manchester Md.

FATHER

13. NAME Wesley Kefauver

14. BIRTHPLACE (City or town) (State or country) Md

MOTHER

15. MAIDEN NAME Nan Hollacher

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT George H. Frost
(Address) 2606 Kim Oak Road

18. BURIAL, CREMATION, OR REMOVAL
Manchester, Md. Date Oct 14, 1938

19. UNDERTAKER Edwards & Son
(Address) 3615-17 Eastern Ave.

20. FILED OCT 12 1938 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1936 to October 11, 1938
I last saw her alive on October 11 1938 Death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic	1936
Mitral Insufficiency	
Valvular Lesion of Indefinite Duration	

Other contributory causes of importance:
Hypertension March 1938

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Sherman R. Wantz M. D.

(Address) 2601 Manhattan Ave

OCCUPATION is very important. See instructions on back of certificate.

V.S.

61939

HEALTH DEPARTMENT—CITY OF BALTIMORE

61939

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 712 Beaumont Ave St., 7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Sarah Lamm

(a) Residence: No. 712 Beaumont Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 20, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..... 10 yrs

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John McClain

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Cassandra Sinclair

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Daughter
(Address) same as above

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date Oct 13 1939

19. UNDERTAKER John Ulrich
(Address) 2008 Orleans St.

20. FILED OCT 13 1939 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1939 to October 10, 1939

I last saw her alive on October 10, 1939 Death is said to have occurred on the date stated above, at 10:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pancreas	
Other contributory causes of importance: Chronic Bronchitis	10 yrs
Myocardial Failure	48 hrs

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Vernon H. Norwood M. D.

(Address) Church Home & Infirmary.

CAUSES OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

Panaia

61940 HEALTH DEPARTMENT—CITY OF BALTIMORE 61940

CERTIFICATE OF DEATH

82-53

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (a) Balt. Gen'l Hosp. St., 10-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? 33 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Maria Panaia

(a) Residence: No. 1014 Warden Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of Pietro Panaia

6. DATE OF BIRTH (month, day, year) Oct. 10 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER
13. NAME Francesco Gilio
14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER
15. MAIDEN NAME Marianna Orsino
16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Pietro Panaia (Husband)
(Address) 1014 Warden St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Oct. 13, 39

19. UNDERTAKER Frank Della Rocca
(Address) 52 N. Motley St.

20. FILED OCT 12 1939, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-10, 1939

22. I HEREBY CERTIFY, That I attended deceased from 10-9, 19..., to 10-10, 1939

I last saw h[illegible] alive on 10-10, 1939 Death is said to have occurred on the date stated above, at 7 0[illegible] p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral thrombosis	9-20-39
Other contributory causes of importance: Hypertension	1937

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 1028 S. [illegible]

OCCUPATION is very important. See instructions on back of certificate.

V0 8

F 61941

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 BF 61941

Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 719 Linard st

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ..... (b) County .....

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 719 Linard st (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Nicholas L Basil

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Eva E Basil

6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) Nov 15 1891

8. AGE: Years	Months	Days	If less than one day hr.	min.
57	11	25		

9. Birthplace Annapolis Md (Town, county, and state)

10. Usual Occupation B & O, Brakeman

11. Industry or business

FATHER 12. Name John W Basil

13. Birthplace Md

MOTHER 14. Maiden Name Georgiana Deal

15. Birthplace Md

16 (a) Informant Mrs Eva E Basil

(b) Address 719 ~~Linard st~~ Linard st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 13 1939 (month) (day) (year)

(c) Cemetery or crematory Cedar Bluff

Location Annapolis Md

18 (a) Funeral director William M Mareck

(b) Address 710 Light St

19 (a) Date received by Registrar OCT 16 1939 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 10 1939, at 11:30 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 23 1939 to Oct 10 1939, and that I last saw h m alive on Oct 10 1939.

Immediate cause of death Coronary Thrombosis — Duration 3 hrs

Due to

Due to

Other Conditions Arteriosclerosis — ?

(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Geo. R. Wiseley M. D.

Address 4000 Edmondson Ave Date signed 10-11-39

61942

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 Registered No. F 61942

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2836 Alameda Blvd
(c) Hospital or institution.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 2836 Alameda Blvd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Conrad Simmer
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed
6 (b) Name of husband or wife Hannah
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 17 1862
8. AGE: Years 77 | Months 3 | Days 23 | If less than one day hr. min.
9. Birthplace Balto (Town, county, and state)
10. Usual Occupation Barber Ret.
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Balto.

MOTHER
14. Maiden Name Barbara ?
15. Birthplace Balto

16 (a) Informant Catherine Wife
(b) Address 2836 Alameda Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 13 1939 (month), (day), (year)
(c) Cemetery or crematory Druid Ridge
Location Gibsonville Md
18 (a) Funeral director Martin H. & Sippel
(b) Address 97 S Ann St

19 (a) (Date rec'd by registrar) (b) Permit No.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 10 1939, at 1 30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 30 19 to Oct 10 19 39.
and that I last saw h[illegible] alive on Oct 7 19 39

Immediate cause of death
Cerebral Hemorrhage
Due to Nephritis
Due to Chronic Nephritis
Other Conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Duration
10 Days

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Address [illegible] Date signed

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

61943 12775-FS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B F 61943 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1007 Sterrett St. (If rural give location)
(e) If foreign born, how long in U. S. A? ✓ years

3 (a) FULL NAME: Edward Buck

3 (b) If veteran, name war: ✓

3 (c) Social Security Account No. ✓

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife: Sarah

6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) 1-28-1872

8. AGE: Years 67 | Months 8 | Days 12 | If less than one day: hr. min.

9. Birthplace: Phila., Pa. (Town, county, and state)

10. Usual Occupation: Unknown Laborer

11. Industry or business:

FATHER
12. Name: James Book
13. Birthplace: Unknown

MOTHER
14. Maiden Name: Mary Keller
15. Birthplace: Md.

16 (a) Informant: B.C.H. Records
(b) Address:

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/14/1939 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location 2930 Frederick Ave.

18 (a) Funeral director John J. Conway & Son
(b) Address 901 Baltimore Street

19 (a) (Date received by Registrar) (b) (Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH October 10 1939, at 6:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 9 1939 to Oct 10 1939, and that I last saw him alive on Oct. 10 1939.

Immediate cause of death: Arteriosclerotic Heart disease — Duration: unknown

Due to

Due to

Other Conditions: coronary thrombosis — Duration: 6 months.

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. M. Waghelstein M. D.
Address Balto. City Hosp. Date signed 10-11-39

Spec.—9-30—A. & Co.—250 Bks.

✓ F 61944

F 61944

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

REGISTERED NO.

(If death occurred in a hospital or institution give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2408 Madison Avenue 3-3 WARD)

2. FULL NAME Joseph Sherbert

(a) RESIDENCE NO. 2408 Madison Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. (if of foreign birth)? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col.	Married

5a If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Mildred Sherbert

6 DATE OF BIRTH (month, day, and year) May 1/84

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
55	11	7	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): do do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Calvert Co, Md.

PARENTS

10 NAME OF FATHER: Joseph Sherbert

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Harriett Chase

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Mildred Sherbert 2408 Madison ave

15 Filed OCT 12 1939 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-10-39

17 I HEREBY CERTIFY, That I attended deceased from Sept. 6, 1939, to Oct. 10, 1939

That I last saw him alive on Oct 10, 1939

and that death occurred, on the date stated above, at 10.30 P.M.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) — yrs. 1 mos. 4 ds.

CONTRIBUTORY (Secondary) (duration) — yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) C. Mansell Lawrence M. D.

19 (Address) 1033 W. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery — DATE OF BURIAL: 10/14 1939

20 UNDERTAKER: Thos. G. Kelson — ADDRESS: 333 Preston

I. [illegible] of Williams & Co.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 61945

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-cF 61945 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 733 Sterling St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Balto (b) County
(c) City or town Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 733 Sterling St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Susan Mason

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	C.	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 15, 1859

8. AGE: Years	Months	Days	If less than one day
80	1	25	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name James Mason
13. Birthplace Va

MOTHER
14. Maiden Name Caroline?
15. Birthplace Va.

16 (a) Informant Mary Mason
(b) Address 733 Sterling St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/14/39 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem.
Location Cedar Hill Md.

18 (a) Funeral director Joseph B. Lock, Jr.
(b) Address 1204 N. Central Ave

19 (a) (Date rec'd by registrar) (b) Registrar

OCT 13 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 10 1939 at 10:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1939 to Oct 10 1939.
and that I last saw h alive on Oct 4 1939.

Immediate cause of death Intestinal Carcinoma — Duration 8 mos

Due to

Due to

Other Conditions Myocarditis, Asthenia and senility (Include pregnancy within 3 months of death)

Major findings:
Of operations Hysterectomy at City Hospital
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. L. Young M. D.
Address 1204 E Monument Date signed 10/14/39

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 61946

Horace O Hosmer

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

Registered No. F 61946

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3137 Belmont Ave
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) 70 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md ✓ (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3137 Belmont Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Horace O. Hosmer

3 (b) If veteran, name war: Spanish American

3 (c) Social Security Account No. ✓

4. Sex White

5. Color or race

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Emma K. Hosmer

6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr) Aug 18 1873

8. AGE: Years 66 | Months 1 | Days 22 | If less than one day: hr. ..... min.

9. Birthplace Annandale Va. Md
(Town, county, and state)

10. Usual Occupation Retired Clerk prof

11. Industry or business B & O RR

FATHER 12. Name Horace A. Hosmer

13. Birthplace Unknown

MOTHER 14. Maiden Name Virginia Livings

15. Birthplace Unknown

16 (a) Informant Mrs Pauline McHosmer

(b) Address 3137 Belmont Ave

17 (a) Burial (Burial, cremation, or removal)

(b) Date thereof Oct 13 39 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore Md

18 (a) Funeral director Wm J. Fisher & Sons Inc

(b) Address

19 (a) (Date rec'd by registrar) OCT 13 1939

(b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 10 1939 at 7.30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1933 to Oct 7 1939.
and that I last saw him alive on Oct 7 1939.

Immediate cause of death. Retroperitoneal Interstitial Inflammation

Duration 6 yrs

Due to .....

Due to .....

Other Conditions Myocarditis

(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓
(c) Where did injury occur? ✓
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edw A. Tratnal M. D.

Address 1319 Eutaw Place Date signed 10/11/39

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 61947

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-C F 61947 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address City Hospitals
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Unknown (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carolina Braun

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race Col

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife ??????????? ,

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years 72 Months Days If less than one day hr. min

9. Birthplace Unknown (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs. Cora Bates
(b) Address 1041 N. Eutaw Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/12/39 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 1631 D uid Hill Ave.

(b) Registrar

OCT 12 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 27-28 1939, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Ca prostate with Duration
Due to Metastases
Due to Exposure

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Medical Examiner M.D.
Date signed 10/6/39

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 61948 44882-FS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

F 61948 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution:

Balto. City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mo.

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto.

(If outside city or town limits, write RURAL and give town)

(d) Street No. 9 W. Randall St.

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Nichols

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-14-5622

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife George

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-20-71

8. AGE: Years	Months	Days	If less than one day
68	7	20	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual Occupation H.W.

11. Industry or business

FATHER 12. Name George Rundle

13. Birthplace Md.

MOTHER 14. Maiden Name Kate Gaskins

15. Birthplace Va.

16 (a) Informant B.C.H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 13, 1939 (month, day, year)

(c) Cemetery or crematory Loudon Park

Location Balto. Md.

18 (a) Funeral director C. Richard Fleming

(b) Address 1476 Light St.

(Registrar) (b) Registrar

OCT 13 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-10 1939, at 1 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-18 1937, to 10-10 1939, and that I last saw her alive on 10-10 1939.

Immediate cause of death	Duration
Bronchopneumonia	5 days
Due to Arteriosclerotic heart disease with failure	2 years
Due to Fracture neck left femur	5 months
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Accident

(b) Date of occurrence 5-18-37

(c) Where did injury occur? Baltimore Md.

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No

(Specify type of place)

(e) Means of injury Lost balance + fell

23. Signature H. B. Vande Griff, M.D. Asst Med. Exam. M. D.

Address Balto City Hosp. Date signed 10-11-39

H. B. Vande Griff, M.D. Asst Med. Exam.
M. S. Foreman

HEALTH DEPARTMENT—CITY OF BALTIMORE

61949

CERTIFICATE OF DEATH

61949

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1910 Fleet St., 2-E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 85 yrs. mos. ds. How long in U. S. If of foreign birth? 23 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Michalina Minnie Konska

(a) Residence: No. 1834 E Pratt St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married (Widowed) or Divorced (write the word)
F	W	W.

5a. If married, widowed, or divorced RUSBAND of (or) WIFE of Konnieh

6. DATE OF BIRTH (month, day, year) Not known

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 62	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Jan. Winsowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Karolina

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Felix [illegible]

(Address) 1834 Prate St

18. BURIAL, CREMATION, OR REMOVAL Place Sacred Heart of Date May Oct 16-39

19. UNDERTAKER W. S. Fialkowski

(Address) 2007 Eastern Ave

20. FILED ....., 19.... Registrar.

OCT 13 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 4, 1939, to Oct. 11, 1939

I last saw her alive on Oct. 11, 1939 Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	10 yrs.
Other contributory causes of importance: Pulmonary Hemorrhage	10-11-39

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? P.S.A.S Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) John V. Zgurbicki M. D.

(Address) 1802 Eastern Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 61950

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 210-M

F 61950 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution St. Joseph's Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore Md.
(c) City or town Towson, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. La Paz ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anthony Ruggiero

3 (b) If veteran, name war

3 (c) Social Security Account No. 129-01-7273

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1921

8. AGE: Years	Months	Days	If less than one day
18			hr. min

9. Birthplace New York. (Town, county, and state)

10. Usual Occupation Laborer.

11. Industry or business Glenn L. Martin.

MOTHER FATHER

12. Name Anthony Ruggiero Sr.

13. Birthplace N.Y.

14. Maiden Name

15. Birthplace

16 (a) Informant Hospital Records

(b) Address St. Joseph's Hospital

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Removal to

Location Brooklyn, N. Y.

18 (a) Funeral director Slade & Adger

(b) Address 7907 York Road.

19 (a) 1939 (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 12 1939, at 10. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above.

Immediate cause of death: Fracture skull — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Oct 10th, 1939 at 1 05
(c) Where did injury occur? Taylor Ave (City or town) Baltimore (County) Md. (State) 200 ft. S. Perring Pkwy
(d) Did injury occur about home, on farm, industrial place, in public place? street (Specify type of place) While at work?
(e) Means of injury Thrown in front by car over turning

23. Signature H. F. Wallenmeyer M.D. Medical Examiner

Date signed Oct 12, 1939

VS 6

Correct age is especially important. Physicians, please write the causes of death clearly and legibly.

F 61951

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

194-B Registered No. 61951

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N. Y. (b) County Kings
(c) City or town (Outside city or town limits, write RURAL and give town) Brooklyn
(d) Street No. 437 S. Fifth St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME (~~Alexander~~) Gesante Dusak
3 (b) If veteran, name war: World War
3 (c) Social Security Account No. 031-05-1072
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb. 29-97
8. AGE: Years 42 Months 7 Days 12 If less than one day: hr. min.
9. Birthplace Jamaica N.Y. (Town, county and state)
10. Usual Occupation Horseman
11. Industry or business Race Track
FATHER 12. Name Alexander Dusak
13. Birthplace Poland
MOTHER 14. Maiden Name Frances Sokowski
15. Birthplace Poland
16 (a) Informant William Dusak
(b) Address Brooklyn, N.Y.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Flushing Cem.
Location Flushing N.Y.
18 (a) Funeral director John J. Flynn & Sons
(b) Address 1818 Eight St.
19 (a) (Date rec'd by registrar) OCT 12 1939 (b) Filed

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-11- 1939, at 3.50 P.M.
21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fractured skull, base & mandible — Duration
Due to
Due to
Other Conditions
(Indicate pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the name to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 10-11-39
(c) Where did injury occur? City - Jamaica Race Track. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public - While at work? yes (Specify type of place)
(e) Means of injury Kick on the head
23. Signature Howard J. Wilson M.D. Medical Examiner
Date signed 10-12-39

Please write the cause of death clearly and legibly. Physicians: please write the cause of death clearly and legibly. Cause of death is especially important.

VS 6

364 F 61952

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 F 61952 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1101 Laurens St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Randolph Carter

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-10-0914

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Married

6 (b) Name of husband or wife Florence Carter
6 (c) If alive, give age X years

7. Birth date of deceased (mo., day, yr.) 8-9-03

8. AGE: Years	Months	Days	If less than one day
36	2	1	hr. min.

9. Birthplace Balto. Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name James Carter
13. Birthplace Va.

MOTHER
14. Maiden Name Hattie — ?
15. Birthplace Va.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof 10-13-39 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary.
Location Balto Co Md
18 (a) Funeral director William W Jackson
(b) Address 716 Penna Ave
19 (a) (Date rec'd by registrar) (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 10 1939. at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 6 1939 to Oct. 10 1939 and that I last saw h[illegible] alive on Oct. 10 1939.

Immediate cause of death Cardiac insufficiency — Duration 6 days

Due to Congenital heart disease - patent foramen ovale, relative aortic insufficiency, cardiac hypertrophy — Duration Since birth

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Confirms

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature C W D Drinnan M. D.
Address Johns Hopkins Hosp Date signed Oct. 12

1 1939

F 61953 49104-FS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-e ✓ F 61953 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days

(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 237 N. Dallas St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Grant Aydlotte

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-09-7897

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married-seperated

6 (b) Name of husband or wife Sarah Aydlotte

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-16-1875

8. AGE: Years	Months	Days	If less than one day
64	5	25	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER 12. Name Percy

13. Birthplace Md.

MOTHER 14. Maiden Name Mary ?

15. Birthplace Md.

16 (a) Informant B.C.H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-76-39 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Baltimore Md

18 (a) Funeral director Mrs Frances A. Hemsley

(b) Address 575 N. Bradford St.

19 (a) Date received by Registrar Oct 13 1939 Registrar

(b) Registered number

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH October 11 1939, at 1:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 7 1939, to Oct 11 1939, and that I last saw h im alive on Oct 11 1939.

Immediate cause of death	Duration
Carcinoma of the Prostate	Unknown
Due to	
Due to	
Other Conditions Bronchopneumonia	3 days.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Carcinoma of prostate, pneumonia

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [signature] M. D.

Address Balto City Hosp. Date signed 10-11-39

Please correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 61954

F 61954

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

78 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yr (life)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1208 Madison Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Goldie Stewart

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: Negro | 6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ~~10-10~~ 8 20 36

8. AGE: Years 5 | Months 1 | Days 20 | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER 12. Name John Stewart
13. Birthplace Va.

MOTHER 14. Maiden Name Nannie Towns
15. Birthplace Va

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-14-39 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore Md

18 (a) Funeral director Mrs Frances E. Hamsley
(b) Address 575 N. Biddle St

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 10, 1939, at 4 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 10th 1939, to 19..., and that I last saw h[er] alive on Oct 10th 1939.

Immediate cause of death: Encephalo-myelitis Undetermined etiology — Duration: 4 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ethel Walker M. D.
Address Baltimore Date signed 10/20/39

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

E 61955

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 61955

CERTIFICATE OF DEATH

93-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1546 Argyle Ave Ward)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Richard F. Marriott

If U. S. Veteran specify WAR

(a) Residence: No. 1546 Argyle St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Wid

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah L. Marriott

6. DATE OF BIRTH (month, day, year) July 6, 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year) Oct 1939

11. Total time (years) spent in this occupation 7 yrs

12. BIRTHPLACE (city or town) (State or country) Sandy Spring Md.

FATHER

13. NAME Richard Marriott

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Caroline Bell

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Sarah L. Marriott
(Address) 1546 Argyle

18. BURIAL, CREMATION, OR REMOVAL
Place Arlington Memorial Park Date 10-15 1939

19. UNDERTAKER Mrs Frances A. Hemsley
(Address) 573 St. Dicdill St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 9 1939 to Oct. 10 1939

I last saw h. alive on Oct 10 1939 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Oct 10 39
Bronchial Asthma	?
Acute Myocardial	

Other contributory causes of importance:

Pulmonary edema	Oct 10 39

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Wm. L. Leary M. D.

(Address) 1420 E. Chase

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V2 3

Huntington Williams MD

OCT 13 1939

F 61956

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1939 F 61956 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos., or days~~) 40 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 40 hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5111 Harford Road, Balt. Md (If rural give location) (parents)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy McNamara
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	—

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 10-39 2:38 P.M.

8. AGE: Years	Months	Days	If less than one day
		1	40 hr. P- min.

9. Birthplace Union mem. Hosp. (Town, county, and State)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Andrew W. McNamara
13. Birthplace Maryland

MOTHER
14. Maiden Name Clara Curran
15. Birthplace Maryland

16 (a) Informant Clara Curran McNamara
(b) Address 5111 Harford Road, Balt.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 13/39 (month) (day) (year)
(c) Cemetery or crematory Bonnie Brae
Location Baltimore
18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave
19 (a) (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 12 1939 at 630 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 10 1939 to Oct 12 1939.
and that I last saw him alive on Oct 12 1939.

Immediate cause of death: Prematurity - 9 hours
Due to —
Due to —
Other Conditions Congenital Atelectasis -
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

Duration
2 days.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature J. G. Murray Jr. M. D.
Address 9 E Chase St Date signed Oct 12-39

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

1957 E 61957

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-E

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1521 Retreat St. 13-2 Ward)

Length of residence in city or town where death occurred 61 yrs. 5 mos. 14 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME William A. Snyder

If U. S. Veteran specify WAR

(a) Residence: No. 1521 Retreat St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Emma A Snyder

6. DATE OF BIRTH (month, day, year) Apr. 24-1878

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
61	5	13 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meat Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Delicatessen 1042

10. Date deceased last worked at this occupation (month and year) Oct. 3-1939

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Augustus Snyder

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Isabella Freybe

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs Emma Snyder

(Address) 1521 Retreat St.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Oct. 16. 1939

19. UNDERTAKER Robt. L. Steele

(Address) 4700 Edmondson Ave

20. FILED OCT 13 1939 19 [illegible] Registrar.

VS B

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 3, 1939 to Oct. 12, 1939

I last saw h. alive on Oct. 12, 1939 Death is said to have occurred on the date stated above, at 2 to 5 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	10/5/39
Chr. Myocarditis	1938
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Physical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jane E. Brown M. D.

(Address) 1663 N. North Ave.

F 61958 ✓ F 61958

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 140-1448

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Balto city Hospitals
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs.) mos., or days) 20

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto city (If outside city or town limits, write RURAL and give town)
(d) Street No. 709 Mulberry St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alice Hutchenson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F

5. Color or race Col

6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Isaac Hutchinson

6 (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) 2 11 1907

8. AGE: Years 31 | Months 8 | Days 9 | If less than one day hr min

9. Birthplace Howard Co Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business —

FATHER 12. Name James Matthews
13. Birthplace Md

MOTHER 14. Maiden Name Mary Savoy
15. Birthplace Md

16 (a) Informant Mary Matthews
(b) Address 709 Mulberry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 14 39 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Ct
Location A A Co Md

18 (a) Funeral director Isaiah L Brownston
(b) Address 108 W Montgomery St

19 (a) (Date received by registrar) (b) [illegible]

OCT 17 1939

V.S. 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 10th 1939, at 10 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death: Endometritis, acute suppurative
Due to Hemmorrhage, uterine
Due to Incomplete abortion (history)
Other Conditions Peritonitis acute suppurative
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Peritonitis, generalized

Duration —

over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Asst Medical Examiner
Date signed 10-10-39

61959 HEALTH DEPARTMENT—CITY OF BALTIMORE F 61959

CERTIFICATE OF DEATH

94-13

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1630 N. Gay St. St., 8-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Frank C. Kohl

(a) Residence: No. 1630 N. Gay St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agusta D. Kohl

6. DATE OF BIRTH (month, day, year) Nov.10.1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45Yrs.	11Mo.	1day	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saloon Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Andrew Kohl

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Kunigunda Piller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Agusta D. Kohl 1630 N. Gay St.

18. BURIAL, CREMATION, OR REMOVAL Baltimore Cem. Date Oct.-14-1939 19

19. UNDERTAKER (Address) Henry Heuck + Sons Inc 1301 E Eager St.

20. FILED OCT 13 1939 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct.-11-1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 19 39 to Oct 11 19 39

I last saw him alive on Oct 11 19 39 Death is said to have occurred on the date stated above, at 3.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Aug
Hypertension	1936
	39

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Fred Murphy M. D.

(Address) 20 N Gilmor St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V0 9

61960

HEALTH DEPARTMENT—CITY OF BALTIMORE

61960

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hosp St. 1-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Katherine Collins (Collins)

If U. S. Veteran specify WAR

(a) Residence: No. 443 N. Patterson Park Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Collins

6. DATE OF BIRTH (month, day, year) Nov. 22/1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	10	20 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME Michael Loehr

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rosalia Schnitka

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Loehr (Sister)

(Address) 443 N. Patterson Pk. Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Oct. 14, 1939

19. UNDERTAKER Lilly & Zeilenhofer

(Address) 402 S. Wolfe St

20. FILED OCT 13 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10.11.1939

22. I HEREBY CERTIFY, That I attended deceased from 10.8.39 to 10.11.39

I last saw her alive on 10.11.39 Death is said to have occurred on the date stated above, at 3:10 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia Left Middle Cerebral Artery	10-2-39
Arteriosclerotic & Hypertensive Cardiovascular Disease	?
Other contributory causes of importance: Dysuria from Urinary Retention	?
Hydronephrosis & Gall Bladder Stone Left Ureter	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. P. Cunningham M. D.

(Address) St. Joseph's Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 61961

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 61961 Registered No. 151

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 15 N. Kresson St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 15 N. Kresson St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George H. Dunlap
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) April 28-1924
8. AGE: Years 15 Months 5 Days 12 If less than one day hr. min.
9. Birthplace Coatesville Pa. (Town, county, and state)
10. Usual Occupation School Boy
11. Industry or business

FATHER
12. Name George J. Dunlap
13. Birthplace Coatesville Pa.

MOTHER
14. Maiden Name Emma Ruth Armstrong
15. Birthplace Coatesville Pa.

16 (a) Informant George J. Dunlap
(b) Address 15 N. Kresson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 13-39 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem.
Location Eastern Ave Road.

18 (a) Funeral director John P. Hogan
(b) Address 3000 E. Baltimore St.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-10 1939. at 9:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 10-5- 1939. to 10-10 1939. and that I last saw h alive on 10-10- 1939.

Immediate cause of death	Duration
Streptococcus septicaemia	
Due to Furuncle of left nostril.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John J Gould M. D.
Address 14 N. East Ave Date signed 10-11-39

VS 3

Physicians: please write the causes of death clearly and legibly. correct age is especially important.

F 61962

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a

F 61962 Registered No.

PLEASE WRITE PLAINLY, with ink or indelible pencil. Do not use abbreviations. Physicians: please write the causes of death clearly and legibly. Give full name of deceased, and if married, maiden name of wife or husband. Do not use initials but write out full name of each. If not a resident, give usual residence. The space for "Length of stay" should be filled in all cases. Cause of death must be stated for all deaths. Indefinite or unsatisfactory causes will be returned for correction. Statements of age are required. If exact date of birth is unknown, the age at last birthday should be given. The information requested in this certificate is required by law. Failure to supply it will delay burial permit. Information as to age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4102 N. Rodgers Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7

(e) Length of stay in Baltimore (yrs., mos., or days) 1 wk

2. USUAL RESIDENCE OF DECEASED:

(a) State D.C. (b) County

(c) City or town Washington (If outside city or town limits, write RURAL and give town)

(d) Street No. 2224 F. St. N.W. (If rural give location)

(e) If foreign born, how long in U. S. A.? U. S. 75 years

3 (a) FULL NAME Sarah Amelia B. McCollum

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	Married

6 (b) Name of husband or wife Zachariah McCollum

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/14/1864

8. AGE: Years	Months	Days	If less than one day
75	10	28	hr. min.

9. Birthplace Howell, Michigan (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name William

13. Birthplace Hungerford, England

MOTHER

14. Maiden Name Bradent

15. Birthplace Hungerford, England

16 (a) Informant Mrs. Charles E. Martin

(b) Address 4102 N. Rodgers Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 16, 1939 (month) (day) (year)

(c) Cemetery or crematory Concord Cemetery Location Williamsburg, Ohio

18 (a) Funeral director Walter Brooks Bradley

(b) Address 1922 W. North Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/12 1939, at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/9 1939, to 10/12 1939, and that I last saw her alive on 10/12 1939.

Immediate cause of death

1 Cerebral Hemorrhage

2 Hypostatic pneumonia

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration: 3 days, 2 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Bruce L. Randall M.D.

Address 310 E. Bromley Date signed 10/14/39

VS 8

F 61963

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

948

Registered No. F 61963

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1608 John Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) x 14
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1608 John Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Irma A Morrison

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Harry Morrison
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 19, 1885

8. AGE: Years	Months	Days	If less than one day
54	7	21	hr. min.

9. Birthplace Harford Co., Md. (Town, county, and state)
10. Usual Occupation Housewife 0057
11. Industry or business Same

FATHER
12. Name John Allison
13. Birthplace York Co., Pa.

MOTHER
14. Maiden Name Selina Morrison
15. Birthplace Harford Co., Md.

16 (a) Informant George Allison
(b) Address Whiteford, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 13, 1939 (month) (day) (year)
(c) Cemetery or crematory Vernon, Harford Co., Md.
Location

18 (a) Funeral director Charles O Fowell
(b) Address 2427 Edmondson Ave.

19 (a) OCT 13 1939 (Date received by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH October 10th 1939, at 9 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. T. (W.) Klemmler M.D.
Asst. Medical Examiner
Date signed Oct 13th, 1939

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 61964

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

948

F 61964 Registered No.

PLEASE WRITE PLAINLY. Use ink. Physicians: Fill in all items. If any item cannot be answered, write "unknown" or "none," so as not to delay registration. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Park Heights Ave. & Clarks Arlington Park Apts.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27

(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DEACEASED:

(a) [redacted] Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 20 Arlington Park Apts. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME STELLA WHITEHILL GREIF

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband ~~or wife~~ David L. Greif

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 27, 1879

8. AGE: Years	Months	Days	If less than one day
59	9	15	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER

12. Name Isreal Whitehill,

13. Birthplace Md.

MOTHER

14. Maiden Name Rachel Mandelbaum,

15. Birthplace Md.

16 (a) Informant Mr. Irving Greif,

(b) Address Arlington Park Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/15/39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Baltimore Hebrew

Location Baltimore, Md.

18 (a) Funeral director David Sindorin & Son

(b) Address 1902 Eutaw Place.

19 (a) OCT 13 1939 (Date rec'd by registrar) (b) Huntington Hill (Registrar)

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 12, 1939. at 4:45 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from July 13, 1935 to Oct. 12, 1939. and that I last saw h alive on Oct. 12, 1939.

Immediate cause of death Myocardial Insufficiency.

Duration 5 Wks & 7 days

Due to Coronary Occlusion (Coronary Thrombosis). 7/13/35

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations No operation

Of autopsy No.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Irene M. Kelzky M. D.

Address 11 E. Chase St. Date signed

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61965

F 61965

CERTIFICATE OF DEATH 82a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 841 Mercy Hospital St., 10-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 65 yrs. ... mos. ... ds.

2. FULL NAME Miss Elizabeth M. Monaghan

If U. S. Veteran specify WAR .....

(a) Residence: No. 841 Dolphin st. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Michael Monaghan

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Ann Grimes

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Rt. Rev. Msgr. Hugh J. Monaghan

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Catholic Date 10/14 1939

19. UNDERTAKER C. Vernon Lemmon

(Address) 4611 Park Heights

20. FILED OCT 13 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 12 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 9 1939 to Oct 12 1939

I last saw her alive on Oct 12 1939 Death is said to have occurred on the date stated above, at 8.40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	
Hypertension	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Leon S. Levin M. D.

(Address) Mercy Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 8

61966 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61966

82a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1712 Mc Culloh St. 14-W Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Carrie E Rainey

If U. S. Veteran specify WAR .....

(a) Residence: No. 1712 Mc Culloh St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hilbert F Rainey

6. DATE OF BIRTH (month, day, year) 10/21/1873

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
65 66	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Walter Carter

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Caroline Blankenship

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Geneva R. Wantz

(Address) 1712 N. Mc Culloh St.

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Mem. Pk. Date 10/13, 1939

19. UNDERTAKER Mrs Gott Holland

(Address) 1631 Druid Hill Ave

20. FILED OCT 13 1939, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1939, to Oct 10, 1939

I last saw her alive on Oct 10, 1939 Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	Abt 5
Other contributory causes of importance: Hypertension	7.

Was an operation performed? No Date of ...

For what disease or injury? —

Name of operation —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Jerome Thorn M. D.

(Address) 1307 N Caroline St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 3

F 61967

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 61967

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St. Agnes Hospital
(c) Hospital or institution: Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 61
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard
(c) City or town Ellicott City, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. R.F.D #1 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Michael Cooney

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Elizabeth Cooney

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May-11-1856

8. AGE: Years 83 | Months 5 | Days 1 | If less than one day: hr. min.

9. Birthplace Howard County, Maryland (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business Agriculture

FATHER
12. Name Michael Cooney
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridgett Hughes
15. Birthplace Ireland

16 (a) Informant Mrs. Elizabeth Cooney
(b) Address Waterloo Rd., Ellicott City, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct-16, 1939 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore City, Md

18 (a) Funeral director Easton Sons
(b) Address Ellicott City Md

19 (a) (Date rec'd by registrar) (b) [illegible] Registrar

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH October 12th 1939, at 5 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquest) thereon and from the evidence obtained by said inquiry (Autopsy or Inquest) find that said deceased came to death on the day stated above.

Immediate cause of death: Fracture, skull — Duration:

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Oct 12th, 1939
(c) Where did injury occur? Waterloo, Howard, Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? street (Specify type of place) While at work?
(e) Means of injury automobile

23. Signature [illegible] M.D
Medical Examiner

Date signed Oct 13th, 1939

PLEASE WRITE PLAINLY with pen and ink. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

61968

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

Registered No. E 61968

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mercy Hospital
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) about 52 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County ----
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 11 E. Centre St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Starkey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife -------

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
About 52	---	---	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Francis Starkey
13. Birthplace Maryland

MOTHER
14. Maiden Name Josephine Butler
15. Birthplace Maryland

16 (a) Informant Mrs. Grace A. Ward
(b) Address 1 W. Franklin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/14/39 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Cathedral
Location Frederick Road

18 (a) Funeral director Henry H. Mears & Son
(b) Address 505 N. Calvert St.

19 (a) OCT 13 1939 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 12th 1939, at 10 55 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ____ (Autopsy or Inquiry) thereon and from the evidence obtained by said ____ (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death	Duration
Fracture, skull	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy { Subdural and epidural hematomas

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence October 11th, 1939
(c) Where did injury occur? 11 E Centre St. Baltimore (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Rooming house (Specify type of place) While at work? —
(e) Means of injury Fell over banister striking head

23. Signature H. L. Wollammeber M.D.
Medical Examiner
Date signed Oct 12th, 1939

VS 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given if any applies. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M. D. B. 1265-9

61969 Eberhart E 61969

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1104 E Fort St. 24-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Henry Eberhart

(a) Residence: No. 1104 E Fort St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Catherine Bender Eberhart

6. DATE OF BIRTH (month, day, year) Feb. 11 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R.R Police (b)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B&O R.R.

10. Date deceased last worked at this occupation (month and year) Sept 1939

11. Total time (years) spent in this occupation 15 y

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John H. Eberhart

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Alice Wells

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Catherine Eberhart

(Address) 1104 E Fort Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk. Date 10/16/39 19

19. UNDERTAKER F. J. McCully

(Address) 1308 E Fort Ave

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 19 39 to Oct 12 19 39

I last saw h[illegible] alive on Oct 11 19 39 Death is said to have occurred on the date stated above, at 10 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation Chronic	6 yrs
Hypertension Arteriosclerosis	6 yrs
Cerebral Hemorrhage	7 d
Other contributory causes of importance: Chr Interstitial Nephritis	6 yrs

Name of operation No Date of .....

What test confirmed diagnosis? Autopsy? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Thos Ed Thomas M. D.

(Address) 2818 Hartford Rd

V 5 3

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

61970 61970

CERTIFICATE OF DEATH

93-E

Registered No. .....
(If death occurred in a hospital or institution give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1616 McHenry St., 19th Ward)

Length of residence in city or town where death occurred 9 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Edward V. Fritz Gibbons

(a) Residence: No. 1616 McHenry St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W.	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 18th 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Gerald Fritz Gibbons

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Johanna Brodrick

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT William Tierney
(Address) 1616 McHenry St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Oct 14th 1939

19. UNDERTAKER A. Jones
(Address) 1615 E. Eutaw st

20. FILED OCT 13 1939 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 7th, 1939, to Oct 10, 1939
I last saw h.i.m. alive on Oct 9, 1939. Death is said
to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

Acute Cardiac dilatation

Date of onset

Other contributory causes of importance:
Chronic Asthma - Bronchitis
Chronic myocard. Fibrosis
Hypotension

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased ...
If so, specify ...

(Signed) C. Cole M.D.

(Address) 4 N. Fulton

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 61971

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157-13 F 61971 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Union Memorial Hospital 33rd St + Calvert.
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 hrs. 18 mins
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Balto, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. Union Memorial Hosp. (If rural give location)
3617 Gittings Ave.
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Baby Girl Herr

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	—

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-11-39

8. AGE: Years	Months	Days	If less than one day
			13 hr. 18 min.

9. Birthplace Baltimore, Md. Un. mem. Hosp (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name Melvin Lentz Herr
13. Birthplace Balt. Md

MOTHER
14. Maiden Name Elsie Herzing
15. Birthplace Balt. Md

16 (a) Informant Elsie Herzing
(b) Address 3617 Gittings Ave., Balto Md

17 (a) ____ (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory [illegible] OCT 13 1939
Location [illegible] Commissioner of Health

18 (a) Funeral director Per M. A. Moore
(b) Address

19 (a) ____ (Date rec'd by registrar) (b) ____ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-11 1939, at 2:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1:12 PM 10/10 1939, to 2:30 AM 10/11 1939, and that I last saw her alive on 12:05 10/11 1939.

Immediate cause of death	Duration
Congenital anomaly, spina bifida	—
Due to unknown Cause	13 hrs. 18 mins
Due to	—
Other Conditions hydrocephalus	—

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. Franklin Mowbray M. D.
Address 3047 St. Paul St. Date signed 10/14/39

VS 3

Please write plainly. Physicians: please write the causes of death clearly and legibly. Information entered on this certificate is necessary for statistical purposes. The correct age is especially important.

61972

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 61972
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2040 Wilbur ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2040 Wilbur ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John J. Nolan
3 (b) If veteran, name war
3 (c) Social Security Account No. None
4. Sex M
5. Color or race W
6 (a) Single, married, widowed, or divorced. Widowed
6 (b) Name of husband or wife Catherine Nolan
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov. 28, 1861
8. AGE: Years 77 Months 10 Days 15 If less than one day hr. min.
9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business
FATHER 12. Name Peter Nolan
13. Birthplace Ireland
MOTHER 14. Maiden Name Mary E. Shupan
15. Birthplace Ireland
16 (a) Informant Mary J. Sherman
(b) Address 2040 Wilbur ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-14-39 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location
18 (a) Funeral director Frederick A. Cole
(b) Address 200 W. Lombard St
19 (a) (Date rec'd by Reg. Dist. Reg.) (b) Huntington Md

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/11/39 19 . at 4:30 P.M
21. I certify that death occurred on the date above stated; that I attended deceased from July 10 1938 to Oct 11 1939.
and that I last saw h alive on Oct 9 1939.

Immediate cause of death
(a) Pneumonia
Due to (b) Cerebral Hemorrhage
Due to (c) Arteriosclerosis
Other Conditions Myocarditis
(Include pregnancy within 3 months of death)

Duration
1 day
16 Mo

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature James J. Lowndes M.D.
Address 721 Medical Arts Bldg Date signed 10/13/39

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

61973

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 61973

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 3 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State North Carolina (b) County
(c) City or town Mann's Harbor, N. C. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hiram C. Gallop

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mollie Shannon

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 14, 1891

8. AGE: Years 47 | Months 9 | Days 29 | If less than one day hr. min.

9. Birthplace Harbinger, N. C. (Town, county, and state)

10. Usual Occupation Seaman

11. Industry or business Seafaring

FATHER
12. Name Marion Gallop
13. Birthplace Currituck Co., N. C.

MOTHER
14. Maiden Name Lenora Evans,
15. Birthplace Currituck Co., N. C.

16 (a) Informant Records-U. S. Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct 13 '39 (month) (day) (year)

(c) Cemetery or crematory Removal to
Location Moreno, N. C. Via Norfolk, Va.

18 (a) Funeral director Cook & Sons
(b) Address 7707 York Road,

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 13, 1939, at 7:10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 10, 1939, to Oct. 13, 1939, and that I last saw him alive on Oct. 13, 1939.

Immediate cause of death: Abscess of brain, left temporal lobe — Duration: 8 wks.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. E. Denny, M. D.
Address U. S. Marine Hospital, Baltimore, Md. Date signed 10/13/39

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 61974

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

23

Registered No. F 61974

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. No correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Balto. City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 da.

(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 1520 W. Lanvale St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ola Williams nee Hawthorne. (42507)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 28, 1921

8. AGE: Years	Months	Days	If less than one day
18	3	15	hr. min.

9. Birthplace S. Car. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER

12. Name Eddie Sington

13. Birthplace S. Car.

MOTHER

14. Maiden Name Susie Williams

15. Birthplace S. Car.

16 (a) Informant Hospital Records

(b) Address

17 (a) (Burial, cremation, or removal)

(b) Date thereof 10/14/39 (month) (day) (year)

(c) Cemetery or crematory Location Seneca S. Carolina

18 (a) Funeral director Tod G. Kalon

(b) Address 1303 Pennsylvania Ave

19 (a) OCT 19 1939 (Date received by local reg.) by [illegible] for William H. Registrar

(b) [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 13, 1939 12:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 1, 1939 to Oct. 13, 1939, and that I last saw her alive on Oct. 13, 1939.

Immediate cause of death: Tuberculosis of Lungs — Duration: 8 yr. 1938

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [signature] M. D.

Address Balto. City Hospitals Date signed 10-13-39

CCK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

49040 Registered No. F 61975

F 61975

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 217 S. Collington Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mary Krzypinski Mary. Skrzypinski. (Skrzypinski)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Steve

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 7 1886

8. AGE: Years	Months	Days	If less than one day hr.	min.
53 54	6	4		

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Herman Jesike
13. Birthplace Poland

MOTHER
14. Maiden Name Anna Smilkowski
15. Birthplace Poland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Holy Rosary (Burial, cremation, or removal) (b) Date thereof 10/14/39 (month) (day) (year)

(c) Cemetery or crematory
Location Baltimore County

18 (a) Funeral director Wm. Mary Welsh & S. Chester St.
(b) Address 401 Huntington Ave. Baltimore Md.

19 OCT 13 1939 (Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 11 1939, at 12 05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 8 1939, to Oct 11 1939, and that I last saw h alive on Oct. 11 1939.

Immediate cause of death: Abscess of the liver — Duration: unknown.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy abscess of the liver

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 10-11-39

F 61976

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 61976

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: 2117 Dennison St.
(c) Hospital or institution: Crawford Home.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days): Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Maryland (b) County
(c) City or town: Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No.: 2115 Dukeland Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: FLORENCE V. PUMPHREY

3 (b) If veteran, name war:
3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife: Greenbury Pumphrey
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Feb. 7, 1874

8. AGE: Years	Months	Days	If less than one day: hr.	min.
65	8	4		

9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual Occupation: housewife At Home
11. Industry or business:

FATHER
12. Name: John R. Reifsnider
13. Birthplace: Carroll County Md.

MOTHER
14. Maiden Name: Mary V. Rehn
15. Birthplace: Baltimore, Maryland

16 (a) Informant: Mrs. Earl Pumphrey (son)
(b) Address: Elkridge Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct. 14/39 (month) (day) (year)
(c) Cemetery or crematory: Lorraine Cem.
Location: Woodlawn Maryland

18 (a) Funeral director: C. B. Herbert & Son
(b) Address: 1300 Eutaw Place

19 (a) [illegible] (Date received by Registrar)

V8 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 11, 1939, at 9:15 M

21. I certify that death occurred on the date above stated, that I attended deceased from Oct 2 1939, to Oct 11 1939, and that I last saw h[illegible] alive on Oct 11 1939.

Immediate cause of death: Cerebral Hemorrhage and Paralysis — Duration: Oct 2/39.
Due to:
Due to:
Other Conditions: Arterio Sclerosis — Duration: ?
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Walter Dubbett M. D.
Address: 2220 Garrison Blvd Date signed: 10/13/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 61977

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 Registered No. F 61977

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wyman Park Drive and 31st St.

(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo

(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore City

(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)

(d) Street No. 1644 South Charles Street (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Frank Warner Lapp

3 (b) If veteran, name war: WW

3 (c) Social Security Account No. 218-05-3032

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife: Carrie Snyder

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Jan. 3, 1888

8. AGE: Years 51 | Months 9 | Days 9 | If less than one day: hr. ____ min. ____

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Bartender

11. Industry or business

FATHER

12. Name Charles B. Lapp

13. Birthplace Baltimore, Md.

MOTHER

14. Maiden Name Theodora LaBarre,

15. Birthplace Baltimore, Md.

16 (a) Informant Records-U. S. Marine Hospital,

(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 16/39 (month) (day) (year)

(c) Cemetery or crematory Bells Cathedral

Location 5300 Frederick Ave City

18 (a) Funeral director J. B. Hebbert

(b) Address 300 Eutaw Place

19 (a) OCT 13 1939 (Date received by Registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 12, 1939, at 7:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 12, 1939, to Oct. 12, 1939, and that I last saw h alive on 19

Immediate cause of death	Duration
Cerebral hemorrhage	12 hours
Due to Chronic Nephritis	Unknown
Due to	
Other Conditions Hypertrophy of heart Hypertension (Include pregnancy within 3 months of death)	Unknown

Major findings:

Of operations

Of autopsy Same as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature O. E. Denny, Sn. Surg. USPHS M.D.

Address U. S. Marine Hospital, Baltimore, Maryland. Date signed 10/12/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be complete and accurate as possible. Do not use abbreviations except where necessary. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 2

F 36654
F 61978

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-F

Registered No. F 61978

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo 6 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Worcester
(c) City or town Snow Hill (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Samuel Jackson
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: Black
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 11-10-80
8. AGE: Years 58 | Months 11 | Days 5 | If less than one day hr. min.
9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name John Jackson
13. Birthplace Md

MOTHER
14. Maiden Name Mary Carter
15. Birthplace Md

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 16-39 (month), (day), (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Md.

18 (a) Funeral director Edgar Allan Poe
(b) Address Snow Hill Md

19 (a) OCT 14 1939 (Date rec'd by registrar) (b) Huntington Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 13 1939. 3:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 7 1939 to Oct 13 1939 and that I last saw h, im alive on Oct 13 1939.

	Duration
Immediate cause of death Bronchopneumonia	
Due to carcinomatosis - lungs, pleura, aortic glands.	
Due to squamous cell carcinoma of penis.	3½ mos
Due to	
Other Conditions Thrombosis, rt femoral vein. Decubitus ulcers. (Include pregnancy within 3 months of death)	

Major findings:
Of operations squamous cell ca of penis
Of autopsy carcinomatosis lungs pleura aortic glands

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Douglass D. Fear M. D.
Address Johns Hopkins Hosp. Date signed 10-13-39

VS 3

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61979

CERTIFICATE OF DEATH.

√131

F 61979

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 826 Argonne Drive ST., 9-1 WARD)

2-FULL NAME Charles Edward Thines

(a) RESIDENCE NO. 826 Argonne Drive ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred Ball this life How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Kate E. Thines

6 DATE OF BIRTH (month, day, and year) May 29-1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	92	4	14 18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired Grocer
(b) General nature of industry, business, or establishment in which employed (or employer) Wholesale
(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER George W. Irvin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dorchester County Md

12 MAIDEN NAME OF MOTHER Charlotte R. Tilden

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Cross Hill Md

14 Informant Mrs Robert L. McStally
(Address) 826 Argonne Drive

15 Filed OCT 14 1939, 19 Huntington Tidewater, Md. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 13 1939

17 I HEREBY CERTIFY, That I attended deceased from , 19 , to Oct 13 , 1939 ,
that I last saw him alive on Oct 11 , 1939 ,
and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis Chronic

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Nephritis Chronic

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) George E. Thines, M. D.
(Address) 701 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge

DATE OF BURIAL 10/16/1939

20 UNDERTAKER Wm Cook

ADDRESS 1217 N. Paca St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 61980

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a

Registered No. F 61980

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 5907 York Road Apt

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 53 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 5907 York Road (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louis H. Cundiff

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Virginia E. Cundiff

6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) June 8 1869

8. AGE: Years 69 | Months 9 | Days 22 | If less than one day: hr. — min.

9. Birthplace Fort Stone Va. (town, county, and state) Retired

10. Usual Occupation Clothing Salesman

11. Industry or business Wanamaker's Last Worked 1939

FATHER

12. Name Charles E. Cundiff

13. Birthplace Hutchinson Va.

MOTHER

14. Maiden Name Sophie Hathaway

15. Birthplace Johnstone Va.

16 (a) Informant Mrs. Virginia E. Cundiff

(b) Address 5907 York Road Apt

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/14/39 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet

Location Baltimore Md

18 (a) Funeral director Wilson & Son

(b) Address 1210 E. Fayette St

19 (a) OCT 14 1939 (Date rec'd by registrar) (b) Huntington Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 12 1939, at 12-45 A-M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 10 1939, to Oct. 12 1939, and that I last saw him alive on Oct 12 1939.

Immediate cause of death: Cerebral Hemorrhage — Duration 2 days

Due to Left Hemiplegia

Due to Cerebral Arteriosclerosis — Unknown

Due to Arterial Hypertension

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature James S. Aschenbrenner M. D.

Address 4007 Park Heights Ave Date signed 10-13-39

VS 3

William W.

F 61981

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131

Registered No. F 61981

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3300 Edgerton Road

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days).

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

Street No. 3300 Edgerton Road (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas H Tull

3 (b) If veteran, name war None

3 (c) Social Security Account No. 213-12-8877

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Virginia S. Tull

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 28 1858

8. AGE: Years	Months	Days	If less than one day
80	4	22	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Lumber Agt

11. Industry or business Md M & T Co

FATHER 12. Name Thomas J. Tull

13. Birthplace Queen Anne's Md

MOTHER 14. Maiden Name Cordelia Turner

15. Birthplace Vermont

16 (a) Informant Mrs. V. S. Tull

(b) Address 3300 Edgerton Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 14 39 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Catonsville Md

18 (a) Funeral director Gallagher Co

(b) Address 1219 Eutaw St Phone Lex 1030

19 (a) Date rec'd by registrar (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-12-39 19 . at 11:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1 1939 to 10/12 1939.

and that I last saw him alive on 10/12 1939.

Immediate cause of death Arteriosclerotic Cardio Vascular Renal Disease - acute Uremia

Due to Fracture (Femur)

Due to Pyelitis chron.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

Duration: ? 3 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Curtis E. Lyons M. D.

Address 928 N. Chas. Date signed 10/13/39

F 61982

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

165

Registered No. F 61982

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. E. Police Station
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1116 Homewood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME John A. Einwachter

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 213-01-5467

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced.~~
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 29th 1918

8. AGE: Years	Months	Days	If less than one day: hr.	min.
28	2	14		

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Iron Worker
11. Industry or business John McKenzie Co

FATHER
12. Name Louis Einwachter
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Daisy Boone
15. Birthplace Balto Md.

16 (a) Informant Mrs Daisy Boone
(b) Address 518 E. 27th St.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 10/16/38 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Morland Park
Location Balto. Co. Md.

18 (a) Funeral director William Cook
(b) Address 217 St. Paul St.

19 (a) (Date rec'd by registrar) (b) I Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 13, 1938, at 6 15/60 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Suicide, hanging by belt — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy asphyxiation

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence October 13th 1938
(c) Where did injury occur? North E. Place Station - City (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Jail cell While at work? —
(Specify type of place)
(e) Means of injury belt around neck

23. Signature H. L. Wallenmeier — M.D.
Medical Examiner
Date signed Oct 13th 38

VS 6

F 61983

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 61983

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, ~~Maryland~~ Maryland General
(b) Street address Hospital
(c) Hospital or institution Linden & Madison Ave.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3330 Woodland Ave (If rural give location)
If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Guy Gaither
3 (b) If veteran, name war
3 (c) Social Security Account No. 214-03-3009

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Alla
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 2nd 1894

8. AGE: Years	Months	Days	If less than one day: hr.	min
45	1	10		

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Insurance Agent
11. Industry or business

MOTHER / FATHER
12. Name Mr. Henry C. Gaither
13. Birthplace Maryland
14. Maiden Name Addie Cavey
15. Birthplace Md.

16 (a) Informant Mrs. Alla Gaither
(b) Address 3330 Woodland Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 10/16/39 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Druid Ridge
Location Balto. Co. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (a) OCT 14 1939 (Date rec'd by registrar) (b) Huntington Williams, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/12 1939. at 10:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/7 1939. to 10/12 1939. and that I last saw him alive on 10/12 1939.

Immediate cause of death Hypertensive Cardio Renal Disease — Duration

Due to

Due to

Other Conditions Left sided complete Hemiplegia
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. C. Post M. D.
Address Maryland Gen. Hosp. Date signed 10/12/39

F 61984

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 61984

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1431 Poplar Grove St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1431 Poplar Grove St (If rural give location)
(e) If foreign born, how long in U. S. A.? Unknown years

3 (a) **FULL NAME** Michael F. Ormond

3 (b) If veteran, name war

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) ~~Single, married, widowed, or divorced~~
Male	White	Widowed

6 (b) Name of ~~husband or~~ wife Mary E. Ormond
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 9th 1871

8. AGE: Years	Months	Days	If less than one day
68	9	2	hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Power Operator Retired
11. Industry or business Penna R.R. Co.

FATHER
12. Name Michael F. Ormond
13. Birthplace Ireland

MOTHER
14. Maiden Name Julia Crowley
15. Birthplace Ireland

16 (a) Informant Julia Ormond
(b) Address 1431 Poplar Grove St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 10/14/39 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 217 St Paul St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 11th 1939, at 11 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1936 to Oct 11 1939
and that I last saw h im alive on Oct 9, 1939.

Immediate cause of death — **Duration**

Arteriosclerosis — 10 yrd

Due to Cerebral Hemorrhage

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 2757 Li ine Date signed

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1131

F 61985

F 61985

PLEASE WRITE PLAINLY. WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Bon Secours Hospital

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2111 Pennsylvania Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr George Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	M

6 (b) Name of husband or wife Mrs Mary Smith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-21

8. AGE: Years	Months	Days	If less than one day hr.	min.
68				

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER — 12. Name Wm M Smith

13. Birthplace Maryland

MOTHER — 14. Maiden Name Caroline Hahn

15. Birthplace Maryland

16 (a) Informant Mrs Richard Lee

(b) Address 2111 Pennsylvania Ave

17 (a) Burial (Burial, Cremation, or removal) (b) Date thereof 10/16/39 (month) (day) (year)

(c) Cemetery or crematory Catholic

Location Baltimore Md

18 (a) Funeral director Geo. A. Fuller

(b) Address Funeral Director

19 (a) (Date rec'd by registrar) (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-12 1939 at 7.35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 10-11- 1939 to 10-12 1939 and that I last saw him alive on 10-12 1939.

Immediate cause of death	Duration
Congestive Heart Failure	
Due to Hypertensive Arteriosclerotic Cardio-Vascular Renal disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature William J. McClafferty M. D.

Address Bon Secours Hosp. Date signed 10-12-39

F 61986

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

59 Registered No. 61986

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital 20-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 816 Pennsylvania Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mrs Nora Warfield

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Fe
5. Color or race white
6 (a) Single, married, widowed, or divorced Widowed
6 (b) Name of husband or wife Charles Warfield
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug 28 1878

8. AGE: Years 61 | Months 1 | Days 14/15 | If less than one day: hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Peter O Farr
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Hyde
15. Birthplace Md

16 (a) Informant E G Farr
(b) Address Towson Md

17 (a) Burial (Burial, cremation, or removal)
(b) Date thereof 10/14/39 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Catonsville Md

18 (a) Funeral director Geo A Fuller
(b) Address Fuller & Hilgartner

19 (a) OCT 14 1939 (Date rec'd by registrar) (b) Thursday (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 12 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 12 1939 to Oct 12 1939, and that I last saw her alive on Oct 12 1939.

Immediate cause of death: Diabetic Coma or acidosis — Duration

Due to: Diabetes Mellitis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A Bradley Daugherty M. D.
Address Franklin Sq Hosp Date signed 10-12-39.

VS 3

F 61987

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59

Registered No. F 61987

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4404 Wabash Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Loretta Nitsch
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Mr Roman Nitsch
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 11/21/78 (If less than one day hr. min.)
8. AGE: Years 61 Months 5 Days 21
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John A Moore
13. Birthplace Md

MOTHER
14. Maiden Name Ellen Sporbe
15. Birthplace Md

16 (a) Informant Roman A Nitsch
(b) Address 4404 Adable Terrace

17 (a) Burial Rinsdale (Burial, cremation, or removal) (b) Date thereof 10/16/39 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Pikesville Md

18 (a) Funeral director Geo A Tagley
(b) Address Fallon & Tagley

19 (a) OCT 14 1939 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-12 1939 at 2:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-8 1939 to 10-12 1939 and that I last saw her alive on 10-12-39 1939.

Immediate cause of death Acute Cholecystitis — Duration 5 days
Due to
Due to
Other Conditions Broncho-pneumonia Diabetes Mellitus
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J. McClafferty M.D.
Address Bon Secours Hospital Date signed 10-12-39

VS 3

F 61988

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 61988

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wyman Park Drive and 31st St.

(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo9da

(e) Length of stay in Baltimore (yrs., mos., or days) Two years

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore City

(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)

(d) Street No. 647 Portland Street (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Jesse J. Britton

3 (b) If veteran, name war	3 (c) Social Security Account No.
SAW	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Emma Wells Britton

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 2, 1876

8. AGE: Years	Months	Days	If less than one day
63	5	9	hr. ..... min.

9. Birthplace Williamsburg, Ky. (Town, county, and state)

10. Usual Occupation Stationary Engineer

11. Industry or business

FATHER 12. Name John J. Britton

13. Birthplace Bristol, Tenn.

MOTHER 14. Maiden Name Nancy Lowery,

15. Birthplace Chatanooga, Tenn.

16 (a) Informant Records-U. S. Marine Hosp tal,

(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 14-39 (month) (day) (year)

(c) Cemetery or crematory Balto National

Location Frederick Ave

18 (a) Funeral director Gilbert Brooks Gibson

(b) Address Calhoun & Hollins sts

19 (a) OCT 14 1939 (Date received by registrar) Huntington, Williams Ky. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 11, 1939, at 2:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 9, 1939 to Oct. 11, 1939, and that I last saw him alive on Oct. 11, 1939.

Immediate cause of death	Duration
Tuberculosis, pulmonary, far advanced	Unknown
Due to	
Due to	
Other Conditions Tuberculosis of larynx	Unknown

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Tuberculosis, pulmonary, far advanced

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature O. E. Denny, Sr. Surg. USPHS M. D.

Address U. S. Marine Hospital, Baltimore, Maryland. Date signed 10/12/39

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 61989 — 93-C — 61989

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1141 Ellicott Drive St., 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Kenny A. Landes

(a) Residence: No. 1141 Ellicott Drive St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret C Landes

6. DATE OF BIRTH (month, day, year) April 14 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil Station

10. Date deceased last worked at this occupation (month and year) May 1939

11. Total time (years) spent in this occupation 14 yrs

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME David Landes

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Sarah Shank

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Margaret C Landes (Address) 1141 Ellicott Drive

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Date Oct 14 1939

19. UNDERTAKER Albert W Gregg (Address) 440 E North Ave

20. FILED OCT 14 1939 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 10 1939 to Oct 11 1939

I last saw him alive on Oct 11 1939 Death is said to have occurred on the date stated above, at 8:45 P m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis — Date of onset 2/1938

Other contributory causes of importance: Chronic Myocarditis — Date of onset 5/1938

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) William J. Sullivan, M. D.

(Address) 1701 N. Fulton Avenue

V8 B

INSTRUCTIONS: This certificate should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should furnish information in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH is very important. See instructions on back of certificate. OCCUPATION is very important.

F 61990

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 23

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital, Balto
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 month stay
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Cumberland, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 113 Greene St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Maxine Hollis
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	W	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr) Oct 1, 1916

8. AGE: Years	Months	Days	If less than one day hr.	min
23		12		

9. Birthplace West Virginia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Carl M. Hollis
13. Birthplace W Va

MOTHER
14. Maiden Name Naomi Snyder
15. Birthplace W. Va

16 (a) Informant Carl M. Hollis
(b) Address Martinsburg W. Va

17 (a) (Burial, cremation, or removal) (b) Date thereof 10/14/39 (month) (day) (year)
(c) Cemetery or crematory Location: Martinsburg W. Va

18 (a) Funeral director F. Vernon Kaufman
(b) Address 2301 Edmondson Ave.

OCT 14 1939 (Registrar's signature) (b) Huntingtown Md Calvert Co.

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-13 1939, at 1230 P M

21. I certify that death occurred on the date above stated, that I attended deceased from Oct 1 1939 to Oct 13 1939
and that I last saw her alive on Oct 13 1939

Immediate cause of death	Duration
Respiratory failure — anoxemia	
Due to Bilateral pulmonary TBC & Cavitation	8 yrs
Due to	
Other Conditions (Include pregnancy within 3 months of death) Infected operative wound	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Stephen Lee Magness M. D.
Address University Hospital Date signed 10-13-39

VS 3

F 61991

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107-a F 61991 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1132 N Stockton St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1132 N Stockton St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

16 1

3 (a) FULL NAME Baby Carroll

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 25-1939

8. AGE: Years | Months 4 | Days 19 | If less than one day hr. min

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name James Carroll
13. Birthplace Md

MOTHER 14. Maiden Name Hattie Curtis
15. Birthplace Md

16 (a) Informant Hattie Curtis
(b) Address 1132 N Stockton St

17 (a) (Burial, cremation, or removal) (b) Date thereof 10/14/39 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Westport

18 (a) Funeral director W. A. Brooks
(b) Address 1463 N. Carey St

19 (a) OCT 14 1939 (Date rec'd by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH October 13 1939, at 9 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to her death on the day stated above.

Immediate cause of death Pneumonia, lobular

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W L Wallenmeier M.D. Asst Medical Examiner

Date signed Oct 13, 1939

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 61992

BALTIMORE CITY HEALTH DEPARTMENT 48803 SD X

CERTIFICATE OF DEATH 95-B Registered No. F 61992

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Balto

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 405 Wise Avenue, Dundalk (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Ella Lilly

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife George

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 2/27/61

8. AGE: Years 78 | Months 7 | Days 15 | If less than one day ..... hr. ..... min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business

FATHER

12. Name ?

13. Birthplace ?

MOTHER

14. Maiden Name Matilda Young

15. Birthplace Md.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 16/1939 (month) (day) (year)

(c) Cemetery or crematory Baltimore Cem.

Location Baltimore Md.

18 (a) Funeral director John Ulrich

(b) Address 2008 Orleans St.

19 (a) OCT 11 1939 (Date rec'd by registrar) (b) ..... Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH October 12 1939, at 11:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 30 1939, to Oct 12 1939, and that I last saw h[illegible] alive on Oct 12 1939.

Immediate cause of death: Cerebral hemorrhage — Duration: 2 days

Due to .....

Due to .....

Other Conditions Hypertension Heart disease — 10 years.

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....

(e) Means of injury .....

23. Signature [illegible] M. D.

Address Balto City Hosp Date signed 10-12-39

F 61993

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 61993

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4810 Hayford Rd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4810 Hayford Rd. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Emmel

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mary E. Emmel
6 (c) If alive, give age 76 years
7. Birth date of deceased (mo., day, yr.) July 8th 1859
8. AGE: Years 80 Months 3 Days 4 If less than one day: hr. min.
9. Birthplace Balto City Md. (Town, county, and state)
10. Usual Occupation Truck farmer
11. Industry or business farming 0086

FATHER
12. Name Conrad Emmel
13. Birthplace Germany

MOTHER
14. Maiden Name Henrietta Konrodt
15. Birthplace Germany

16 (a) Informant Mrs. Geo. Emmel
(b) Address 4810 Hayford Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 16 1939 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto City Md.

18 (a) Funeral director F. Lassahn & Son
(b) Address 740 Belair Rd

19 OCT 14 1939 (Date received by registrar) Attending for Hillman H.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 12 1939 at 1045 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1939 to Oct 12 1939. and that I last saw h[illegible] alive on Oct 12 1939.

	Duration
Immediate cause of death Heart Block	
Due to Myocardial failure	
Due to Degeneration Hard arteries	
Other Conditions Arterio Sclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State) —
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature Chas Emmel M. D.
Address 47 B Hayford Rd Date signed 10/12/39

Square 119

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1939 X

Registered No. F 61994

F 61994

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Baltimore, Md.
(b) Street address
(c) Hospital or Institution: St. Agnes
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Asheville, N. C. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Barbara Summers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Unknown

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Unk

8. AGE: Years	Months	Days	If less than one day
27			hr. min.

9. Birthplace (Town, county, and state) Unknown

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location PUBLIC CEMETERY

OCT 13 1939
Commissioner of Health
Per H. A. Moore

18 (a) Funeral director
(b) Address

19 (a) OCT 14 1939 (Date rec'd by registrar) Huntington, Md. (Address)

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-26- 1939, at 5.22 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Shock -

Due to Fractures, Bones of Cut, right ankle

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following Unknown
(a) Accident, suicide, or homicide
(b) Date of occurrence 9-26-39
(c) Where did injury occur? Asheville Buncombe (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? Unknown
(e) Means of injury

23. Signature Howard J. Maddox M.D.
Medical Examiner

Date signed 9-27-39

(Over)

F 61995

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-3

Registered No. F 61995

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians, please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 720 Redwood

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 720 Redwood St.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mamie Rawlings

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: George

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-17-1894

8. AGE: Years 45 | Months 8 | Days 25 | If less than one day: hr. min.

9. Birthplace Calvert Co Md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name Isaac Buck

13. Birthplace Calvert Co Md.

MOTHER

14. Maiden Name Charlotte Cook

15. Birthplace Calvert Co Md.

16 (a) Informant Annie Bates (Sister)

(b) Address 701 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 15, 1939 (month) (day) (year)

(c) Cemetery or crematory St. Johns

Location Lusby Calvert Co. Md.

18 (a) Funeral director Charles E Cooper

(b) Address 514 N. Calhoun St.

19 (a) OCT 11 1939 (Date received by registrar) (b) Huntingtor Pimlico, MD

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/12 1939, at 6.30 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/13 1939 to 10/12 1939.

and that I last saw her alive on 8/14 1939.

Immediate cause of death Cerebral apoplexy - 6 hours — Duration

Due to Chronic nephritis

Due to Carcinoma

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations Carcinoma

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature David Trauerlein M. D.

Address 1212 Eutaw Pl Date signed 10/12/39

Howard A Kelly
Medical Examiner

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 61996
Registered No.

F 61996

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3029 Northern Parkway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3029 Northern Parkway (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME George W. Zirkler
3 (b) If veteran, name war
3 (c) Social Security Account No. 52-0539790

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Katharine L.
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Aug. 28, 1870

8. AGE: Years	Months	Days	If less than one day
69	1	14	hr. ____ min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Funeral Director
11. Industry or business

MOTHER / FATHER
12. Name George W. Zirkler
13. Birthplace Baltimore Maryland
14. Maiden Name Barbara Ruppert
15. Birthplace Baltimore Maryland

16 (a) Informant Katharine L. Zirkler
(b) Address 3029 Northern Parkway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 16, 1939 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave

18 (a) Funeral director Clarence F. Hoffman
(b) Address 2723 E. Preston St.

19 (a) ____ (Date rec'd by registrar) (b) ____ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 12, 1939 at 9,30 am

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 1 - 1939 to October 12 1939. and that I last saw him alive on Oct. 12, 1939.

Immediate cause of death Acute Hypostatic Cardiac Failure
Due to Enteric - colitis
Due to ____
Other Conditions ____
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations ____
Of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Schreiber, M.D. M. D.
Address 1919 E. North Ave Date signed 10/13/39

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

B 61997 — 131 — Registered No. B 61997

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5506 Hampnett
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5506 Hampnett (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME John Cyril Groh.

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife: Edna E. Groh
6 (c) If alive, give age: 47 years

7. Birth date of deceased (mo., day, yr.): June 20 - 1891

8. AGE: Years 48 | Months 8 | Days 22 | If less than one day: hrs. ..... min.

9. Birthplace: Plymouth, Penna. (Town, county, and state)
10. Usual Occupation: Engineer
11. Industry or business: Government

FATHER
12. Name: John C. Groh
13. Birthplace: Germany

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Germany

16 (a) Informant: Mrs. John C. Groh
(b) Address: 5506 Hampnett Rd.

17 (a) ✓ (Burial, cremation, or removal)
(b) Date thereof: Oct 14 39 (month) (day) (year)
(c) Cemetery or crematory: Lorraine
Location: Druid Lawn Md.

18 (a) Funeral director: W. P. Tracewell
(b) Address: North Avenue

19 (a) OCT 14 1939 (Date rec'd by registrar) (b) Huntington Md. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 12, 1939, at 2:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 14 1939 to October 12 1939
and that I last saw him alive on Oct. 11 1939.

Immediate cause of death: Cerebral Hemorrhage
Due to: Hypertension
Due to: Chronic Interstitial Nephritis

Duration: July 2 Oct 8. / years / years.

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? — (Specify type of place)
(e) Means of injury

23. Signature: James E. White, M.D.
Address: 5214 Harford Rd. Date signed: 10/13/39

VS 3

61998 Clara Diehl F 61998

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 95-P

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3527 Greenmount Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3527 Greenmount Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Clara Diehl

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. None

4. Sex F

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband ~~or wife~~ James Fremin Diehl

6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Nov 9, 1871

8. AGE: Years 67 Months 11 Days 27 If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business None

FATHER
12. Name John Tufts
13. Birthplace Boston Mass

MOTHER
14. Maiden Name Elizabeth Clara Tufts (Tucker)
15. Birthplace Baltimore Md

16 (a) Informant Husband
(b) Address 3527 Greenmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/14/1939 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md.

18 (a) Funeral director [illegible]
(b) Address 300 E. Baltimore St.

19 (a) (Date rec'd by registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 11 1939, at 3:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from — 1939, to Oct 11 1939, and that I last saw her alive on Oct. 7th 1939.

Immediate cause of death Coronary Thrombosis

Due to Arteriosclerosis

Due to Hypertensive Disease

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

Duration Sudden Death

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury —

23. Signature Geo. McLean, M.D.
Address 705 Med. Arts Date signed 10/11/39

48704 - MB

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53-B

Registered No. F 61999

The 61999

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days

(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 636 Mosher St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bertha Hardy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: John

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 7, 1904

8. AGE: Years 34 | Months 10 | Days 3 | If less than one day hr. min.

9. Birthplace Miss. (Town, county, and state)

10. Usual Occupation H.W.

11. Industry or business

FATHER

12. Name Morgan Anderson (dead)

13. Birthplace Miss.

MOTHER

14. Maiden Name Maggie Burton (dead)

15. Birthplace Miss.

16 (a) Informant Records

(b) Address B.C.H.

17 (a) (Burial, cremation, or removal) (b) Date thereof 10/14/39 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn Cemetery

Location Mrs Katie R. Williams 332 N. Schroeder St.

18 (a) Funeral director

(b) Address

19 (a) OCT 14 1939 (Date received by registrar) (b) Huntington Williams (Signature of registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-10 1939 at 1 P. M

21. I certify that death occurred on the date above stated, that I attended deceased from 4-26 1939 to 10-10 1939. and that I last saw her alive on 10-10 1939.

Immediate cause of death: Carcinoma of urinary bladder with metastasis

Due to

Due to

Other Conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy

Duration: ?

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature L H Woodward Jr. M. D.

Address Balto City Hosp. Date signed 10-10-39

62000

HEALTH DEPARTMENT—CITY OF BALTIMORE

62000

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1305 Edmondson ave St., 19 Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME John H Brooks

(a) Residence: No. 1305 Edmondson ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edith Brooks

6. DATE OF BIRTH (month, day, year) Sept. 16

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. min.
	10		16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Gus. Brooks

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Martha Jones

16. BIRTHPLACE (city or town) (State or country) Fredericksburg Va

17. INFORMANT Mrs. Edith Brooks

(Address) 305 Edmondson ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 10/14 1939

19. UNDERTAKER Wm Katz & R. Williams

(Address) 522 N. Schroeder St.

20. FILED 19 Registrar.

OCT 14 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 11 1939

22. I HEREBY CERTIFY, That I attended deceased from 9/26/39 19 to 10/10/39 19

I last saw him alive on 10/10/39 Death is said to have occurred on the date stated above, at 3:45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	9/26/39
Coughing Hemorrhage	
Cyanosis	

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

M. D.
(Signed)
(Address)

OCCUPATION is very important. See instructions on back of certificate.

62001

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a F 62001

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 724 E. Preston Street

(c) Hospital or institution: ---

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County --

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 724 E. Preston St. (If rural give location)

(e) If foreign born, how long in U. S. A.? 60 yrs. years

3 (a) FULL NAME ANNIE McNALLY

3 (b) If veteran, name war: -----

3 (c) Social Security Account No. ----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Widow

6 (b) Name of husband or wife John McNally

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 30, 1847

8. AGE: Years	Months	Days	If less than one day
91	10	12	hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation At home

11. Industry or business ---

FATHER

12. Name John McNally

13. Birthplace Ireland

MOTHER

14. Maiden Name Annie McKenna

15. Birthplace Ireland

16 (a) Informant Miss Ella Donnelly

(b) Address 724 E. Preston St.

17 (a) Burial-------- (Burial, cremation, or removal) (b) Date thereof Oct. 16, 1939 (month) (day) (year)

(c) Cemetery or crematory Cathedral Cemetery

Location

18 (a) Funeral director Chas. H. Grave & Son Inc

(b) Address 118 N. Mt Royal Ave

19 (a) OCT 14 1939 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 12 19 39 at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 7 1939. to Oct 12 1939.

and that I last saw h[illegible] alive on Oct 12 1939.

Immediate cause of death	Duration
Cerebral haemorrhage	Oct 7
Due to arteriosclerosis	?
Due to hypertension	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Samuel Silverstein M. D.

Address 714 E. Preston St Date signed Oct 13,

current age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

F 62002 48148-rs

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B F 62002 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 37 days

(e) Length of stay in Baltimore (yrs., mos., or days) 57 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 2237 Penrose Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Hobbs

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-03-6833

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-17-80

8. AGE: Years	Months	Days	If less than one day
58	11	26	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation night watchman

11. Industry or business Balto. Fire Patrol

FATHER 12. Name Richard G. Hobbs

13. Birthplace Md.

MOTHER 14. Maiden Name Ida Bishop

15. Birthplace Balto.

16 (a) Informant B.V.M. records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/16/1939 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location 4300 Old Frederick Rd.

18 (a) Funeral director Otto L. Conway & Son

(b) Address 201 Hollins Street

19 (a) OCT 14 1939 (Date rec'd by registrar) (b) Huntington Williams Registrar

VS 2

DPG

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-13 1939, at 4:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-7 1939, to 10-13 1939, and that I last saw h/s alive on 10-13 1939.

Immediate cause of death Carcinoma stomach — Duration ?

Due to

Due to

Other Conditions Volvulus of Colon. Cholelithiasis & Cholecystitis. ?

(Include pregnancy within 3 months of death)

Major findings:

Of operations see above

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature L. K. Woodward Jr. M. D.

Address Balto. City Hosp. Date signed 10-13-39

M. D. H. 1268-9

F 62003 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 43 F 62003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 801 China St., 22-24 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. 11 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elbert (Albert) Washington

(a) Residence: No. 801 China St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Nellie Washington

6. DATE OF BIRTH (month, day, year): Oct 26 1887

7. AGE: Years 52 | Months 11 | Days 14 16 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Restaurant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Restaurant

10. Date deceased last worked at this occupation (month and year): 9 39

11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Geo Washington

14. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

MOTHER

15. MAIDEN NAME: Susan Wolf

16. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

17. INFORMANT: Nellie Washington

(Address) 801 China St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Oct 16 1939

19. UNDERTAKER: Isaiah Brown Son

(Address) 1054 Madison St

20. FILED ..... 19.... Registrar.

OCT 14 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10/12/1939

22. I HEREBY CERTIFY, That I attended deceased from 8/10 1939 to 10/12 1939.

I last saw him alive on 10/12 1939 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset

Chronic Nephritis

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Urine ++ — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) David Trunkler M. D.

(Address) 14 W Mt Rd

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 62004

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-

F 62004
Registered No.

MARGIN RESERVED FOR BINDING.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3924 Hudson St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3924 Hudson St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Agnes Wolf

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Jerome C Wolf

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 27. 1868

8. AGE: Years 70 | Months 10 | Days 15 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Frank Wolf
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Mrs Bird
15. Birthplace Balto Md.

16 (a) Informant Mrs Bertha Stoch
(b) Address 3929 Hudson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-16-39 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem
Location Eastern Ave

18 (a) Funeral director Thos E Milby Sons
(b) Address 2435 Elrod St

19 (Date rec'd by registrar) OCT 14 1939 Huntington Williams (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 12 – 1939. at 6 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 – 1939. to Oct 12 1939.
and that I last saw her alive on Oct 12 1939.

Immediate cause of death	Duration
Cerebral Hemorrhage Oct.	1939
Due to Hypertension - Arteriosclerosis	1936
Due to Chronic Myocarditis	
Pneumonia	
Due to Hypo Static Oct 9 –	1939
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward J Beathard M. D.
Address 3502 Wabash Ave Date signed Oct 13 39

Su - 1416

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-a

F 62005 Registered No. F 62005

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 301 Warren Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 301 Warren Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Abraham L Lewis

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife J. Blanche Lewis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 3, 1860

8. AGE: Years	Months	Days	If less than one day hr.	min.
79	9	9		

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Retired (Letter Carrier)
11. Industry or business

FATHER
12. Name Don't Know
13. Birthplace " "

MOTHER
14. Maiden Name " "
15. Birthplace " "

16 (a) Informant Mr Garrett F Dowd
(b) Address 1106 Poplar st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 14 1939 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick Ave

18 (a) Funeral director William M Mareck
(b) Address 710 Light St

19 (a) OCT 14 1939 (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 12 1939, at 7 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1938 to Oct 12 1939
and that I last saw h[illegible] alive on 10/12 1939.

Immediate cause of death Aortic insufficiency — Duration 1 yr
Due to Chronic myocarditis
Due to Senility
Other Conditions Anasarca
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Isaac Keller M. D.
Address 1225 Eutaw St Date signed 10/14/39

VS 3

F 62006

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 62006

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1936 Mosher St St., 16-4 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Howard Albert Franklin

If U. S. Veteran specify WAR .....

(a) Residence: No. 1936 Mosher St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie R. Ball

6. DATE OF BIRTH (month, day, year) Oct. 6th 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	0	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Windsor Md.

FATHER

13. NAME Jesse Franklin

14. BIRTHPLACE (city or town) (State or country) not known

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT Mrs Annie R. Franklin
(Address) 1936 Mosher St

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Park Cemetery - 10/16/39

19. UNDERTAKER Geo. Weber & Son
(Address) 2503 Edmondson Ave

20. FILED OCT 14 1939 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 13th 1939

22. I HEREBY CERTIFY, That I attended deceased from January 31 1939 to Oct. 13 1939

I last saw h. in alive on Oct. 13 1939 Death is said to have occurred on the date stated above, at 6:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	10/13/39

Other contributory causes of importance:

Hypertension	
Arteriosclerosis	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no (If yes)

(Signed) Charles R. Taggart M. D.

(Address) 2229 Eutaw Place

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 62007

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-3

Registered No. F 62007

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1224 N. Central ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1224 N. Central ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Maggie Taylor

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex F

5. Color or race Col

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Isaac Taylor

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Aug 14/1890

8. AGE: Years 49 | Months 1 | Days 28 | If less than one day: hr. min.

9. Birthplace N. C. (Town, county, or state)

10. Usual Occupation House Wife

11. Industry or business

FATHER
12. Name Ruspus Curtis
13. Birthplace N.C

MOTHER
14. Maiden Name Mary Curtis
15. Birthplace N.C

16 (a) Informant Isaac Taylor
(b) Address 1224 N. Central ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 16/39 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A.G. Co.

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E. Preston St

19 (a) OCT 14 1939 (Date rec'd by registrar) (b) Thomas J. Williams Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH October 12 1939, at 8 30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Hypertensive heart disease — Duration

Due to Arteriosclerosis, general

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H I Wollenweber M.D.
Medical Examiner.
Date signed Oct 12, 1939

F 62008

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 Registered No. F 62008

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: St Joseph Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1639 W. Clifton Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Annette Anderson ANDERSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, (married) widowed, or divorced. (Married)

6 (b) Name of husband or wife Albert Anderson

6 (c) If alive, give age, years

7. Birth date of deceased (mo., day, yr.) Oct. 19, 79

8. AGE: Years 59 | Months 11 | Days 27 | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER: 12. Name Joseph Klenka

13. Birthplace Czecho-Slovakia

MOTHER: 14. Maiden Name Rosa Student

15. Birthplace Czecho-Slovakia

16 (a) Informant Albert Anderson

(b) Address 1639 W Clifton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 16 39 (month) (day) (year)

(c) Cemetery or crematory Lorraine

Location Baltimore

18 (a) Funeral director Frank Brasel & Son

(b) Address 1100 Eutaw Place

19 (a) Date received OCT 16 1939 (Registrar)

(b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-13-39 12:30 P M

21. I certify that death occurred on the date above stated, that I attended deceased from 9-4-39 to 10-13-39

and that I last saw h e alive on 10-13-1939

Immediate cause of death	Duration
Decompensated Asthenia Acute Heart Disease	?
Due to Chronic Glomerulone-phritis	?
Due to	
Other Conditions Secondary Anemia	?

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

(Underline the cause to which death should be charged statistically.)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature M. R. Arnold, M.D. M. D.

Address St. Joseph Hosp. Date signed 10/13/39

F 62009

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

175

F 62009 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 827 E. 33rd st (If rural give location)
If foreign born, how long in U. S. A.? years

9

3 (a) FULL NAME Chas. H. Fornaci

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Maria B. Fornaci

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): March 6 1891

8. AGE: Years 48 | Months 7 | Days 6 | If less than one day: hr. min.

9. Birthplace: Philadelphia Pa. (Town, county, and state)

10. Usual Occupation: Auto Mechanic

11. Industry or business: Auto. + Garage Owner

FATHER
12. Name: Horace Fornaci
13. Birthplace: Italy

MOTHER
14. Maiden Name: Eugenia Jardi
15. Birthplace: Philadelphia Pa.

16 (a) Informant: Wife
(b) Address: 827 E. 33rd st

17 (a) Burial (burial, cremation, or removal) (b) Date thereof: Oct 16-39 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location

18 (a) Funeral director: Frank V. Piperone
(b) Address: 2818 E. Balto st

19 (a) (b)

OCT 15 1939

Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH: 10-11-39, at 7:55 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon (Autopsy or Inquiry) and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Compound, comminuted fracture of skull, face and mandible	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 10-11-39
(c) Where did injury occur? City (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Auto trip (Specify type of place) While at work? Yes
(e) Means of injury Blunt Force

23. Signature: Howard J. Madden M.D.
Medical Examiner

Date signed 10-12-39

46902 rs
F 62010

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

121 F 62010 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mo. 16 dqs.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3701 Philadelphia Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Annie Wilson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Edward

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-9-1895

8. AGE: Years 43 | Months 11 | Days 4 | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation H.W.

11. Industry or business

FATHER 12. Name Henry Morgereth
13. Birthplace Md.

MOTHER 14. Maiden Name Klizabeth Beumler
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-17-39 (month) (day) (year)
(c) Cemetery or crematory Moreland Park
Location Taylor Ave

18 (a) Funeral director Jack Lewis Inc.
(b) Address 1439 E. Balto St.

19 (a) Date received 1939 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-13 1939 at 9.40 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-27 1939 to 10 13 1939. and that I last saw her alive on 10-13 1939.

Immediate cause of death: Multiple foci of small intestine following non specific ? Duration: ?
Due to typhoid and ileitis
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L.T. Woodward M. D.
Address Balto City Hosp. Date signed 10-17-39

F 62011

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62011 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2525 Harlem Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 73 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County City Balto
(c) City or town Balto Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2525 Harlem Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine A. Knorr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Fem.

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Jacob J Knorr

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May. 10 1866

8. AGE: Years 73 Months 5 Days 2 If less than one day hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business at home

MOTHER / FATHER

12. Name James Leahy.

13. Birthplace Ireland.

14. Maiden Name Julia Poole

15. Birthplace Ireland.

16 (a) Informant Miss Julia A Knorr

(b) Address 2525 Harlem Ave

17 (a) Burial (Burial, cremation, or removal)

(b) Date thereof Oct 16/39 (month) (day) (year)

(c) Cemetery or crematory Holy Cross Cem. Co.

Location

18 (a) Funeral director Bernard E Hanlon

(b) Address 121 E Mast St

19 (a) (Date rec'd by registrar) (b) Registrar

OCT 15 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 12 1939. at 4.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 2 19 39. to Oct 12 19 39.

and that I last saw h alive on Oct 12 19 39.

Immediate cause of death Myocardial Insufficiency

Due to

Due to

Other Conditions Chr Nephritis

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury —

23. Signature John A. Schemnich, D. Date signed 10/13/39

Address 1337 S. Clarke St

F 62012

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62012 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Fulkirk + Caton Ave

(c) Hospital or institution: St. Agnes' Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days 1 day

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Howard

(c) City or town Woodstock (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Frank Peach

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary Anna

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 8 1873

8. AGE: Years	Months	Days	If less than one day: hr.	min.
66	8	4		

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Contractor

11. Industry or business Self

FATHER 12. Name Charles Peach

13. Birthplace ?

MOTHER 14. Maiden Name Elizabeth Kelly

15. Birthplace ?

16 (a) Informant Mr. Francis J. Peach

(b) Address Liberty Heights Rd Roosdale

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-16-39 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Balto Md.

18 (a) Funeral director Bernard C Hartke

(b) Address 121 E West St

19 (a) Date received by Registrar (b) Registrar

DC Vs 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-12 1939 at 2:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-6 1939 to 10-12 1939.

and that I last saw her alive on 10-12 1939.

Immediate cause of death

Carcinoma of the Bladder Primary, with generalized abdominal carcinomatosis.

Due to Fulminating cystitis.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

one

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Robert Sheppard M. D.

Address St. Agnes Hospital Date signed 10/12/39

16 F 62013

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107-

F 62013

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1801 South Ave, Mt. Wash.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 58Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or Town Balto. Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1801 South Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Hovey Chipman

3 (b) If veteran, name war: No

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mabel Hallett Chipman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 15 - 1880

8. AGE: Years 58 | Months 11 | Days 29 | If less than one day: hr. min.

9. Birthplace Phila. Penna. (Town, county, and state)

10. Usual Occupation Brush Manufactorer

11. Industry or business Vice-Pres.

FATHER
12. Name Henry Clay Chipman
13. Birthplace Phila. Penna.

MOTHER
14. Maiden Name Clara B. Hovey
15. Birthplace Beverly. N. J.

16 (a) Informant Mrs Mabel Hallett Chipman (Wife)
(b) Address 1801 South Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-17-39 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Stewart & Bowen Co.
(b) Address 1[illegible] West North Ave.

19 (a) OCT 15 1939 (Date rec'd by registrar) (b) [illegible] Registrar

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct [illegible] 14 1939, at 6 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from Oct 1939 to Oct 14 1939, and that I last saw him alive on Oct 14 1939

Immediate cause of death: Bronchial Pneumonia — Duration: 7 days

Due to

Due to

Other Conditions X

(Include pregnancy within 3 months of death)

Major findings: Of operations Usual

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide X
(b) Date of occurrence X
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? X (Specify type of place) While at work?
(e) Means of injury X

23. Signature Ed Peterson M. D.

Address 2931 N. Charles St. Date signed Oct 17, 1939

VS 3

F 62014

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

167

F 62014 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 629 Emerson Hotel
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Few days

2. USUAL RESIDENCE OF DECEASED:
(a) State ~~Ind~~ Ohio (b) County
(c) City or town Cleveland (If outside city or town limits, write RURAL, and give town)
(d) Street No. 620 Brookpark Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Chalmers E. Meyers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	Wh	Single

6 (b) Name of husband or wife Single

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 29 1890

8. AGE: Years	Months	Days	If less than one day
49	0	16	hr. min.

9. Birthplace Ohio (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business Ice Cream Company

FATHER
12. Name Meyer
13. Birthplace Ohio

MOTHER
14. Maiden Name Mary Chase
15. Birthplace Ohio

16 (a) Informant Dr. Wm VandeGrift
(b) Address Police Department

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 17 39 (month) (day) (year)

(c) Cemetery or crematory
Location New Philadelphia Ohio

18 (a) Funeral director Stewart Brown Co
(b) Address 108 W. North Ave

19 (a) (Date rec'd by registrar) (b) Registrar

OCT 15 1939

MEDICAL CERTIFICATION Early a.

20. DATE OF DEATH October 13 1939, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Bullet wound of head	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 10/13/39
(c) Where did injury occur? Room 629 Emerson Hotel (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Hotel room (Specify type of place) While at work? No
(e) Means of injury Shot by automatic pistol

23. Signature Wm VandeGrift M.D. Medical Examiner.

Date signed 10/13/39

F 62015

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 62015

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 912 Poplar Grove St. 16-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mrs. Mary B. Flint

If U. S. Veteran specify WAR .....

(a) Residence: No. 912 Poplar Grove St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph G. Flint

6. DATE OF BIRTH (month, day, year) July 5-1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 0037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Tobe Isaac

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Eckert

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr. Joseph Geo. Flint

(Address) 912 Poplar Grove St

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemetery Date Oct. 16 1939

19. UNDERTAKER George E. Lehmat.

(Address) 7101 Eastern Ave.

20. FILED ..... 19 ..... Registrar.

OCT 15 1939

Vol. 3

OCT 15 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 13 1939 to October 11 1939

I last saw her alive on October 11 1939. Death is said to have occurred on the date stated above, at 9.55 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma left breast — Date of onset 3 mos

Other contributory causes of importance:

Generalized metastasis

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — University Hosp. records

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Anthony V. Buchness M. D.

(Address) 37 S. Stricker St

X. B.—WRITE PLAINLY, WITH INSPADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 62016

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

49-a

Registered No. F 62016

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution:

Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days 2 mths.

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 502 N. Duncan St.

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carrie Cary (Barnes)

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Brown	married

6 (b) Name of husband or wife Bushrod

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/27/1887

8. AGE: Years	Months	Days	If less than one day
52	5	14	hr. min.

9. Birthplace Md.

(Town, county, and state)

10. Usual Occupation House wife 0037

11. Industry or business

FATHER 12. Name William Hall

13. Birthplace ?

MOTHER 14. Maiden Name Mary Boardley

15. Birthplace Md.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 16th 1937 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn Cem

Location South Balto, Md

18 (a) Funeral director Byron Thant & Wright

(b) Address 1218 McElderry St

OCT 15 1937

(Date received by Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-11 1937, at 7 20 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-31 1937, to 10-11 1937, and that I last saw her alive on 10-11 1937.

Immediate cause of death Carcinoma of ovary with metastasis — Duration ? ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature L. S. Wiedenhoft M. D.

Address Baltimore City Hosp. Date signed 10-12-37

F 62017

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-a F 62017 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 852 Towers Street

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits, write RURAL and give town)

Street No. 852 Towers St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

13

3 (a) FULL NAME Irene McCauley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Guy McCauley

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 1 - 1894

8. AGE: Years 45 | Months 8 | Days 6 | If less than one day: hr. min.

9. Birthplace Baltimore City (Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER 12. Name William Bullins

13. Birthplace Virginia

MOTHER 14. Maiden Name Victoria C. Evans

15. Birthplace Virginia

16 (a) Informant Edwin McCauley

(b) Address 852 Towers Street

17 (a) (Burial, cremation, or removal) (b) Date thereof 10-17-39 (month) (day) (year)

(c) Cemetery or crematory St. Mary's Cemetery

Location Govans Ave

18 (a) Funeral director A. H. Marshall

(b) Address 35-39 Falls Road

19 (a) (Date received by Registrar) (b) Registrar

OCT 15 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 14 1939. at 8 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 2 1939. to Oct 14 1939.

and that I last saw her alive on Oct 3 1939.

Immediate cause of death Chronic Valvular Heart — Duration 6 mo.

Due to

Due to

Other Conditions Bronchiectasis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible] M. D.

Address 2020 N. Charles St. Date signed 10/14/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

36 48 31 62018

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-13

F 62018

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 5917 Falls Road (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Merryman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Annie Merryman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-4-63

8. AGE: Years 76 | Months 7 | Days 9 | If less than one day: hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name William Merryman

13. Birthplace Md

MOTHER 14. Maiden Name Miranda Steffler

15. Birthplace Md.

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Pine Grove Cem.

Location Baltimore, Md

18 (a) Funeral director H. E. Marshall

(b) Address 5917 Falls Road

19 (a) (Date rec'd by Registrar) (b) Registrar

OCT 15 1939

VSRR

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 13 1939 at 1 10 p M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 6 1939 to Oct 13 1939 and that I last saw h, im alive on Oct. 13 1939.

Immediate cause of death	Duration
Coronary Thrombosis	
Pulmonary Edema	
Due to Arteriosclerotic heart disease with hypertension.	Probably several yrs
Due to	
Other Conditions Prostatic hypertrophy over	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature R. Vaughan M. D.

Address Date signed 10/14/39

F 62019

62019 36261

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54-E Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Va. (b) County

(c) City or town Big Stone Gap (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John King

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Bessie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-14-91

8. AGE: Years 47 | Months 10 | Days | If less than one day: hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Railroad

11. Industry or business

FATHER 12. Name Richard King

13. Birthplace Virginia

MOTHER 14. Maiden Name Mary Riddle

15. Birthplace Virginia

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof 10-15-39 (month) (day) (year)

(c) Cemetery or crematory Appalachian

Location Bolton Ontario Hill Lone

18 (a) Funeral director Bolton Ontario Hill Lone

(b) Address 1900 Eutaw Place

19 (a) Received by registrar (b) Registrar

OCT 15 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 14, 1939 at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 2 1939 to Oct 14 1939 and that I last saw him alive on Oct 14 1939.

Immediate cause of death Pulmonary Embolism — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations Pituitary, Tumor Benign

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Kenneth L. Pickrell M. D.

Address Johns Hopkins Date signed

F 62020

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

178-a Registered No. F 62020

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1217 N. Ellwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1217 N. Ellwood Av (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Robert Brill

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Laura V.

6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) Aug. 15-1896

8. AGE: Years 43 | Months 12 | Days 27 | Under one day: hr. — min. 0043

9. Birthplace Balto. Md. (Town, county, state or foreign country)

10. Usual Occupation Sea Food, Dealer

11. Industry or business Self

FATHER 12. Name Peter A. Brill
13. Birthplace Balto. Md.

MOTHER 14. Maiden Name Margaret H. Schaller
15. Birthplace Balto. Md.

16 (a) Informant Laura V. Brill
(b) Address 1217 N. Ellwood Av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 16-39 (month) (day) (year)

(c) Cemetery or crematory Mus Cath.
Location Old Frederick Road

18 (a) Funeral director John A. McDan
(b) Address 3000 E. Balto. St

OCT 15 1939 (Date received by registrar)

Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-12- 1939, at 1.20 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy and inspection (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Carbon Monoxide Poisoning

Due to: Illuminating Gas

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Probably accident
(b) Date of occurrence 10-12-39
(c) Where did injury occur? City (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? no
(e) Means of injury Gas inhalation C.O.

23. Signature Howard J. Madden M.D. Medical Examiner

Date signed 10-12-39

F 62021

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

210-M

F 62021 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 6-6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 239 S. Conkling St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Marie Lawrence

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Charles R.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 22-1909

8. AGE: Years: 30 | Months: | Days: 24 | If less than one day: hr. min.

9. Birthplace: Balto. Md. (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business:

FATHER
12. Name: Michael J. Harman
13. Birthplace: Balto Md.

MOTHER
14. Maiden Name: Elizabeth Parsy
15. Birthplace: New York

16 (a) Informant: Charles R. Lawrence
(b) Address: 239 S. Conkling St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct. 16-39 (month) (day) (year)
(c) Cemetery or crematory: Oak Lawn
Location: Eastern Ave.

18 (a) Funeral director: John A. McCann
(b) Address: 3000 E. Balto. St.

19 (a) Filed OCT 15 1939 (b) Registrar

V8 6

MEDICAL CERTIFICATION

20. DATE OF DEATH October 13th 1939, at 3:30 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Fractured, skull — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide accident
(b) Date of occurrence October 13th, 1939 at 2 a.m.
(c) Where did injury occur? Conkling near Balt St. Baltimore (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? street (Specify type of place) While at work? While walking
(e) Means of injury Automobile

23. Signature H L Wollenweber M.D. (Medical Examiner)

Date signed Oct 13th, 1939

F 62022

43499 FS

F 62022

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-3

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Balto. City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 mo. 10 das.

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 1937 Ridgehill Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Kuhlemann

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-05-7691

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-3-1894

8. AGE: Years 45 | Months 7 | Days 10 | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation cab driver 0021

11. Industry or business

FATHER 12. Name George

13. Birthplace Wash., D.C.

MOTHER 14. Maiden Name Ktta Burman

15. Birthplace Md.

16 (a) Informant B.C.H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 17-39 (month) (day) (year)

(c) Cemetery or crematory St. Pauls Cem

Location Twistleville

18 (a) Funeral director Albert H Arey

(b) Address 440 E North Ave

19 (a) (What is filed by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 13 1939, at 5 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 3 1939 to October 13 1939, and that I last saw h alive on October 13 1939

Immediate cause of death	Duration
Hypertensive cardiovascular disease	unknown.
Due to	
Due to	
Other Conditions Senility	unknown.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy enlarged heart, congestive failure

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. Murray Hebden M. D.

Address Balto City Hosp Date signed 10-14-39

Lewrenz

F 62023

F 62023

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 126 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wilkens & Caton Aves.

(c) Hospital or institution: St. Agnes Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 25

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3364 Wilkens Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Albert G.H. Lewrenz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Augusta

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day hr.	min.
72				

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Albert Lewrenz

13. Birthplace Germany

MOTHER 14. Maiden Name Unknown

15. Birthplace Germany

16 (a) Informant John A. Lewrenz

(b) Address 3364 Wilkens Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/16/39 (month) (day) (year)

(c) Cemetery or crematory St. Paul, Violetville

Location

18 (a) Funeral director Frederick A Cole

(b) Address 1700 W. Lombard St.

19 (a) 10 15 1939 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10 13 1939 at 2:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/23 1939 to 10 13 1939, and that I last saw h (M) alive on 10 13 1939.

Immediate cause of death Cachexia — Duration

Due to Chronic Bronchitis + Cystitis

Due to

Other Conditions Senility when.

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy Cystitis, Chronic Bronchitis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature James Cairns M. D.

Address St. Agnes Hospital Date signed 10/13/39

VS 3

F 62024

F 62024

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 - C Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 228 S. Monastery Ave
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days) 70 8
(e) Length of stay in Baltimore (yrs., mos., or days) Off

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 228 S. Monastery Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carlotta N. Habighurst

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 3, 1876

8. AGE: 63 years | Months | Days 10 | If less than one day: hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Geo. G. Habighurst
13. Birthplace Md

MOTHER
14. Maiden Name Mary J. Fobright
15. Birthplace Md

16 (a) Informant Norman A. Habighurst
(b) Address 3606 Frederick Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/16/39. (month) (day) (year)
(c) Cemetery or crematory St. Charles Church Cem.
Location Catonsville Md

18 (a) Funeral director Harry H. Mitzfeld
(b) Address 4101 E Monument Ave

19 (a) (b) Registrar
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 13 1939. at 7:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 30 1939. to Oct 13 1939. and that I last saw her alive on Oct 13 1939.

Immediate cause of death	Duration
Coronary occlusion	Sudden
Due to Chronic Myocardial Fibrosis & Hypertension	2 yrs
Due to	
Other Conditions Moderate Arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Eliot W. Eshleman M. D.
Address 343 Dudley Ave Date signed 10/17/39.

F 62025

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107a

Registered No. F 62025

F 62025

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County Charles
(c) City or town WALDORF (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME MARY Helen Uhler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-10-39

8. AGE: Years	Months	Days	If less than one day
	1	6	5 hr. min.

9. Birthplace Sept 10 39 (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Sterling Uhler -
13. Birthplace Maryland

MOTHER
14. Maiden Name Helen Watkins
15. Birthplace Maryland

16 (a) Informant Records -
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 17, 1939 (month) (day) (year)
(c) Cemetery or crematory Asbury Cemetery
Location Reisterstown, Md.

18 (a) Funeral director Wm. Berryman & Son
(b) Address Reisterstown, Md.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 14 1939. at 6:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 14 1939. to Oct 14 1939. and that I last saw her alive on Oct 14, 1939.

Immediate cause of death	Duration
Pneumonia	5 days
Due to Prematurity	5 mos
Due to Malnutrition	2 mos

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Douglass D. Fear M. D.
Address Johns Hopkins Hosp Date signed 10/15/39

F 62026

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-13 F 62026 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & 33rd
(c) Hospital or institution: Bon. Mem. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 1 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Forest Hill (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Beulah May Martin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day hr.	min.
	3	11		

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation 0
11. Industry or business 0

FATHER
12. Name Hollis Martin
13. Birthplace Md

MOTHER
14. Maiden Name Norma Yealon
15. Birthplace Md

16 (a) Informant Hollis Martin
(b) Address Forest Hill, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 17, 1939 (month) (day) (year)
(c) Cemetery or crematory Centre Cem
Location Forest Hill, Md

18 (a) Funeral director J. T. Bailey
(b) Address Darlington, Md

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/17 1939 at 2.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/14 1939 to 10/17 1939. and that I last saw her alive on 10/14 1939.

Immediate cause of death Hydrocephalus with Meningocele — Duration BIRTH

Due to

Due to

Other Conditions Spina Bifida, Umbilical Hernia — BIRTH
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph M. Cordi M. D.
Address Union Memorial Hosp. Date signed 10/14/39

VS 3

F 62027

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B F 62027 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: St. Josephs Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 310 W. Lanvale St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Blanche E. Knode

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 20 1857

8. AGE: Years	Months	Days	If less than one day hr.	min.
82	4	25		

9. Birthplace Washington Co. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Frisby Knode

13. Birthplace Washington Co

MOTHER 14. Maiden Name Mary Marker

15. Birthplace Washington Co.

16 (a) Informant Mary R. Ferrell

(b) Address Reisterstown Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 18 1939 (month) (day) (year)

(c) Cemetery or crematory Lutheran Cem.

Location Funkstown Washington Co.

18 (a) Funeral director J. F. Kline & Sons

(b) Address Reisterstown Md

19 (a) OCT 15 1939 (b) (Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 15, 1939. at 3 40 P M

21. I certify that death occurred on the date above stated, that I attended deceased from Oct. 14 1939. to Oct. 15, 1939. and that I last saw h alive on Oct 15, 1939.

Immediate cause of death	Duration
Arteriosclerotic Cardio Vascular disease & auricular fibrillation	7 days
Due to	
Due to	
Other Conditions Embolism of st. femoral artery (Include pregnancy within 3 months of death)	3 days

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature M. R. Turnstall, M.D.

Address St. Josephs Hosp. Date signed 10/17/39

E 62028

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-F 62028

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 600 Dolphin St. 17-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gladys M. Antoinin

If U. S. Veteran specify WAR

(a) Residence: No. 600 Dolphin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fidelo Antoinin

6. DATE OF BIRTH (month, day, year) Dec. 24, 1908

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public Schools

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pittsburg Pa.

FATHER

13. NAME R. G. Bailey

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Emma Carter

16. BIRTHPLACE (city or town) (State or country) Pittsburg, Pa.

17. INFORMANT Fidelo Antoinin
(Address) 600 Dolphin St.

18. BURIAL, CREMATION, OR REMOVAL
Place Pittsburg, Pa. Date Oct 16, 1939

19. UNDERTAKER Slade & Odey
(Address) 4507 York Rd.

20. FILED . 19 .
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from October 1, 1939 to October 14, 1939

I last saw h alive on October 14, 1939 Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Asthma	2 yrs
Myocarditis	2 days

Other contributory causes of importance:

Was an operation performed? Not Date of

For what disease or injury?

Name of operation Not

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, state (

(Signed) Charles J. Nowlin M. D.

(Address) 861 Hanlon Pk

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 15 1939

48751- MB

F 62029

62029

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 72-a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days

(e) Length of stay in Baltimore (yrs., mos., or days) 41 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2907 Rueckert Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ernest Vermont

3 (b) If veteran, name war: World

3 (c) Social Security Account No. 100-03-6602

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary E. Vermont

6 (c) If alive, give age: 2 years

7. Birth date of deceased (mo., day, yr.): June 2, 1898

8. AGE: Years: 41 Months: 4 Days: 12 If less than one day: hr. min.

9. Birthplace: New York (Town, county, and state)

10. Usual Occupation: Window Dresser

11. Industry or business: Schulte Cigar Co

FATHER

12. Name: John Vermont

13. Birthplace: Norway

MOTHER

14. Maiden Name: Margaret Pugh

15. Birthplace: England

16 (a) Informant: Records

(b) Address: B.C.H.

17 Burial (b) Date thereof 10/16/39 (day) (year)

(c) Cemetery ~~or crematory~~ Milford Cemetery

Location Milford Pa

18 (a) Funeral director William Cook

(b) Address 217 S Paul St

19 (a) Date received (Registrar) (b) [illegible] (Undertaker)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 14 1939, at 8.50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 28 1939, to Oct 14 1939, and that I last saw him alive on Oct 14 1939.

Immediate cause of death	Duration
Acute myeloid leukemia	[illegible]
Due to	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	

Major findings:

Of operations

Of autopsy Enlarged liver and spleen.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. McVaughan Coffin M. D.

Address Balto City Hosp. Date signed 10-14-39

HEALTH DEPARTMENT—CITY OF BALTIMORE

62030

62030

CERTIFICATE OF DEATH

√131

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2344 Waldo St., 7-3 Ward)

Length of residence in city or town where death occurred 80 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 80 yrs. ... mos. ... ds.

2. FULL NAME Jacob Sanders

If U.S. Veteran specify WAR ...

(a) Residence: No. 2344 Waldo St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or ~~WIFE~~) Margaret Sanders

6. DATE OF BIRTH (month, day, year) Aug. 6, 1846

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
93	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Broom maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation 5 yrs.

12. BIRTHPLACE (city or town) (State or country) Bremen, Germany

FATHER

13. NAME Jacob Sanders

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Edward Sanders
(Address) 2518 E. Jefferson St.

18. BURIAL, ~~CREMATION~~, ~~OR REMOVAL~~
Place Balto Date 10/18/ 1939

19. UNDERTAKER William Cook
(Address) 217 E. Paul St

20. FILED ... 19 ... Registrar.

OCT 16 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 15. 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 2 1939 to Oct 15, E 1939

I last saw h~~im~~ alive on Oct. 15 1939. Death is said to have occurred on the date stated above, at 11 29 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Hypertensive Cardio-Vascular Renal Disease	10 yrs.
2. Acute ~~Lobar~~ Pulmonary Oedema	2 hours
Other contributory causes of importance: Generalized Arteriosclerosis	

Was an operation performed? no Date of ...

For what disease or injury? ...

What test confirmed diagnosis? Exam. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

21. Was disease or injury in any way related to occupation of deceased?
no If so, specify ...

(Signed) Israel Raven M. D.
(Address) 2413 E. Monument St.

INSTRUCTIONS: The information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

62031

CERTIFICATE OF DEATH

√ 92-aF 62031

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2631 Greenmount Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Cloyed F. Laws

If U. S. Veteran specify WAR

(a) Residence: No. 2631 Greenmount St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Laws

6. DATE OF BIRTH (month, day, year) Sept 9- 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Proprietor of 19

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Confectionery Store

10. Date deceased last worked at this occupation (month and year) Oct 1939

11. Total time (years) spent in this occupation 24 yrs

12. BIRTHPLACE (city or town) (State or country) Lewes Delaware

FATHER

13. NAME George Laws

14. BIRTHPLACE (city or town) (State or country) Lewis Del.

MOTHER

15. MAIDEN NAME Emma Craig

16. BIRTHPLACE (city or town) (State or country) Georgetown Del.

17. INFORMANT Florence Laws

(Address) 2631 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL Place Johnson Date Oct 17 1939

19. UNDERTAKER Wm Cook

(Address) 1219 E Baltimore St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 13 1939 to Oct 13 1939

I last saw h alive on 19 39 Death is said to have occurred on the date stated above, at 4.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	7yrs
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Thos. F. A. Storms M. D.

(Address) 2878 Stanford Rd

V8 8

OCT 16 1939

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 62032

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62032 Registered No. 108

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hours
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 512 Linhurst Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John F. Watson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Marian Watson
6 (c) If alive, give age 31 years

7. Birth date of deceased (mo., day, yr.) Mar 12th 1904

8. AGE: Years	Months	Days	If less than one day hr.	min.
35	7	3		

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Bookkeeper
11. Industry or business Calvert Bank

MOTHER / FATHER
12. Name John M. Watson
13. Birthplace Balto. Md.
14. Maiden Name Margaret M. Russell
15. Birthplace Balto Md

16 (a) Informant Marian Watson
(b) Address 512 Linhurst Ave.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 10/8/39 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Cathedral
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul st

19 (a) 10/6 1939 (Date rec'd by registrar) (b) H. [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 15 1939, at 2 05 P. M

21. I certify that death occurred on the date above stated, that I attended deceased from October 15 1939, 11 AM to Oct 15 1939, 2 05 PM, and that I last saw h alive on Oct 15, 1939.

Immediate cause of death Lobar Pneumonia — Duration 1 day

Due to

Due to

Other Conditions Acute Circulatory Failure — immediate

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward L. Gibson M. D.
Address 10/15/39 Date signed
Md. Gen. Hosp.

VS 3

CGK

F 62033

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62033
14222
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DEACEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 216 Cedarcroft Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Mary Imhoff

3 (b) If veteran, name war NW

3 (c) Social Security Account No. NONE

4. Sex: female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) 11-6-1867

8. AGE: Years 71 | Months 11 | Days 8 | If less than one day: hr. ... min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name John J.
13. Birthplace Germany

MOTHER
14. Maiden Name Charlotte
15. Birthplace N.J.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 Burial (Burial, cremation, or removal) (b) Date thereof (Month) 10 (Day) 17 (Year) 39

(c) Cemetery or crematory Holy Cross MD
Location Baltimore MD

18 (a) Funeral director [illegible]
(b) Address 1217 Druid Hill Ave

19 (a) ... (Date rec'd by registrar) ... Registrar

No. ...

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-14- 1939, at 2:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-10- 1939 to 10-14- 1939, and that I last saw h alive on 10-14- 1939.

Immediate cause of death: Carcinoma of breast & metastases — Duration: ?

Due to: Generalized arteriosclerosis — Duration: ?

Due to: ...

Other Conditions ...
(Include pregnancy within 3 months of death)

Major findings:
Of operations ...
Of autopsy No Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about: home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 10-15-39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 62034

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a

F 62034 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address (If not in hospital or institution) 1404 W. Lexington Street

(c) Hospital or institution: Aged Women's Home

(d) Length of stay in hospital or inst. (yrs., mos., or days) 34 months

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balt.

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. 1400 W. Lexington St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hallie F. Boyd.

3 (b) If veteran, name war NO

3 (c) Social Security Account No. NONE

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband Albert L Boyd.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 29th 1864

8. AGE: Years 75 Months 1 Days 14 If less than one day hr. min.

9. Birthplace (Town, county, and state) Md

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Daniel Corrigan

13. Birthplace ?

MOTHER 14. Maiden Name Isabella Smith

15. Birthplace ?

16 (a) Informant Records Aged Women's & Aged Men's Home

(b) Address 1405 W. Lexington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/16/39 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Balto Md.

18 (a) Funeral director William Cook

(b) Address 1217 St. Paul St.

19 (a) (b)

(Date rec'd by registrar) OCT 23 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-13-39 19 . at 11 45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/21/36 19 , to 10/13/39 19 .

and that I last saw h alive on 10-13-39 19 .

Immediate cause of death: Cerebral hemorrhage — Duration: 3 mo. 2 wks.

Due to hypertension and generalized arterio-sclerosis.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Edwin B Jones. M.D.

Address 1115 St. Paul St. City. Date signed 10/24/39

F 62035

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 46-c

F 62035

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 33 rd st + Guilford Ave

(c) Hospital or institution: Union Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 days

(e) Length of stay in Baltimore (yrs., mos., or days) 24 days

2. USUAL RESIDENCE OF DECEASED: Harford

(a) State Maryland (b) County Baltimore

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. Cardiff Md (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Mrs Robert Lloyd Roberts (Grace Reed)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	White	married

6 (b) Name of husband or wife Robert L Roberts

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) April 6 1872

8. AGE: Years	Months	Days	If less than one day
67	6	10	hr. min.

9. Birthplace Cardiff Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name Wm. T. Williams

13. Birthplace Wales, England

MOTHER

14. Maiden Name Ellen Perry

15. Birthplace Wales, England

16 (a) Informant Patient

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 20 (month) (day) (year)

(c) Cemetery or crematory Slate Ridge

Location Delta Pa

18 (a) Funeral director Hubert P Hankins

(b) Address Delta Pa

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 16 1939. at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1 1939, to Oct 16 1939, and that I last saw h < r alive on Oct. 15 19 39.

Immediate cause of death	Duration
Uremia	
Due to Adenocarcinoma of Caecum	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations adenocarcinoma of Caecum with metastases

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Wm. F. Pearce M. D.

Address Union Mem. Hosp Date signed 10/16/39

VS 3

Please write plainly. Use ink. Do not use pencil. Be sure to answer all questions. Be certain that the correct age is entered. Be certain that the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 62036

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

F 62036

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1136 E. Hughes St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1136 E. Hughes St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Katie Webster

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F.

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Frank Webster

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 20, 1879

8. AGE: Years 60 | Months 6 | Days 22 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business None

FATHER
12. Name Marcellus Ensley
13. Birthplace Md.

MOTHER
14. Maiden Name Annie Schekels
15. Birthplace Md.

16 (a) Informant George E. Ensley
(b) Address 1037 W. Cross St.

17 (a) Burial (Burial, cremation, or removal), (b) Date thereof Oct. 16, 1939 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location

18 (a) Funeral director Ambrose, Inc.
(b) Address 1017 W. Cross St.

19 (a) (Date rec'd by registrar) (b) Registrar

OCT 16 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 12 1939, at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 10, 1939 to Oct. 12 1939, and that I last saw her alive on Oct. 12 1939.

Immediate cause of death	Duration
Acute myocardial failure	3 days
Due to Arteriosclerotic Heart Disease	1½ years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George Silverton, M.D.
Address 827 Light St Date signed Oct. 12, 1939

F 62037

F 62037

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 760 Dolphin
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write [O.U.K.A.], and give town)
(d) Street No. 760 Dolphin (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Janet Reed Scott

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Col. | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1873

8. AGE: Years 65 | Months 6 | Days | If less than one day: hr. min.

9. Birthplace n/a (Town, county, and state)

10. Usual Occupation housework
11. Industry or business at Home

FATHER 12. Name Lucy Lee n/a
13. Birthplace

MOTHER 14. Maiden Name n/a
15. Birthplace

16 (a) Informant Mrs. Mary Smith
(b) Address 760 Dolphin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-16-39 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore Md.

18 (a) Funeral director Mrs. Frances A. Hensley
(b) Address 578 N. Dudley St.

19 (a) (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 13 1939, at 1 9 M

21. I certify that death occurred on the date above stated, that I attended deceased from Oct 11 1939 to Oct 13 1939 and that I last saw h[illegible] alive on Oct 13 1939

Immediate cause of death: Cerebral Hemorrhage — Duration 2 days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed 10/14

VS 3

F 62038

CGK

BALTIMORE CITY HEALTH DEPARTMENT

41744

Registered No. F 62038

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore Maryland

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 28 S. Curley St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Blume

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Sophie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 6, 1873

8. AGE: Years	Months	Days	If less than one day
66	6	8	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER

12. Name John Blume

13. Birthplace Md.

MOTHER

14. Maiden Name Donnie

15. Birthplace Md.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 16 39 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn Cem

Location Eastern Ave & Ed

18 (a) Funeral director Lilly & Zerbe

(b) Address 40 3 E Lafayette

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-14 1939 at 2 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-7-39 to 10-14-1939 and that I last saw him alive on 10-14-1939

Immediate cause of death Bronchopneumonia — Duration 24 hrs

Due to Hypostatic CVD — Duration 4 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [signature] M. D.

Address Balto City Hosp Date signed 10-15-39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 62039

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48

F 62039

Registered No.

PLEASE WRITE PLAINLY with pen and ink. Copy items on all duplicates and answer correctly every question. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4002 Hayward Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State ..... (b) County .....

(c) City or town ..... (If outside city or town limits, write RURAL and give town)

(d) Street No. 4002 Hayward Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) **FULL NAME** Mary A. Shuey

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F

5. Color or race W.

6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~. Married.

6 (b) Name of husband or wife Wm F. Shuey.

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct 25 1878

8. AGE: Years 60 | Months 11 | Days 19 | If less than one day ..... hr. ..... min.

9. Birthplace Balto Md.

10. Usual Occupation Housewife

11. Industry or business Home

FATHER

12. Name Louis Lepetini

13. Birthplace Balto Md.

MOTHER

14. Maiden Name Josephine Nellenson

15. Birthplace Balto Md.

16 (a) Informant Wm F. Shuey.

(b) Address 4002 Hayward Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 17-39 (month) (day) (year)

(c) Cemetery or crematory Loudon Park.

Location Balto Md.

18 (a) Funeral director Partridge & Son

(b) Address 2111 Madison Ave.

19 (a) ..... (Date rec'd by registrar) (b) ..... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 14th 1939. at 3 00 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 10., 1938, to Oct. 14, 1939, and that I last saw her alive on Oct. 14, 1939.

Immediate cause of death Uremia - carcinoma of uterus — **Duration** 2 years

Due to .....

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? ..... (City or town) ..... (County) ..... (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... (Specify type of place) While at work? .....

(e) Means of injury .....

23. Signature Maurice L. Shamer M. D.

Address 3300 Wilworth Ave Date signed 10/15/39

VS 3

F 62040

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a

F 62040

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1415 Eutaw Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1415 Eutaw Place (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Margaret A. Kirk

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	single

6 (b) Name of husband or wife ✓

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan. 11, 1857

8. AGE: Years	Months	Days	If less than one day
82	9	2	hr. ..... min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation retired

11. Industry or business

FATHER
12. Name Wm. J. Kirk
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Margaret S. Switzer
15. Birthplace Balto. Md.

16 (a) Informant Mary A. Strong
(b) Address 500 S. York St. Mechanicsburg, Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/16/39 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemy.
Location Fred. Ave. Balto. Md.

18 (a) Funeral director John Mitchell's Sons
(b) Address 1900 Eutaw Place

19 (a) ..... (b) ..... Registrar
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 13, 1939 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 22, 1922 to Oct. 13, 1939 and that I last saw her alive on Oct. 13, 1939

Immediate cause of death	Duration
Cerebral hemorrhage	10 hrs.
Due to Arteriosclerosis and hypertension.	17 hrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....

23. Signature Charles Reckman M. D.

Address 1417 Eutaw Place Date signed Oct. 14, 1939

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 62041

F 62041

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

210-G Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address City Hospitals
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 610 Scott St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph H. Rodgers
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M
5. Color or race Wh
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Mildred E. Rogers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-6-1904

8. AGE: Years 35 Months 7 Days 8 If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Helper - truck
11. Industry or business

FATHER
12. Name Joseph A. Rogers
13. Birthplace Md.

MOTHER
14. Maiden Name Rose Wendel
15. Birthplace Md

16 (a) Informant Mildred E. Rogers
(b) Address 610 Scott St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-18-39 (month) (day) (year)
(c) Cemetery or crematory London Pk.
Location

18 (a) Funeral director Leonard J. Rinck
(b) Address 5300 Harford Rd.

19 (a) (State name filed by registrar) OCT 16 1939 (b) Huntington Hill Mortuary

MEDICAL CERTIFICATION

20. DATE OF DEATH October 14 1939, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said ^ (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration
Gangrened colon
Laceration of spleen
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accidental
(b) Date of occurrence 10/14/39 Baltimore
(c) Where did injury occur? Alley back of 530 Hoch St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Alley (Specify type of place) While at work? yes
(e) Means of injury Runover by gasoline truck

23. Signature H. M. Blanchard Jr. M.D. Medical Examiner
Date signed 10-14-39

VS 6

62042 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

F 62042

CERTIFICATE OF DEATH ✓ 1865a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 50 Balto Gen'l Hosp. St., 14 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Jane A. Morgenegg

(a) Residence: No. Elwton Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alfred Morgenegg

6. DATE OF BIRTH (month, day, year) ? 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House wife
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Dont Know
14. BIRTHPLACE (city or town) (State or country) Dont Know

MOTHER

15. MAIDEN NAME Dont Know
16. BIRTHPLACE (city or town) (State or country) Dont Know

17. INFORMANT Mrs John Evans (Daughter)
(Address) Elwton Md

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cem Date Oct 18 1939

19. UNDERTAKER William M Marsch
(Address) 715 Light St

20. FILED OCT 16 1939 19... Hunter for Hillegeist Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15th, 1939.

22. I HEREBY CERTIFY, That I attended deceased from October 8, 1939. to October 15 1939.

I last saw h[illegible] alive on Oct 15, 1939. Death is said to have occurred on the date stated above, at 8:25 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary embolism	10/15/39
Fracture of left femur (left)	10/7/39

Other contributory causes of importance:
Arteriosclerotic C-V disease
Senility

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? yes Date of injury Oct 7, 1939.

Where did injury occur? Elwton, Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury fell off a couch

Nature of injury fracture of neck of femur (left)

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. R. Evans M. D.

(Address) South Baltimore Board

Howard J. Malderis M.D.
per H. L. W. Allenmuller M.D.
Asst. Med. Examiner

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V0 8

F 62043

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

165

F 62043 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1723 E. Pratt St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1723 E. Pratt St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John T. Schirmer

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Anna Schirmer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 18, 1887

8. AGE: Years 51 | Months 11 | Days 25 | If less than one day: hr. min

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Clerk - (unemployed)
11. Industry or business

FATHER
12. Name George F. Schirmer
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary Saur
15. Birthplace Baltimore, Md.

16 (a) Informant Sophia K. Schirmer
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 16, 1939 (month) (day) (year)
(c) Cemetery or crematory Maryland Memorial Park
Location Baltimore, Md.

18 (a) Funeral director H. M. Cooke
(b) Address 127 St. Paul St

19 (a) OCT 16 1939 (Date rec'd by registrar) (b) [illegible]

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 13- 1939, at 7 P. M after

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~Autopsy~~ Inquisition and thereon and from the evidence obtained by said ~~Autopsy~~ Inquisition and find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death: Asphyxiation
Due to: Hanging.
Due to:
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 10-13-39
(c) Where did injury occur? City (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Sash rope suspended by

23. Signature Howard [illegible] Medical Examiner M.D.
Date signed 10-16-39

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 62044

62044

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Provident Hospital

CITY OF BALTIMORE: (No. 1514 Lanvale St., Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME: Fadrick Jones

If U. S. Veteran specify WAR .....

(a) Residence: No. Halethorpe, Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Cd	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Elizabeth

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Cecil, Md

FATHER

13. NAME: Leo. Jones

14. BIRTHPLACE (city or town) (State or country): Cecil Md

MOTHER

15. MAIDEN NAME: ?

16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT: Elizabeth Jones
(Address) Halethorpe Md

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date ... 19

19. UNDERTAKER: Kelson
(Address) 1303 Pleasant St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10-12-39

22. I HEREBY CERTIFY, That I attended deceased from 9-16-39 19... to 10-12-39 19...

I last saw him alive on 10-12-39 19... Death is said to have occurred on the date stated above, at 1.55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease	I.
Cardiac Hypertrophy and Mitral Insufficiency	I.

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) E. F. Mulvey M. D.

(Address) Provident Hospital.

MAKE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

F 62045

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131 Registered No. F 62045

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1207 Walnut Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1207 Walnut Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Christian Wacker

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Anna L.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 16 1879

8. AGE: Years 60 | Months 1 | Days 28 | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Smith & Co.
11. Industry or business Retired

FATHER
12. Name Herman Wacker
13. Birthplace Baltimore

MOTHER
14. Maiden Name Louise Siemeyer
15. Birthplace Baltimore

16 (a) Informant Mrs Anna L Wacker
(b) Address 1207 Walnut Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 17 39 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director William Forker & Son
(b) Address Mich & Anna Ave

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 14 1939, at 7 00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 14 1933, to Oct 14 1939, and that I last saw h him alive on Oct 13 1939.

	Duration
Immediate cause of death: Cardiac failure	10/12/39
Due to chronic nephritis	1938
Due to chronic myocarditis	
Due to generalized arteriosclerosis with arterial hypertension	1933
Other Conditions Cerebral hemorrhage	6/7/38

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo A Kemp M. D.
Address 3030 Edmondson Ave Date signed 10/16/39

VS 3

F 62046

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 62046

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 400 So Chapel Gate Lane
(c) Hospital or institution: Keeley Sanitarium
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3616 Milford Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Burke Brady

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 8 1881

8. AGE: Years 58 | Months 3 | Days 6 | If less than one day: hr. min.

9. Birthplace West Virginia (Town, county and state)

10. Usual Occupation Clerk - Retired

11. Industry or business B & O R R

MOTHER / FATHER

12. Name David A Brady

13. Birthplace West Virginia

14. Maiden Name Rebecca Brady

15. Birthplace W Virginia

16 (a) Informant Miss Hallie Brady

(b) Address Annapolis Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 16 1939 (month) (day) (year)

(c) Cemetery or crematory Savage Cemetery

Location Savage Md

18 (a) Funeral director William J. Tubman & Sons

(b) Address North & Penna Ave

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 14 1939. at M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to Oct, 13 1939; and that I last saw him alive on Oct, 13 1939,

Immediate cause of death	Duration
Septicemia	1 week.
Due to Decubitus Ulcers	Months
Due to Paralysis of Cerebral Hemorrhage	6 mos.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. Lloyd Thomas M. D.

Address 10-14-39. Date signed

VS 3

Physicians: please write the causes of death clearly and legibly. The correct age is especially important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 62047 ✓ 95-B F 62047

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Bessie Kurus If U. S. Veteran specify WAR

(a) Residence: No. 2007 N. Bentelou St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Kurus

6. DATE OF BIRTH (month, day, year) 1880

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2007

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Jacob -

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Goldie -

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Henry Kurus (Address) 2007 N. Bentelou St

18. BURIAL, CREMATION OR REMOVAL Edgar Waldale Date 10-15- 1939

19. UNDERTAKER Jose Lewis Inc (Address) 1439 E. Balto. St

20. FILED OCT 16 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-16, 1939

22. I HEREBY CERTIFY, That I attended deceased from 10-15, 1939 to 10-16, 1939

I last saw her alive on 10-15, 1939 Death is said to have occurred on the date stated above, at 12:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Edema due to Congestive heart failure on a Rheumatic basis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W Pobbin, M. D.

(Address) Sinai Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 62048

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-c

F 62048

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4307 Leistertown Rd

(c) Hospital or institution: Mt Sinai Home

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2

(e) Length of stay in Baltimore (yrs., mos., or days) 33 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and name of town)

(d) Street No. 4735 Liberty Heights Ave (If rural, give location)

(e) If foreign born, how long in U. S. A.? 33 years

3 (a) FULL NAME Max Pikoos

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Sadie Pikoos

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years	Months	Days	If less than one day: hr.	min.
64				

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Retired Junk Dealer

11. Industry or business junk

FATHER

12. Name unknown

13. Birthplace Russia

MOTHER

14. Maiden Name unknown

15. Birthplace Russia

16 (a) Informant Samuel Pikoos

(b) Address 4735 Liberty Heights ave

17 (a) Burial (Burial, cremation, or removal)

(b) Date thereof 10-16-39 (month) (day) (year)

(c) Cemetery or crematory Loudale

Location (City or town) Pikesville Rd & Hampton Lane

18 (a) Funeral director Jack Levy

(b) Address 1439 E. Baltimore St

19 (a) OCT 16 1939 (Date received by registrar) Hampton Hillman Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 15 1939, at 11:45 P M

21. I certify that death occurred on the date above stated, that I attended deceased from April 19-39 to Oct 15 1939, and that I last saw him alive on Oct 15 1939.

Immediate cause of death	Duration
Chronic Myocarditis	6 m
Due to	
Diabetes Mellitus	1 y
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature M D Bayless

Address 2040 Eutaw Date signed 10/16/39

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107-a

Registered (52049)

52049

F

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1614 Carlos Terrace
(c) Hospital or institution: Elizabeth Quarles
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 5
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1614 Carlos Terrace (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Quarles

3 (b) If veteran, name war — 3 (c) Social Security Account No.

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife John W.

(c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) 6/7/1877

8. AGE: Years 62 | Months 4 | Days 8 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business Domestic

FATHER
12. Name Alexander Hawkins
13. Birthplace Md

MOTHER
14. Maiden Name Annie L. Hawkins
15. Birthplace Md

16 (a) Informant John W. Quarles
(b) Address 1614 Carlos Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-18-39 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn
Location Westport Md

18 (a) Funeral director William A. Jackson
(b) Address 916 Penna. ave.

19 (a) (Date rec'd by registrar) (b) Registrar

V8 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 15th 1939, at 11 50 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.

Immediate cause of death: Pneumonia, lobular — Duration: 1 wk

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Wollenweber M.D. Medical Examiner

Date signed Oct 15th, 1939

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 62050

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

180

F 62050 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1107 E. Lexington st

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mths

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street address 1107 E Lexington St (If rural give location)

5 yrs

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Taylor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-31-1937

8. AGE: Years	Months	Days	If less than one day
2	2	14	hr. min

9. Birthplace Philadelphia Pa (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Rev Sidney Taylor

13. Birthplace Millersville Ga

MOTHER 14. Maiden Name Jamie White

15. Birthplace Chester S. C.

16 (a) Informant Sidney Taylor

(b) Address 1107 E. Lexington st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-17-39 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location Balto County Md

18 (a) Funeral director William A Jackson

(b) Address 916 Pennsylvania ave

19 (a) (Date received by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH October 14th 1939, at 5 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Conflagration, burning building	
Due to	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide accident

(b) Date of occurrence October 14, 1939 at 5 P.M.

(c) Where did injury occur? 1107 E Lexington St. Balt. (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work?

(e) Means of injury Oil stove fire

23. Signature J H I Wallenheim M.D. Medical Examiner

Date signed Oct 16th 1939

F 62051

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

180

F 62051 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1107 E. Lexington st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 Mths

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1107 E. Lexington st (If rural give location)
5 1
If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Fanny Mae Taylor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-7-1933

8. AGE: Years 4 | Months 6 | Days 7 | If less than one day hr. min

9. Birthplace Philadelphia Pa (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Rev. Sidney Taylor
13. Birthplace Millersville Ga

MOTHER 14. Maiden Name Fannie White
15. Birthplace Chester S. C.

16 (a) Informant Sidney Taylor
(b) Address 1107 E. Lexington st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-17-39 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary
Location A.G. County Md

18 (a) Funeral director William A. Jackson
(b) Address 916 Pennsylvania ave

19 (a) (Date rec'd by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 14th, 1939, at 5 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Conflagration, burning building

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide accidental fire
(b) Date of occurrence Oct 14, 1939 4 A M
(c) Where did injury occur? 1107 E Lexington st Balt (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work?
(e) Means of injury Flame fire

23. Signature [illegible] M.D
Medical Examiner

Date signed Oct 16, 1939

F 62052

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

180

F 62052 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1107 E. Lexington st
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1107 E. Lexington st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alvetta Taylor

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F
5. Color or race Col
6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-6-1936

8. AGE: Years 3 | Months 2 | Days 8 | If less than one day hr. min

9. Birthplace Philadelphia Pa (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Rev Sidney Taylor
13. Birthplace Millersville Ga.

MOTHER
14. Maiden Name Fannie White
15. Birthplace Chester S. C.

16 (a) Informant Sidney Taylor
(b) Address 1107 E. Lexington st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-17-39 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A. A. County Md

18 (a) Funeral director William A Jackson
(b) Address 916 Pennsylvania ave

19 (a) (Date received by registrar) (b) Registrar's No.

MEDICAL CERTIFICATION

20. DATE OF DEATH October 14th 1939 at 5 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Conflagration burning building

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Oct. 14, 1939 at 5 PM
(c) Where did injury occur? 1107 E Lexington St. Balt (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work?
(e) Means of injury Oil stove fire

23. Signature H. T. Wallenweber M.D. Medical Examiner

Date signed Oct 16, 1939

V8 6

F 62053

16880 - F 62053

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 yrs, 1 mo., 4 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1416 Mount St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ella Coates

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: William (dead)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years 84 | Months ? | Days ? | If less than one day: hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name David Jones

FATHER 13. Birthplace Md.

MOTHER 14. Maiden Name Sarah Anne Harris

MOTHER 15. Birthplace Md.

16 (a) Informant Records

16 (b) Address B. C. H.

17 (a) (Burial, cremation, or removal)

17 (b) Date thereof (month) (day) (year)

17 (c) Cemetery or crematory Rest Lawn

Location Balto Co

18 (a) Funeral director Jas. H. Skinner

18 (b) Address 927 N. Mount St

19 (a) (Date received by registrar) OCT 16 1939 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 7 1939, at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 3 1936, to Oct 7 1939, and that I last saw h er alive on Oct 7 1939.

Immediate cause of death: Arteriosclerotic Heart disease — Duration: unknown.

Due to

Due to

Other Conditions: Arteriosclerosis, generalized — unknown.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Enlarged heart, pulmonary congestion

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible] M. D.

Address Balt. City Hosp. Date signed 10-12-39

Please correct age is especially important. Physicians, please write the causes of death clearly and legibly.

62054

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

71-6

F 62054 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2914 Ellicott Dr. Wy.

(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County —

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2914 Ellicott Driveway (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME MARY ALICE THOMAS

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	White	WIDOWED

6 (b) Name of husband or ~~wife~~ JAMES - Robert - Thomas

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 23 1867

8. AGE: Years	Months	Days	If less than one day hr.	min.
72	8 7	8 23		

9. Birthplace PENN. — Shrewsbury (Town, county, and state)

10. Usual Occupation SEAMSTRESS

11. Industry or business ✓

FATHER

12. Name — Ruppert

13. Birthplace UNKNOWN

MOTHER

14. Maiden Name MARY JANE RUPERT

15. Birthplace UNKNOWN

16 (a) Informant MARIAN - A - DAILEY

(b) Address 2914 ELLICOTT Dr. Wy.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 - 17 - 39 (month) (day) (year)

(c) Cemetery or crematory Loudey PARK

Location #1129 SECTION RR

18 (a) Funeral director MARIAN - A - DAILEY, INC.

(b) Address 2914 ELLICOTT Dr Wy

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 15th 1939, at 12:35a M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 10 1939 to Oct 15 1939, and that I last saw h er alive on Oct. 14 1939.

Immediate cause of death	Duration
Pernicious Anemia	6 mos
Due to Carcinoma	
Due to acute Pulmonary edema	1 day
Due to Myocardial Failure	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)

(e) Means of injury —

23. Signature A. F. Rice M. D.

Address 24 S. Bway. Date signed Oct 16/39

VS 3

62055

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

62 F 62055

Registered No. 48915

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or ~~Town~~ Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 548 W. Biddle Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Taleferio

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Unknown

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 50 ? | Months | Days | If less than one day: hr. min.

9. Birthplace: Virginia (Town, county, and state)

10. Usual Occupation: Unknown

11. Industry or business: Laborer

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Unknown

16 (a) Informant: Records
(b) Address: Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

UNIVERSITY MEDICAL SCHOOL NOV 16 1939

18 (a) Funeral director
(b) Address

Commissioner of Health
Per M. E. Moore

19 (a) (Date rec'd by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH October 6th 1939, at 4:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 10-4- 1939, to 10-6- 1939, and that I last saw him alive on 10-6- 1939.

Immediate cause of death: Arteriosclerotic heart dis. — Duration: Unk.
Due to: Pellagra - chronic alcoholism — Unk.
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place Hospital (Specify type of place) While at work? No
(e) Means of injury

23. Signature Thos. L. Schmidt M. D.
Address Baltimore City Hospitals, Baltimore, Md. Date signed 10-6-39

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 62056

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

23

F 62056 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 404 Bowley St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mary Jones

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan - 1906

8. AGE: Years 33 | Months 9 | Days | If less than one day hr. min.

9. Birthplace Virginia (town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Baltimore City Police

FATHER 12. Name Jones

FATHER 13. Birthplace Virginia

MOTHER 14. Maiden Name Pollie Holt

MOTHER 15. Birthplace Virginia

16 (a) Informant

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 16, 1939 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cem

Location Q. 9. C 0.

18 (a) Funeral director Rayner Sanders

(b) Address 1412 E Preston St.

19 (a) OCT 16 1939 (b) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 14 1939, at 12:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 12 1939 to Oct 14 1939, and that I last saw h alive on Oct 14 1939.

Immediate cause of death Tuberculosis of Lungs — Duration June 1939

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J Dalesio M. D.

Address Balto City Hosp Date signed 10/14/39

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

6:2057

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a

Registered No. E 62057

Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 404 S. Augusta Avenue

(c) Hospital or institution: -----

(d) Length of stay in hospital or inst. (yrs., mos., or days) ---

(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County ---

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

30-f

(d) Street No. 404 S. Augusta Avenue (If rural give location)

(e) If foreign born, how long in U. S. A.? --- years

3 (a) FULL NAME MARY C. McMAHON JOHENNING

3 (b) If veteran, name war -----

3 (c) Social Security Account No. ----

4. Sex: Female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: H. Walter Johenning

6 (c) If alive, give age: 57 years

7. Birth date of deceased (mo., day, yr.) June 8, 1884

8. AGE: Years 55 | Months 4 | Days 7 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER 12. Name Michael McMahon

13. Birthplace Ireland

MOTHER 14. Maiden Name Ann Kaine

15. Birthplace Ireland

16 (a) Informant H. Walter Johenning

(b) Address 404 S. Augusta Avenue

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Oct. 18, 1939 (month) (day) (year)

(c) Cemetery or crematory Cathedral Cemetery

Location

18 (a) Funeral director Chas. F. Fraul & Son Inc.

(b) Address 118 W. Mt Royal Ave

19 (a) (Date rec'd by registrar) (b) Registrar

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 15 1939 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 5 1939 to Oct 15 1939. and that I last saw h[illegible] alive on Oct 15 1939.

	Duration
Immediate cause of death: cerebral hemorrhage	10 days
Due to arterio sclerosis	?
Due to Hypertension	?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations ✓

Of autopsy ✓

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide –

(b) Date of occurrence ✓

(c) Where did injury occur? ✓ (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ✓ While at work? (Specify type of place)

(e) Means of injury –

23. Signature F. F. Kyper M. D.

Address 3321 Freal Date signed 10/16/39

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 62038

CERTIFICATE OF DEATH

F. 62058

160-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) U. Centers of America Hosp St., 15 E 6

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Barry Lynn Garman

(a) Residence: No. 1796 Fawn Grove St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	S.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Oct 5, 1939

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Samuel Garman

14. BIRTHPLACE (city or town) (State or country) Reading Pa.

MOTHER

15. MAIDEN NAME Margaret Strawn

16. BIRTHPLACE (city or town) (State or country) Pottsville Pa.

17. INFORMANT Mother

(Address) 1796 Fawn Grove St

18. BURIAL, CREMATION, OR REMOVAL

Place ... Date ... 19...

UNIVERSITY MEDICAL SCHOOL NOV 16 1939

Commissioner of Health

19. UNDERTAKER .....

(Address) .....

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1939 to Oct 15, 1939

I last saw him alive on Oct 15, 1939 Death is said to have occurred on the date stated above, at 3:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage	10-5-39
Other contributory causes of importance:	

Was an operation performed? ... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) Lyman M. Hummel M.D.

(Address) 1811 Eutaw Place

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OCCUPATION is very important. See instructions on back of certificate.

V0 8

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62059 ✓ a F 62059

Registered No. 82

F 62059

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 752 Brady
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimo (If outside city or town limits, write RURAL and give town)
(d) Street No. 752 Brady St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Minnie Swailes

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Fem | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Widow.

6 (b) Name of husband or wife Albert Swailes.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 50 yrs | Months | Days | If less than one day: hr. min.

9. Birthplace Rock Castle Va (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Harrison Tinsley.
13. Birthplace Va

MOTHER
14. Maiden Name Nancy Hopson.
15. Birthplace Va

16 (a) Informant Mrs Mary Bolling sister
(b) Address 1337 W Mulberry St.

17 (a) (Burial, cremation, or removal) (b) Date thereof Oct 18, 1939 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial
Location

18 (a) Funeral director Mrs Kate R. Williams
(b) Address 322 N Schroeder St

19 (a) (Date rec'd by registrar) (b) Registrar

OCT 16 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 13 1939 at 8 P M

21. I certify that death occurred on the date above stated, that I attended deceased from Oct 11 1939 to Oct 13 1939
and that I last saw h[illegible] alive on Oct 11 1939.

Immediate cause of death Cerebral Hemorrhage — Duration 2 dys

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]

Address 752 Brady Date signed 10/16/39

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 62060

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 34E-97

Registered F 62060

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 508 McMecken St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 508 McMecken St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Davis

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Robert Davis.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15, 1876

8. AGE: Years 63 | Months 2 | Days 27 | If less than one day: hr. min

9. Birthplace Middlesex Co Va. (Town, county, and state)

10. Usual Occupation domestic

11. Industry or business

FATHER
12. Name Judge Jackson.
13. Birthplace Va.

MOTHER
14. Maiden Name Bellis
15. Birthplace Va

16 (a) Informant Carl Davis – son
(b) Address 508 N. McMecken.

17 (a) (Burial, cremation, or removal) (b) Date thereof Oct 16, 1939 (month) (day) (year)

(c) Cemetery or crematory Arbutus Memorial
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 3221 Schweder St.

19 (a) (Date received by registrar) OCT 16 1939 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10 – 12 – 1939, at 9.30 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Cardiac Failure — Duration: 1 week
Due to Hypertension
Due to Bronchopneumonia Arteriosclerosis

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Madison M.D.
Medical Examiner
Date signed 10-12-39

(over)

VS 6

62061 Dickens

F 62061

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Charles & 31st Sts

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 8yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and name town)

(d) Street No. Charles & 31st Sts. apts (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Allan Niel Jr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Miriam S. Niel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 28. 1893

8. AGE: Years 45 Months 10 Days 17 If less than one day hr. min.

9. Birthplace Selma, Ala (Town, county, and state)

10. Usual Occupation Dowell-Weld Co's

11. Industry or business Steel Products

FATHER 12. Name Edw. A. Niel

13. Birthplace

MOTHER 14. Maiden Name Flora Stewart

15. Birthplace

16 (a) Informant Mrs. Miriam S. Niel

(b) Address Homewood Apts.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof Oct. 17 39 (month) (day) (year)

(c) Cemetery or crematory Riverside

Location Asheville - N.C.

18 (a) Funeral director Wm. Tuckey Sons

(b) Address North & Pa aves.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 15 1939 at AM

21. I certify that death occurred on the date above stated, that I attended deceased from 10-22 1936 to 9/15 1939.

and that I last saw h[illegible] alive on 9/15/ 1939.

Immediate cause of death — Duration

Coronary Thrombosis — Unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature C. A. Good Green M. D.

Address 29 W. Mulberry St Date signed 10/16/39

Harold O. Waldeis M.D. - Med Exam.

for O. Brown

62062

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62062 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1817 N. Gulaski St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1817 N. Gulaski St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Andrew E. Cole

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	married

6 (b) Name of husband or wife Mary J. Cole.
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Apr 12, 1886

8. AGE: Years	Months	Days	If less than one day
52	6	2	hr. min.

9. Birthplace Delaware (Town, county, and state)
10. Usual Occupation house painter
11. Industry or business

FATHER
12. Name Andrew E Cole
13. Birthplace Delaware

MOTHER
14. Maiden Name Mary Duffy
15. Birthplace Ga.

16 (a) Informant Mrs. Mary J. Cole
(b) Address 1817 N. Gulaski St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 17 1935 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location 4300 Old Frederick Rd.

18 (a) Funeral director John J. Cowan & Son
(b) Address 901 Edmondson Ave.

19 (a) (Date rec'd by registrar) (b) Registrar's

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 14 1935, at 5A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 14 19.. to Oct 14 1935.
and that I last saw h alive on Oct 14 1935.

Immediate cause of death — **Duration**

Coronary Thrombosis

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. E. Thrasher M. D.
Address 193 S.W. Monroe Date signed

D. L. Wolfenstein M.D. asst Med. Exam.

F 62063

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

108 ✓ F 62063 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 305 E. 23rd St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 305 E. 23rd St (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME Mario Rosenthal

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced Widower
6 (b) Name of husband or wife Mary Rosenthal
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years 68 | Months | Days | If less than one day: hr. | min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Retired Furniture Dealer
11. Industry or business

MOTHER / FATHER
12. Name Unknown
13. Birthplace Russia
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Samuel Rosenthal
(b) Address 305 E. 23rd St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-17-39 (month) (day) (year)
(c) Cemetery or crematory Pikesville Cemetery
Location Randalls

18 (a) Funeral director Lasky Bros Inc
(b) Address 1427 E. Baltimore St

19 (a) (Date rec'd by registrar) (b) Registrar's No.

OCT 18 1939

YS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-16 1939, at 2 A.M

21. I certify that death occurred on the date above stated, that I attended deceased from Oct 15 1939 to Oct 15 1939.
and that I last saw h[illegible] alive on Oct 15 1939.

Immediate cause of death: Lobar Pneumonia — Duration

Due to

Due to

Other Conditions Arterial Sclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Schuckard M. D.
Address 2225 Pendleton Date signed 10/16/39

correct age is especially important. Physicians please write the cause of death clearly and legibly.

F 62064

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-c F 62064 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2912 Shirey Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2912 Shirey Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bessie J. Klehm

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Frederick W. Klehm
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 30, 1878

8. AGE: Years	Months	Days	If less than one day
61	2	15	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name John Edward McWilliams
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Martha Williams
15. Birthplace Harford Co., Md.

16 (a) Informant Mrs. Edna Thompson
(b) Address 2912 Shirey Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 18, 1939 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location East End North Ave.

18 (a) Funeral director F. Lassahn & Son
(b) Address 7401 Belair Road

19 (a) (Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 15th 1939 at 12:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1939 to Oct 15 1939.
and that I last saw h[illegible] alive on Oct 14 1939.

Immediate cause of death	Duration
Carcinoma of ascending Colon	1 year
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Operated June 1939 Inoperable Cancer
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. L. Eyerly M. D.
Address 5706 Harford Rd Date signed 10-16-39

Re-Room F 62065

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B F 62065 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 933 N. Mount St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Jackson
3 (b) If veteran, name war
3 (c) Social Security Account No. 218-10-1067

4. Sex: Male
5. Color or race: Black
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.)
8. AGE: Years 41 | Months | Days | If less than one day: hr. min.
9. Birthplace N.C. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Lucius Jackson
13. Birthplace N.C.

MOTHER
14. Maiden Name Mary Bender
15. Birthplace N.C.

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Douglass Mem. (Burial, cremation, or removal) Date thereof 10-19-39 (month) (day) (year)
(c) Cemetery or crematory Douglass Mem
Location Balto Co.

18 (a) Funeral director Jas. M. Skinner
(b) Address 967 N. Mount St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 14 1939 at M
21. I certify that death occurred on the date above stated, that I attended deceased from Dead on arrival 19 . and that I last saw h alive on 19 .

Immediate cause of death: Coronary occlusion — Duration: 1 hr
Due to: Arteriosclerotic Heart Disease
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: Atheromatous ulcerated coronary - Ant. desc. occluded.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James A. Howland M. D.
Address Johns Hopkins Hosp Date signed Oct 16 39

VS 3

62066

F 62066

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107-6

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 933 S Charles St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ?
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 933 S. Charles St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Joseph A. Smith.

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-09-0178

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married.

6 (b) Name of husband or wife Elizabeth Smith
6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) Dec 21 1870

8. AGE: Years	Months	Days	If less than one day: hr.	min.
68	9	25		

9. Birthplace Virginia. (Town, county, and state)
10. Usual Occupation Track Foreman.
11. Industry or business B & O R R

FATHER
12. Name Charles Smith
13. Birthplace Va.

MOTHER
14. Maiden Name Mary Taylor.
15. Birthplace Va.

16 (a) Informant Elizabeth Smith
(b) Address 933 S Charles St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 18/39 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Cedar Hill
Location A. A. Co.

18 (a) Funeral director Barnard-E. Hartz
(b) Address 121 E. West St

19 (a) ..... (Date rec'd by registrar) (b) ..... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 15 1939, at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 14/39 to Oct. 15/39.. and that I last saw him alive on Oct. 15/39.

Immediate cause of death Broncho Pneumonia — Duration: 3 days.

Due to ----------

Due to Arterio Sclerosis. Unknown.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry Hoods Chaney M. D.
Address 933 Hanover Date signed Oct 16/39

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

62067 HEALTH DEPARTMENT—CITY OF BALTIMORE 62067

CERTIFICATE OF DEATH

148-111B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp. 20-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred -- yrs. 1 mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Mrs. Catharine M. Buchness

If U. S. Veteran specify WAR

(a) Residence: No. Newberg Avenue, St. Catonsville Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dr. John A. Buchness

6. DATE OF BIRTH (month, day, year) May 4, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	47	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George G. Horn

14. BIRTHPLACE (city or town) (State or country) -------- Pennsylvania

MOTHER

15. MAIDEN NAME Rosa Auer

16. BIRTHPLACE (city or town) (State or country) --------- Pennsylvania

17. INFORMANT Dr. John A. Buchness

(Address) Newberg Ave., Catonsville

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 10/18, 1939

19. UNDERTAKER Henry H. Mears and Son

(Address) 803 N. Calvert St.

20. FILED 19 Registrar.

OCT 18 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-14, 1939

22. I HEREBY CERTIFY, That I attended deceased from 9-16-, 1939 to 10-14-, 1939

I last saw h alive on 10-14, 1939 Death is said to have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	10-14-39
Infarct of rt. lung	9-28-39

Other contributory causes of importance:

Pregnancy

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William J. McClafferty M. D.

(Address) Bon Secours Hospital

OCCUPATION is very important. See instructions on back of certificate.

62068

F 62068

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-E Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1502-N. Bond Street
(c) Hospital or institution: --
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) life--

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1502-N. Bond Street (If rural give location)
(e) If foreign born, how long in U. S. A.? -- years

3 (a) FULL NAME Hester Hewitt

3 (b) If veteran, name war --
3 (c) Social Security Account No. ----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife --
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) 9/1/1885

8. AGE: Years	Months	Days	If less than one day
54	1	15	hr. xxxxxx min.

9. Birthplace Baltimore, Maryland. (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Ralph Hewitt
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Isabella (O'Brien)
15. Birthplace Baltimore Maryland.

16 (a) Informant Mrs. S. Edward Kelly
(b) Address 1531-Ensor Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/18/39 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735-Harford Ave.

19 (a) OCT 18 1939 (Date rec'd by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 15, 1939, at 1:40 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 13 1939, to Oct 15, 1939, and that I last saw her alive on Oct 15, 1939.

Immediate cause of death	Duration
Uremia	1 day
Due to Acute Hypertensive	2 wks
Due to	
Other Conditions Chronic Myocarditis	1 yr.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel D. Wolfe M. D.
Address 133 E. North Ave Date signed 10-16-39

62069

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a F 62069
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 409 Rosecroft Terrace
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 409 Rosecroft Terrace (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carroll G. Peters

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of ~~husband~~ or wife Annie G. Ryan
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) July 4, 1883

8. AGE: Years	Months	Days	If less than one day: hr.	min.
56	3	7		

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business

FATHER
12. Name Thomas L. Peters
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Florence Mantler
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Annie Peters
(b) Address 409 Rosecroft Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 17, 1939. (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore Md.

18 (a) Funeral director Martin Fahey & Son
(b) Address 1827 W. North Ave.

19 (a) (Date rec'd by registrar) (b) Huntington Baltimore Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 13 1939, at 9:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/10 1939, to 10/13 1939, and that I last saw h~~im~~ alive on 10/13 1939.

Immediate cause of death	Duration
Intracranial Hemorrhage	
Due to Arterial Hypertension	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. H. Crowther M. D.
Address 4209 Frederick Ave Date signed 10/16/39

OCT 20 1939

2070
369549

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 53-C

F 62070
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 Days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford Co
(c) City or town Pylesville (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Vivian Holland

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Black
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-3-26

8. AGE: Years 12 | Months 10 | Days 13 | If less than one day: hr. min.

9. Birthplace W. Va. (Town, county, and state)

10. Usual Occupation

11. Industry or business

MOTHER / FATHER

12. Name Benny Holland
13. Birthplace MD
14. Maiden Name Cora Gray
15. Birthplace MD

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-17 (month) (day) (year)
(c) Cemetery or crematory Lebanon Sheep
Location Rock Mt

18 (a) Funeral director W. Thomas Hill
(b) Address Town Hall Pylesville Md

19 (a) OCT 17 1939 (Date received by registrar) (b) Hartford, Md (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct-16 1939, at 920 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 7 1939, to Oct 16 1939, and that I last saw her alive on Oct 16 1939.

Immediate cause of death: Brain tumor - glioma — Duration: over

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Inoperable brain tumor
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles E. Ireland M. D.
Address John Hopkins Hospital Date signed 10-17

F 62071

F 62071

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 94 13

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1009 S. Linwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1009 S. Linwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Adam Dyka

3 (b) If veteran, name war No
3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Julia E. Dyka
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) June 1868

8. AGE: Years 71 | Months 4 | Days 12 | If less than one day hr. min. 11

9. Birthplace Baltimore Co Md (Town, county, and state)

10. Usual Occupation Laborer (Retired 1930)
11. Industry or business Pulp Paper Works Co

FATHER 12. Name John Dyka
13. Birthplace Germany

MOTHER 14. Maiden Name Margaret Vogt
15. Birthplace Baltimore Co Md

16 (a) Informant Julia Dyka
(b) Address 1009 S. Linwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 18 39 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Location Baltimore Md

18 (a) Funeral director Pulhorn
(b) Address 1219 E. Fayette St

19 (a) Oct 17 1939 (Date received by registrar) (b) [illegible], Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 17 1939, at 11:40 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from May 1939, to October 1939, and that I last saw him alive on Oct. 14 1939.

Immediate cause of death Coronary Thrombosis — Duration 1 day
Due to arteriosclerosis — 10 yrs.
Due to
Other Conditions Chronic cholecystitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Clarence W. LeBoutillier M. D.
Address 1013 S. Ellwood Ave. Date signed 10/17/39

F 62072

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B

F 62072 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2304 Jefferson St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 2304 Jefferson St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Florence Turner Frampton

3 (b) If veteran, name war NS

3 (c) Social Security Account No. 1911F

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband ~~or wife~~ Frederick W. Frampton

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 24th 1885

8. AGE: Years 54 | Months 1 | Days 22 | If less than one day: hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At home

FATHER

12. Name Joseph N. Griffin

13. Birthplace Balto. Md.

MOTHER

14. Maiden Name Katie S. Turner

15. Birthplace Balto. Md.

16 (a) Informant Frederick W. Frampton

(b) Address 2304 Jefferson St

17 (a) Balto (Burial, ~~cremation, or removal~~) (b) Date thereof 10/19/39 (month) (day) (year)

(c) Cemetery or crematory Balto

Location Balto Md.

18 (a) Funeral director William Cook

(b) Address 1217 St. Paul St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 16th 1939 at 10 45 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 14, 1939, to Oct 16 1939, and that I last saw her alive on Oct 16 1939.

Immediate cause of death: Coronary Thrombosis — Duration: 2 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Myron L. Solomon M. D.

Address 127 S. Broadway Date signed 11-6-39

VS 3

F 62073

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62073

Registered No. 97

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1525 Gorsuch Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1525 Gorsuch Ave
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jessie Lovelace Clark

3 (b) If veteran, name war: No

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Chas R Clark

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Jan 10 1867

8. AGE: Years 72 | Months 9 | Days 6 | If less than one day: hr. min.

9. Birthplace: Virginia
(Town, county, and state)

10. Usual Occupation: Housework

11. Industry or business:

FATHER
12. Name: Unknown
13. Birthplace: Tennessee

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Tennessee

16 (a) Informant: Elizabeth Gardner
(b) Address:

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct 17 1939 (month) (day) (year)

(c) Cemetery or crematory: Druid Ridge
Location: Edmondson Ave

18 (a) Funeral director: Nelson Co
(b) Address: 1211 E Fayette

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 15 1939, at 6 4 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 10 1939 to Oct 15 1939, and that I last saw h[illegible] alive on Oct 15 1939.

Immediate cause of death	Duration
Arteriosclerosis - hypertension cerebral Edema	10 yrs. 1 mo.
Due to	
Due to Cardiac asthma	2 da
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.

Address 611 Talbot Av Date signed Oct 16 39

VS 3

F 62074

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 62074
Registered No. 1452-1498

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens + Caton Aves.
(c) Hospital or institution: St. Agnes' Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Ellicott City (If outside city or town limits, write RURAL and give town)
(d) Street No. Route 1, Johnny's (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Julia Korenko

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex female (male) 5. Color or race White
6 (a) Single, married, widowed, or divorced. married
6 (b) Name of husband or wife Serge Joseph Korenko
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.)
8. AGE: Years 41 | Months | Days | If less than one day hr. min.
9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Own home

FATHER
12. Name Paul Olek
13. Birthplace Poland

MOTHER
14. Maiden Name Antonett Hoffman
15. Birthplace Poland

16 (a) Informant Catherine Kaniecki
(b) Address 2532 Fait ave

17 (a) X (Burial, cremation, or removal) (b) Date thereof 10/17 39 (month) (day) (year)
(c) Cemetery or crematory Holy cross a.a. C
Location Annapolis Rd
18 (a) Funeral director John J. Duda
(b) Address 2829 Hudson St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 15. 1939. at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 12 1939. to Oct 15. 1939. and that I last saw her alive on Oct 15 1939.

Immediate cause of death Ruptured uterus — Duration 3 days.
Due to Child birth
Due to
Other Conditions Pelvic adhesions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Ruptured uterus

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Daniel Leo Wehner
Address St Agnes Hospital Date signed 10/17/39

VS 3

F 62075

48928 - RB

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107-a

F 62075 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 88 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4301 Reisterstown Road (If rural give location)
(e) If foreign born, how long in U. S. A.? 88 yrs years

3 (a) FULL NAME Louisa Hoffman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Harry (dead)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 13, 1840

8. AGE: Years	Months	Days	If less than one day
99 ?	1	0	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Unknown
11. Industry or business

FATHER
12. Name Mathew Bossler
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth (unknown)
15. Birthplace Germany

16 (a) Informant B.C.H. - Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/17/39 (month) (day) (year)
(c) Cemetery or crematory Cella Cemetery
Location Cella Balto. County Md.

18 (a) Funeral director F. B. Shippard & Son
(b) Address 1300 Eutaw Place

19 (a) 10-17-1939 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 13 1939, at 11:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 4 1939, to Oct 13 1939, and that I last saw her alive on Oct 13 1939.

Immediate cause of death	Duration
Bronchopneumonia	unknown.
Due to	
Due to	
Other Conditions generalized arteriosclerosis	unknown.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Murray Hagstette M. D.
Address Balto City Hosp. Date signed 10-14-39

VS 3

F 62076

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62076

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1814 Lorman St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Virginia Weston (48649)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 22, 1920

8. AGE: Years	Months	Days	If less than one day
18	10	21	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John Weston
13. Birthplace Md.

MOTHER
14. Maiden Name Margaret Jordan
15. Birthplace Md.

16 (a) Informant Margaret Weston
(b) Address 1814 Lorman St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-17-39 (month) (day) (year)
(c) Cemetery or crematory Burial
Location Mt Auburn

18 (a) Funeral director George Y. Kelson
(b) Address 1303 Presstman St

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 13, 1939, at 8:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 25, 1939 to Oct. 13, 1939, and that I last saw her alive on Oct. 13, 1939.

Immediate cause of death: Tuberculosis of lungs — Duration: July 1937

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.

Address Balto. City Hospitals Date signed 10-14-39

F 62077

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 62077 Registered No. 119

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1018 William St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward J. Charron Jr.
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Infant
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) April 4-1939
8. AGE: Years — Months 6 Days 12 If less than one day: hr. min.
9. Birthplace Baltimore Md. (Town, county and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Edward J. Charron
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Mary E. Burton
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. Edward J. Charron
(b) Address 1018 W. Lemain St.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 10/17/39 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cemetery
Location Frederick Road

18 (a) Funeral director Johns J. Fahey & Sons
(b) Address 818 Light St.

19 (a) Filed OCT 17 1939 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct-16 1939 at 12.15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 15 1939 to Oct 16 1939. and that I last saw h alive on Oct 16 1939.

Immediate cause of death: Gastro Enteritis — Duration: 5 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. B. Wheltle M. D.
Address 1279 William Date signed 10/16/39

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 62078 — CERTIFICATE OF DEATH — 122-B F 62078

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie Della Fanner (Mitchell) If U. S. Veteran specify WAR

(a) Residence: No. 622 N. Carrollton Ave St., Ward Balto Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 25 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgia

FATHER

13. NAME Davis Johnson

14. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER

15. MAIDEN NAME Susie Langley

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT Lena Render
(Address) 622 N. Carrollton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenlawn Mem. Pk Date 10/17 1939

19. UNDERTAKER Mrs. Geo. K. Holland
(Address) 1631 Druid Hill Ave

20. FILED OCT 17 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/13 1939

22. I HEREBY CERTIFY, That I attended deceased from 10/12 1939 to 10/13 1939

I last saw her alive on 10/13 1939 Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	10/8/39
Toxemia	10/12/39
Uremia	10/12/39

Other contributory causes of importance:

Was an operation performed? Yes Date of 10/17/39

For what disease or injury? Intestinal Obstruction

Name of operation Laparotomy

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Beck M. D.

(Address) Mercy Hosp

Geo. M. Caldwell M.D.

OCCUPATION is very important. See instructions on back of certificate.

VS 8

F 62079

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

Registered No. F 62079

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1419 McCulloh St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Francis Coleman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 1, 1867

8. AGE: Years	Months	Days	If less than one day
72	8	13	hr min

9. Birthplace Harford Co. Md. (Town, county, and state)

10. Usual Occupation ~~Butler~~ porter

11. Industry or business

FATHER 12. Name Benjamin Coleman

13. Birthplace Harford Co. Md.

MOTHER 14. Maiden Name Lucinda Carroll

15. Birthplace Harford Co. Md.

16 (a) Informant Joseph Coleman

(b) Address 1136 Druid Hill Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/17/39 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location Anne Arundel Co, Md.

18 (a) Funeral director Mrs. Geo. H. Holland

(b) Address 1631 Druid Hill Ave

19 (a) (Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-14- 1939, at 7.56 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to Generalized Athero-sclerosis	
Due to	
Other Conditions Fracture leg. Anemia Infantis. (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy as above

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madden M.D.
Medical Examiner

Date signed 10-15-39

(over)

F 62080

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

193-C

Registered No. F 62080

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address: 2403 Elsinor Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days): Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Md. (b) County:

(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No.: 2403 Elsinor Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

1568

3 (a) FULL NAME: Anna C. Nutter,

3 (b) If veteran, name war:

3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife:

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 3. 1875

8. AGE: Years	Months	Days	If less than one day: hr.	min.
64	6	13		

9. Birthplace: Baltimore Md. (Town, county, and state)

10. Usual Occupation: None

11. Industry or business:

MOTHER / FATHER

12. Name: Samuel Nutter,

13. Birthplace: Pennsylvania

14. Maiden Name: Clara Oppelt,

15. Birthplace: Pennsylvania

16 (a) Informant: Mrs Emma C. Nutter,

(b) Address: 2403 Elsinor Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-18-39 (month) (day) (year)

(c) Cemetery or crematory: Loudon Park

Location: Baltimore City

18 (a) Funeral director: See N Sitty

(b) Address: 2700 Edmondson Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 16. 1939. at 12 20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3 1939. to Oct 16 1939. and that I last saw her alive on Oct 15 1939.

Immediate cause of death: myocarditis — Duration: Jan 3/39

Due to:

Due to:

Other Conditions: Advanced arterio-sclerosis — 9

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury:

23. Signature: Peter Stubbs M. D.

Address: 2224 Garrison Date signed Oct 17/39

VS 3

F 62081

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131 Registered No. F 62081

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3427 Shannon Drive
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3427 Shannon Drive (If rural give location)
(e) If foreign born, how long in U. S. A.? 70 years

3 (a) FULL NAME Elizabeth Fries

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Simon Fries
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 25 - 1861

8. AGE: Years	Months	Days	If less than one day
78	4	20	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Carl Maurer
13. Birthplace Germany

MOTHER
14. Maiden Name Wilhelmina Feather
15. Birthplace Germany

16 (a) Informant Mrs. Walter Broll
(b) Address 3427 Shannon Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 18/39 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd.

18 (a) Funeral director John A. Miller
(b) Address 2334 Jefferson St.

19 (a) OCT 17 1939 Huntington Williams Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 14 1939. at 7.25 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1 1939. to Oct 14 1939. and that I last saw h[illegible] alive on Oct 14 1939.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Chronic Nephritis	
Due to Hypertension Chronic myocarditis	
Other Conditions Bronchopneumonia Acute	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Walter A. Anderson M. D.
Address 3001 Shannon Drive Date signed Oct. 16-1939

VS 3

62082

F 62082

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 510 W Preston
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 510 W Preston (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Ethel Chambers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Annais Chambers

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 27, 1900

8. AGE: Years 39 | Months 4 | Days 24 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business None

FATHER 12. Name Hall

13. Birthplace Md

MOTHER 14. Maiden Name Rachel Taylor

15. Birthplace Md

16 (a) Informant Annais Chambers

(b) Address 510 N. Fredrick St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-19-39 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Baltimore Md

18 (a) Funeral director Francis C. Hawley

(b) Address 578 N. Eddel St

19 (a) (Date rec'd by registrar) (b) Registrar

OCT 17 1939

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 16 1939 at 5:30 Am

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 15 1939 to Oct 16 1939.

and that I last saw h[illegible] alive on Oct 15 1939.

Immediate cause of death

Myocarditis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration 6 months

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.

Address [illegible] Date signed Oct 17 39

F 62083

CCK

F 62083

48814

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59

Registered No. .....

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore Maryland

(c) Hospital or institution:
Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County .....

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 2627 Miles Ave.
(If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

17 1

X

3 (a) FULL NAME Anna Chalk

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: William

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Nov. 1, 1858

8. AGE: Years 80 | Months 11 | Days 14 | If less than one day: hr. ..... min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation Maid

11. Industry or business

FATHER

12. Name William Snelling

13. Birthplace Va.

MOTHER

14. Maiden Name Lucy Hayes

15. Birthplace Va.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 17, 1939. (month) (day) (year)

(c) Cemetery or ~~cemetery~~ St. Mary's Hampden
Location Roland Ave.

18 (a) Funeral director Thurnwald & Son

(b) Address 3615-17 Chestnut Ave.

19 OCT 17 1939 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-15 1937, at 6 35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-30 1937, to 10-15 1937, and that I last saw he / alive on 10-15 1937.

Immediate cause of death	Duration
Bronchopneumonia	four days
Due to Arteriosclerotic gangrene right foot	?
Due to	
Other Conditions Diabetes mellitus	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations Gangrene rt foot.

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature L. K. Woodward M. D.

Address Balto. City Hosp. Date signed 10-15-37

F 62084

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

153

F 62084 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4108 5th St., Brooklyn
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4108 5th St., (If rural give location)
(e) If foreign born, how long in U. S. A.? years

2553

3 (a) FULL NAME Maud F. Lowman

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3, 1890

8. AGE: Years	Months	Days	If less than one day
49	3	13	hr. min.

9. Birthplace A.A.Co., Md. (Town, county, and state)
10. Usual Occupation Bookkeeping
11. Industry or business U.S.Government

FATHER
12. Name Plummer Lowman
13. Birthplace A.A.Co., Md.

MOTHER
14. Maiden Name Eliza A. Lloyd
15. Birthplace A.A.Co., Md.

16 (a) Informant Mrs. Eliza A. Lowman
(b) Address 4108 5th St.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 18, 1939 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Annapolis Blvd.

18 (a) Funeral director G. Howard Strong
(b) Address 715 Light St.,

19 (a) Oct 17 1939 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 16, 1939, at 11 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 10 1939 to Oct 16 1939, and that I last saw her alive on Oct 16 1939.

Immediate cause of death Hypostatic Pneumonia — Duration 2 days

Due to

Due to

Other Conditions Scleroderma — 2 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Emmet Rixton M. D.
Address 203 Cataonia Date signed 10/16/39

62085

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

F 62085

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 29. E. Wheeling St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 57

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 29 E Wheeling St (If rural give location)

(e) If foreign born, how long in U. S. A? 57 years

3 (a) FULL NAME Charles H. Schroepfer SCHROEPFER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Whit	Married

6 (b) Name of husband or wife Barbara

6 (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) Feb 10 1857

8. AGE: Years	Months	Days	If less than one day hr.	min.
82	8	14		

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Retired.

11. Industry or business

FATHER

12. Name Ferdinand Schroepfer

13. Birthplace Germany

MOTHER

14. Maiden Name Margaret Holstein

15. Birthplace Germany

16 (a) Informant Mrs Barbara Schroepfer

(b) Address 29 E Wheeling St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 17 1939 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Frederick Ave

18 (a) Funeral director William M Mareck

(b) Address 715 Light St

19 (a) Date received by registrar Oct 17 1939 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 14 1939, at 12:25 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1939 to Oct 14 1939, and that I last saw him alive on Oct 14 1939.

Immediate cause of death	Duration
Arteriosclerosis Heart	over
Due to	
Due to	
Other Conditions Hypertension Terminal pneumonia (Include pregnancy within 3 months of death)	

Major findings:

Of operations

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [illegible] M. D.

Address [illegible] Date signed Oct 17 1939

F 62086

F 62086

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

210-M Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address or location: St. Agnes Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town P.O. 310 English Council (If outside city or town limits, write RURAL and give town)
(d) Street No. Lansdowne (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Rogers (Miller)

3 (b) If veteran, name war:

3 (c) Social Security Account No.

4. Sex F

5. Color or race Wh

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Fredrick Miller

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) April 1, 1881

8. AGE: Years 58 Months 4 Days 1 If less than one day: hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Press Operator

11. Industry or business Alloy Reinforced Fermaloy

FATHER 12. Name ?

13. Birthplace Virginia

MOTHER 14. Maiden Name Williamson

15. Birthplace ?

16 (a) Informant Mrs. A Meyers

(b) Address English Council Md

17 (a) Burial, cremation, or removal Buried (b) Date thereof 10/17/39 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore, Md

18 (a) Funeral director Durward D. Covington

(b) Address 21 W. 25th St

19 (a) 1 6 (Date rec'd by registrar) (b) Huntington Ave. Registrar

OCT 17 1939

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH October 14 1939, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Fracture of skull, Laceration of brain

Due to: Multiple fractures of left arm

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 10/12/39
(c) Where did injury occur? Monroe + Williamson (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Street While at work? (Specify type of place)
(e) Means of injury Struck by automobile

23. Signature H. W. Underhill M.D. (Medical Examiner)

Date signed 10/14/39 White Cross Line

F 62087

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-P Registered No. F 62087

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3322 HUDSON ST.
(c) Hospital or institution: home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 52yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 3322 HUDSON ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME MARY C. DOWNING

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: FEMALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: WIDOW

6 (b) Name of husband or wife: HENRY DOWNING.
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) MAY 22 1858

8. AGE: Years: 80 | Months: 4 | Days: 13 | If less than one day: hr. ____ min. ____

9. Birthplace BERRYVILLE VA. (Town, county, and state)
10. Usual Occupation HOUSE WORK
11. Industry or business AT HOME

FATHER
12. Name HENRY KROWLING
13. Birthplace PA.

MOTHER
14. Maiden Name FRANCIS GUNELL
15. Birthplace VA.

16 (a) Informant MRS. WANKE DAUGHTER
(b) Address 6500 ROSEMONT AVE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT 18/39 (month) (day) (year)
(c) Cemetery or crematory MT. CARMEL
Location ODONNEL ST

18 (a) Funeral director Lilly & Zeiler Inc
(b) Address 407 S. WOLFE ST.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH OCT. 15/39 19 . at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1937 to Oct 15 1939.
and that I last saw her alive on Oct 12, 1939.

Immediate cause of death: Coronary Occlusion — Duration: 10/15/39 Unobserved
Due to: Chronic Cardiovascular
Due to: Rheumatism
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Horace B Tilson MD.
Address 315 S. Highland Ave Date signed 10/16/39

F 62088

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50

F 62088

Registered No. ____

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ____
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ____
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 610 So. East Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Mrs. Mary Beall

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Henry
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Jan 6th 1879

8. AGE: Years	Months	Days	If less than one day
60	8	28	___ hr. ___ min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name Joseph Beall
13. Birthplace Maryland

MOTHER
14. Maiden Name Jane Murphy
15. Birthplace Maryland

16 (a) Informant Mrs. Margaret Lee
(b) Address 610 So. East Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 18 39 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belgian Rd.

18 (a) Funeral director Cully & Zeiler Inc
(b) Address 403 S. Wolfe St.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 18 1939, at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-5 1939, to 10-14 1939. and that I last saw h alive on 10-14 1939.

Immediate cause of death	Duration
Myocardial failure	
Due to	
Due to	
Other Conditions Carcinoma rectum 2 years (Include pregnancy within 3 months of death)	

Major findings:
Of operations Carcinoma of rectum
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alex C. Crampton M. D.
Address Church Home & Infirm. Date signed 10-14-39

VS 3

62089

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 F 62089 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 800 S. Eaton St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto City (If outside city or town limits, write RURAL and give town)
(d) Street No. 800 S. Eaton St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John E. Weininger

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Minnie
6 (c) If alive, give age: 45 years
7. Birth date of deceased (mo., day, yr.): Mar. 21/ 1893
8. AGE: Years: 46 Months: 6 Days: 12 If less than one day: hr. min.
9. Birthplace: Balto Md (Town, county, and state)
10. Usual Occupation: Clerk
11. Industry or business: At B&O Office

FATHER
12. Name: John Weininger
13. Birthplace: Balto. Md.

MOTHER
14. Maiden Name: Katherine Fuch
15. Birthplace: Germany

16 (a) Informant: Minnie Weininger (Wife
(b) Address: 800 S. Eaton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 17/39 (month) (day) (year)
(c) Cemetery or crematory: Oak Lawn
Location: Eastern Ave Rd.

18 (a) Funeral director: Lilly & Zuleris Inc.
(b) Address: 403 S. Wolfe St.

19 (a) OCT 17 1939 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 13 1939, at 3/15 PM

21. I certify that death occurred on the date above stated, that I attended deceased from 10/9/39 to 10/13 1939.
and that I last saw him alive on 10/13 1939.

Immediate cause of death: Uremia
Due to: Chr. Nephritis
Due to: Chr. Hypertension
Other Conditions: Residual Paraplegia.
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: H. Gregory Lee
Address: 201 E Eager St Date signed

V8 3

F 62090

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-a Registered No. F 62090

F 62090

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2239 Barclay St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2239 Barclay St (If rural give location)
(e) If foreign born, how long in U. S. A.? 27 years

17

3 (a) FULL NAME Hans Bromme

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-01-8926

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 5, 1879

8. AGE: Years 59 | Months 11 | Days 11 | If less than one day hr min

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Fish washer

11. Industry or business

FATHER
12. Name Ernst Bromme
13. Birthplace Germany

MOTHER
14. Maiden Name Josefine Pitschler
15. Birthplace Germany

16 (a) Informant Mrs. Marie Bortmel
(b) Address 2107 Wilhelm St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 18 39 (month) (day) (year)
(c) Cemetery or crematory St Mathias
Location Baltimore Md.

18 (a) Funeral director George L. Schwab
(b) Address 2101 Frederick Ave.

19 (a) OCT 17 1939 (Date received by registrar) (b) Hamilton Hill Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 14th 1939, at 11 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death Carcinoma of Larynx — Duration —

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenweber M.D. Medical Examiner

Date signed Oct 18th, 1939

VS 6

F 62091

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a 46088 F 62091

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore Maryland

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1210 Guilford Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Howard Arthur

3 (b) If veteran, name war: 10

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Viola

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 2, 1902

8. AGE: Years	Months	Days	If less than one day
37	7	14	hr. min.

9. Birthplace Hartford Co., Md. (Town, county, and state)

10. Usual Occupation Maintenance Man

11. Industry or business

FATHER

12. Name John Arthur

13. Birthplace Md.

MOTHER

14. Maiden Name Mary Green

15. Birthplace Md.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/19/39 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Balto. Co. Md.

18 (a) Funeral director William Bok

(b) Address 127 N. Paul St

19 (a) (Date rec'd by registrar) (b) Registrar

VS F 17 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 10 - 16 1939, at 12:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-29 1937, to 10-16 1939, and that I last saw him alive on 10-15 1937.

Immediate cause of death: Compression fracture 1st lumbar vertebra with paraplegia — Duration: 3½ months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations Epidural & subdural hematoma of spinal cord

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Accident

(b) Date of occurrence 6/28/39

(c) Where did injury occur? Baltimore Md. Fall Tray & Md. (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Public place (Specify type of place) While at work? No

(e) Means of injury Fell down embankment

23. Signature C. K. Woodward M. D.

Address Balto City Hosp Date signed 10-16-39

D. L. Wollenweber, M.D. Asst Med. Examiner

62092

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48

46432-SD

F 62092 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address: 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo.

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. 2522 Pennsylvania Avenue (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Ida Kenny

3 (b) If veteran, name war ____

3 (c) Social Security Account No. NONE

4. Sex: F

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Charles (d)

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr) 2/21/61

8. AGE: Years 78 | Months 7 | Days 25 | If less than one day: hr. ____ min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business: ____

FATHER

12. Name: Levi Wheatfield (d)

13. Birthplace: Bovaria

MOTHER

14. Maiden Name: Bertha Blondheim

15. Birthplace: Bovaria

16 (a) Informant: Records

(b) Address: BaltimoreCity Hospitals

17 (a) Burial

(b) Date thereof 10/17/37 (month) (day) (year)

(Burial, cremation, or removal)

(c) Cemetery or crematory Loudon Park

Location Baltimore Md.

18 (a) Funeral director Wm Cook

(b) Address 1219 E Fayette St.

19 (a) ____ (b) ____ Registrar

(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-16 1937, at 6:50 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-11 1937, to 10-16 1937, and that I last saw her alive on 10-16 1937.

Immediate cause of death: Carcinoma uterus

Duration: ?

Due to: ____

Due to: ____

Other Conditions: ____

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: ____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide: ____

(b) Date of occurrence: ____

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury: ____

23. Signature L. K. Weisenfeld M. D.

Address Balto City Hosp. Date signed 10-16-37

62093

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-aF 62093 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 737 George St

(c) Hospital or institution: 17-3

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and name town)

(d) Street No. 732 George St (If rural route, location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Gill 154

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife Winnie Gill

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 13 1857

8. AGE: Years 52 | Months | Days 7 | If less than one day hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation Labor.

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden Name Unknown

15. Birthplace

16 (a) Informant Norvill Caldwell

(b) Address 732 George St

17 (a) (Burial, cremation, or removal) (b) Date thereof Oct 17, 1939 (month) (day) (year)

(c) Cemetery or crematory Mt. Zion

Location

18 (a) Funeral director Mrs Kate P. Williams

(b) Address 322 N Schroeder St

19 (a) OCT 17 1939 (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 16 1939 at 1 A M

21. I certify that death occurred on the date above stated, that I attended deceased from Oct 14 1939 to Oct 16 1939

and that I last saw h alive on Oct 13 1939

Immediate cause of death Cerebral Hemorrhage — Duration 2 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature

Address 737 George St Date signed 10/16/39 M. D.

VS 3

62094 HEALTH DEPARTMENT—CITY OF BALTIMORE 62094

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 412 S Calhoun St. 19-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Wideman
If U. S. Veteran specify WAR

(a) Residence: No. 412 S. Calhoun St., Ward. S.S. 218-09-8865
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of: Ruth N. Wideman

6. DATE OF BIRTH (month, day, year): July 7 1877

7. AGE: Years 62 | Months 3 | Days 9 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Watchman for
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: W.P.A.
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 10 Y

12. BIRTHPLACE (city or town) (State or country): Md

FATHER
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Ruth N. Wideman 412 S. Calhoun St

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Olivet Cem Date: Oct 19 39

19. UNDERTAKER (Address): Rolff & B. M. Walters Sons Pratt & Stricker St

20. FILED 19 Registrar.

OCT 17 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1939, to Oct 16, 1939
I last saw him alive on Oct 16, 1939. Death is said to have occurred on the date stated above, at 6.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	3 days
Other contributory causes of importance: Cerebral embolism	2 hrs

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Benjamin Miller M. D.
(Address) 2070 William Ave.

32095

F 62095

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-e Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 610 Cumberland.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 610 Cumberland St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lanny Longoy

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4 Female 5 Color or race Colored | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Alexander Longoy 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 69 | Months 10 | Days 16 | If less than one day hr. min.

9. Birthplace Georgia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Thomas Gibson
13. Birthplace Georgia

MOTHER 14. Maiden Name Frances Gibson
15. Birthplace Georgia

16 (a) Informant William Longoy
(b) Address 610 Cumberland St

17 (a) Mt Calvary (Burial, cremation, or removal) (b) Date thereof 10 19 39 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Brooklyn

18 (a) Funeral director V. A. Brooks
(b) Address 1463 N. Carey St.

19 (a) OCT 17 1939 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 16 1939 at 4.9 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 13 1939 to Oct 16 1939 and that I last saw him alive on Oct 16 1939.

Immediate cause of death Myocarditis
Due to Arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration of 6 hours
Typo

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address [illegible] Date signed 10/16

VS 3

F 62096
369311

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

59

F 62096
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 326 S. Macon (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Kerner

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Henry Kerner
6 (c) If alive, give age: 50? years
7. Birth date of deceased (mo., day, yr.): June 23. 1892 6-23-92
8. AGE: Years 47 | Months 3 | Days 22 | If less than one day: hr. min.
9. Birthplace: Balto. Md (Town, county, and state)
10. Usual Occupation: H. Wife
11. Industry or business:

MOTHER / FATHER
12. Name: John Butzner
13. Birthplace: Baltimore
14. Maiden Name: Mary ?
15. Birthplace: Baltimore

16 (a) Informant: Records
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 19. 1939 (month) (day) (year)
(c) Cemetery or crematory: Oak Lawn
Location: Baltimore Md.
18 (a) Funeral director: HENRY SANDER & SONS. INC.
(b) Address: Baltimore & Broadway.

19 (a) [illegible] (Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct-15 1939, at 905 P M

21. I certify that death occurred on the date above stated, that I attended deceased from Oct-3 1939, to Oct 15 1939, and that I last saw her alive on Oct 15 1939.

Immediate cause of death: Coronary Thrombosis — Duration: 2 days
Due to: Arteriosclerotic-Hypertensive Cardiovascular Disease — ? 10 years
Due to:
Other Conditions: Diabetes Mellitus, Arteriolosclerotic Nephritis, Urinary Infection
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: D. M. Welty M. D.
Address: Johns Hopkins Hospital Date signed: 10-16-39

F 62097

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

11-B

F 62097 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 33rd & Calvert

(c) Hospital or institution: Union Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Day

(e) Length of stay in Baltimore (yrs., mos., or days) 1 Day

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Balto

(c) City or town ~~Baltimore~~, RUXTON
(If outside city or town limits, write RURAL and give town)

(d) Street No. La Belle Ave.
(If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME William Carleton Whittier

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 8/4/39

8. AGE: Years	Months	Days	If less than one day
	2	0	hr. ____ min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Benj. L. Whittier

13. Birthplace Lowell Mass.

MOTHER 14. Maiden Name Carolyn R Grymes

15. Birthplace Lawrence Mass

16 (a) Informant Benjamin R. Whittier

(b) Address Ruxton Md

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Oct 18 1939 (month) (day) (year)

(c) Cemetery or crematory Green Mount Cemetery

Location Balto Md

18 (a) Funeral director Henry W. Tomlinson & Son Co

(b) Address McCulloh & Orchard Sts

19 (a) ____ (Date rec'd by registrar) (b) ____ Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/16 1939. at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/16 1939. to 10/16 1939. and that I last saw h[im] alive on 10/16 1939.

Immediate cause of death

Acute Meningitis, Cerebro-Spinal

Due to (Culture Sp Fluid Taken)

Due to Influenza bacillus?

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

Duration
1 Day

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Joseph H. Cook M. D.

Address Union Memorial Hosp Date signed 10/16/39

F 62098

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

95-B Registered No. F 62098

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Hebrew Old Home
(b) Street address Greenspring + Belvedere Ave
(c) Hospital or institution: Levindale
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr 6 mos
(e) Length of stay in Baltimore (yrs., mos., or days) V O

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1717 Green Spring Belvedere (If rural give location)
(e) If foreign born, how long in U. S. A.? V O years

3 (a) FULL NAME Aron Hallimsky
3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex M
5. Color or race W.
6 (a) Single, married, widowed, or divorced. widowed
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 11-6
8. AGE: Years 63 | Months | Days | If less than one day hr. min.
9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Cigar Maker (Self)
11. Industry or business Retired 60

FATHER
12. Name Joseph
13. Birthplace Russia

MOTHER
14. Maiden Name Isabelle Bransky
15. Birthplace Russia

16 (a) Informant Sig Tenblatt
(b) Address Superintendent

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-17-39 (month) (day) (year)
(c) Cemetery or crematory Herring Run
Location Phila Rd + Bowleys Lane
18 (a) Funeral director Jul. Levy Inc
(b) Address 1439 E Balto St.
19 (a) OCT 17 1939 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 17 1939, at 2.45 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 4-29 1938, to 10-17 1939.
and that I last saw h[illegible] alive on 10-16 1939.

Immediate cause of death	Duration
Hypertension	
Arteriosclerosis	
Cardiac hypertrophy + dilatation	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Edmund Levin M. D.
Address Levindale Date signed 10/17/39

VS 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

62099 — 108 — F 62099

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) So. Balto. Genl. Hospital (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Charles Walter Malinowski SS 213-07-3876

(a) Residence: No. 4243 Sheldon Ave. St., ... Ward.
(Usual place of abode) Balto
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed or divorced: HUSBAND of (or) WIFE of Mary Malinowski

6. DATE OF BIRTH (month, day, year) 1911

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	28			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Electric Co

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Walter Malinowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Kitowski

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mary Malinowski
(Address) 4243 Sheldon Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date 10-19 19 39

19. UNDERTAKER John J. Fuda
(Address) 2229 Hudson St

20. FILED ... 19 ... Registrar.

OCT 17 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-15-39 19

22. I HEREBY CERTIFY, That I attended deceased from 10-11-39 19 ... to 10-15-39 19 ...
I last saw him alive on 10-15-39 19 ... Death is said to have occurred on the date stated above, at 5.05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, bilateral, lobar, type III	10/8/39
other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation Sputum Typing What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Samuel L. Fox M. D.
(Address) So. Balto. Genl. Hosp.

Grave #10

F 62100

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183 Registered No. F 62100

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Pier 6, Foot of Pratt St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Unknown

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
about 40			hr. min

9. Birthplace (Town, county, and state) Md

10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/11/39 (month) (day) (year)
(c) Cemetery or crematory
Location Public Cemetery

18 (a) Funeral director Commissioner of Health
(b) Address Pr. H. A. Moore

19 (a) OCT 17 1939 (Date received by registrar) (b) Huntington Hilliard M.D. Registrar

V3 6

MEDICAL CERTIFICATION Early

20. DATE OF DEATH October 11 1939 at 4-6 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Drowning	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Probably Accident
(b) Date of occurrence Oct 11 1939
(c) Where did injury occur Pier 6 - Pratt St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? (Specify type of place)
(e) Means of injury Drowning

23. Signature H. H. Vanderhoff M.D. (Medical Examiner)
Date signed 10/11/39

48935

F 62101

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-BV

Registered 62101

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore City Hosp
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr. 55 min.

(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State ? (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. ? (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Unidentified (John Doe)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race colored

6 (a) Single, married, widowed, or divorced ?

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years 55 | Months | Days | If less than one day: hr. min.

9. Birthplace ? (Town, county, and state) Md?

10. Usual Occupation ?

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant B.C.H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

UNIVERSITY MEDICAL SCHOOL OCT 17 1938

18 (a) Funeral director
(b) Address

Per H. A. Moore

19 (a) OCT 17 1938 (Date received by registrar) Registrar

50903

MEDICAL CERTIFICATION

20. DATE OF DEATH October 7 1938, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death — Duration

Intestinal Obstruction

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. B. Vandegrift M.D.
Medical Examiner

Date signed 10/5/39

VS 4

62102

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119

F 62102

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mikena & Caton Ave.
(c) Hospital or institution: St. Agnes' Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1709 McKean Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Rose Marie Baumann X

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-11-1939

8. AGE: Years | Months 5 | Days 5 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER 12. Name James Baumann
13. Birthplace

MOTHER 14. Maiden Name Eileen Neale
15. Birthplace

16 (a) Informant M. E. Baumann
(b) Address 1709 McKean Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 17, 1939 (month) (day) (year)
(c) Cemetery or crematory Lorkwood
Location Baltimore Md.

18 (a) Funeral director Martin Fabrydans
(b) Address 1527 E. North Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-16 1939, at 5:35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-11 1939 to 10-16 1939.
and that I last saw her alive on 10-16 1939.

Immediate cause of death Malnutrition — Duration

Due to Diarrhea.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy Mesenteric lymphadenitis & enteritis.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James N. Cannon M. D.
Address S. J. Agnes Hospital Date signed 10/16/39

PHYSICIAN

Underline the cause to which death should be charged statistically.

62103

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 B Registered No. F 62103

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 513 Tunbridge Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ##0yrs##
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 513 Tunbridge Road (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Saranda Price

3 (b) If veteran, name war: no
3 (c) Social Security Account No. no

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: widowed
6 (b) Name of husband or wife: Abraham Price
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct 15. 1863

8. AGE: Years 76 | Months 0 | Days 1 | If less than one day: hr. ..... min.

9. Birthplace Pa. (Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name James J. Koler
13. Birthplace Pa.

MOTHER
14. Maiden Name Rebecca Bailey
15. Birthplace Pa.

16 (a) Informant Clarence L. Price
(b) Address 513 Tunbridge Road

17 (a) burial (Burial, cremation, or removal) (b) Date thereof Oct 18. 1939 (month) (day) (year)
(c) Cemetery or crematory Westminster Pres. Location Westminster Md.
18 (a) Funeral director John Mitchell & Son
(b) Address 1900 Eutaw Place
19 (a) OCT 19 1939 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 16 1939, at 4A M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-21 1939 to 10-16 1939.
and that I last saw h[er] alive on Oct 16 1939.

Immediate cause of death: Coronary sclerosis & thrombosis — Duration 3 wks.
Due to: Part of a general arteriosclerosis.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry A. McCarty M. D.
Address 37 W. Preston St. Date signed

VS 3

62104

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-E ✓ Registered No. E 62104

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1407 John Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1407 John Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Peterson Sollers

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Rosa S. Sedwick
6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) August 3, 1866

8. AGE: Years	Months	Days	If less than one day
73	2	14	hr. min.

9. Birthplace Calvert County, Maryland (Town, county, and state)
10. Usual Occupation real estate broker
11. Industry or business

FATHER
12. Name Joseph P. Sollers
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Sedwick
15. Birthplace Md.

16 (a) Informant Joseph S. Sollers
(b) Address Plaza Apts., Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/19/39 (month) (day) (year)
(c) Cemetery or crematory Christ Church, nr. Prince Fred. Calvert County, Md.
Location

18 (a) Funeral director John O. Mitchell Sons Inc
(b) Address 1900 Eutaw Place, Baltimore

19 (a) (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/17 1939, at 5:25 PM

21. I certify that death occurred on the date above stated, that I attended deceased from 8/13 1939, to 10/17 1939, and that I last saw h[im] alive on 10/16 1939.

Immediate cause of death Cerebral Apoplexy — Duration 2 mo.

Due to

Due to

Other Conditions Arteriosclerosis Myocardial Disease
(Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jack R. Morgan M. D.
Address 6 E. Read Street Date signed 10/17/39

2105

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B

Registered No. F 62105

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 212 Wendover Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1317 N. Calvert St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ann Mason Banks

3 (b) If veteran, name war no

3 (c) Social Security Account No. no

4. Sex female

5. Color or race white

6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife Andrew Banks

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 16. 1866

8. AGE: Years 73 | Months 11 | Days | If less than one day hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation retired

11. Industry or business

FATHER 12. Name John B. Wilson
13. Birthplace N.C.

MOTHER 14. Maiden Name Celestine Heilman
15. Birthplace Va.

16 (a) Informant Ann M. Thomas
(b) Address 212 Wendover Road

17 (a) burial (Burial, cremation, or removal) (b) Date thereof Oct. 18. 1939 (month) (day) (year)
(c) Cemetery or crematory Hollywood Cemetery
Location Richmond Va.

18 (a) Funeral director John Whitehill & Sons
(b) Address 1900 Eutaw Place

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-16 1939, at 4.30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1927 19..., to 10.16 1939. and that I last saw h ER alive on 10.15 1939.

Immediate cause of death CORONARY THROMBOSIS — Duration 8 HRS.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John L. Dorsey M. D.
Address 1129 St. Paul St. Unassigned

32106

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

45-3 F 32106

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3404 Elgin Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3404 Elgin Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Hadley Stivers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Hattie F. Stivers

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 23, 1860

8. AGE: Years	Months	Days	If less than one day
79	1	23	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Retired- 2034

11. Industry or business Grocery

FATHER
12. Name Champion D. Stivers
13. Birthplace Unknown

MOTHER
14. Maiden Name Catherine Fleming
15. Birthplace Unknown

16 (a) Informant Mrs. Hattie F. Stivers
(b) Address 3404 Elgin Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 19, -39 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pennsylvania Aves

19 (a) OCT 19 1939 (b) Huntington, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 16, 1939, at 12 h. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 21 1939 to Oct 16 1939.
and that I last saw h m alive on Oct 16 1939.

Immediate cause of death	Duration
Carcinoma of tongue pharynx & larynx	1 year
Due to	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Homer A. Todd M. D.
Address 735 N. Fulton Ave. Date signed 10/17/39

VS 3

F 62107

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59

F 62107 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Rural Towson Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. Endowood Farm (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Ivy Miller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife George Miller
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Dec. 19, 1886

8. AGE: 53 Years 52 | Months 9 | Days 29 | If less than one day hr. min.

9. Birthplace Parkton, Md (Town, county, and state)

10. Usual Occupation Housework
11. Industry or business at Home

MOTHER / FATHER

12. Name Thomas Cooper
13. Birthplace Parkton, Md.
14. Maiden Name Cornelia C. Bull
15. Birthplace Parkton, Md.

16 (a) Informant Mr. George Miller
(b) Address Endowood Farm Towson.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 20, 1939 (month) (day) (year)
(c) Cemetery or crematory Woodbury Cem.
Location Woodbury Balto Co Md.

18 (a) Funeral director John Burns Sons
(b) Address Towson, Md.

19 (a) (b) Registrar
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 17 1939. at 8 55 M

21. I certify that death occurred on the date above stated, that I attended deceased from 10-15 1939. to 10-17 1939. and that I last saw h alive on 10-17 1939.

Immediate cause of death: Cerebral hemorrhage — Duration: 3 days

Due to Hypertensive heart disease ?

Due to

Other Conditions Diabetes mellitus

(Include pr[redacted] within 3 months of death)

Major findings:
Of operations

Of autops[redacted] Coroner's case

PHYSICIAN

Underline the cause to which death should be charged statis-

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J. McClafferty M. D.
Address Bon Secours Hosp Date signed 10-17-39

62108 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 62108

CERTIFICATE OF DEATH

X 157-C

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Girl Robbins

(a) Residence: No. June Hill Rd St., ... Ward. Worcester Co.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Newborn

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10-16-39.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
Newborn		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

FATHER

13. NAME Louis Robbins

14. BIRTHPLACE (city or town)
(State or country) Md

MOTHER

15. MAIDEN NAME Eleanor.

16. BIRTHPLACE (city or town)
(State or country) Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Hill Date Oct 18 1939

19. UNDERTAKER Edward E. Brown
(Address) Druid Hill Ave

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1939, to Oct 16, 1939

I last saw h.fn. alive on Oct 16, 1939. Death is said to have occurred on the date stated above, at 4 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital heart disease	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. W. Dorman Jr. M. D.

(Address) University Hospital

VS 3

OCT 17 1939

F 62109

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62109 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wyman Park Drive and 31st St.

(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 year

(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2736 Riggs Ave., Baltimore, Md. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Bonzelle Atwood Bussells

3 (b) If veteran, name war NO

3 (c) Social Security Account No. NONE

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 2, 1879

8. AGE: Years 60 | Months 4 | Days 14 | If less than one day: hr. min.

9. Birthplace Eastern Shore, Maryland (Town, county, and state)

10. Usual Occupation 1st Officer

11. Industry or business Seafaring

FATHER 12. Name James Bussels

13. Birthplace Eastern Shore, Md.

MOTHER 14. Maiden Name Laura White

15. Birthplace Eastern Shore, Md.

16 (a) Informant Records-U. S. Marine Hospital,

(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/19/39 (month) (day) (year)

(c) Cemetery London Park

Location Balto Md

18 (a) Funeral director William Cook

(b) Address 1217 St. Paul st

19 (a) [illegible] (Date received by registrar) (b) [illegible] (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 16, 1939, at 4:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 17, 1938 to Oct. 16, 1939, and that I last saw him alive on Oct. 16, 1939.

Immediate cause of death: Pulmonary tuberculosis — Duration: Unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Same as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature T. M. N. Anderson. M. D.

Address U. S. Marine Hospital Baltimore, Md. Date signed 10/17/39

VS 3

F 62110

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C

F 62110 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1737 N. Broadway
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1737 N. Broadway (If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME John E. Welsh

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, ~~widowed or divorced~~
Male	White	Married

6 (b) Name of ~~husband or~~ wife Edie R. Welsh
6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) Sept 4th 1881

8. AGE: Years	Months	Days	If less than one day: hr.	min.
58	1	13		

9. Birthplace Balto. Md. (Town, county and state)
10. Usual Occupation Retired Proprietor
11. Industry or business Restaurant

FATHER
12. Name James E Welsh
13. Birthplace Balto Md

MOTHER
14. Maiden Name Mary Reisenweber
15. Birthplace Balto Md.

16 (a) Informant Margaret Welsh
(b) Address 3008 Hamilton Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 10/20/39 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Balto
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) ... (b) ... Registrar
(Date rec'd by registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 17th 1939. at 12:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 5 1939. to Oct. 17 1939 and that I last saw him alive on Oct. 17 1939.

Immediate cause of death

Due to Hypostatic Pneumonia — Duration: 3 days

Due to Myocarditis — 6 mo

Other Conditions Arterio. Sclerosis — one yr

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. H. Magness M. D.
Address 14 E. Read St Date signed 10-17-39

Vernon 2689.

62111

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62111 Registered No. 210-M

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address City Hospitals
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 ds
(e) Length of stay in Baltimore (yrs., mos., or days) 18 ys

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 239 N. Lemmon St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ford Spenshaw

3 (b) If veteran, name war —
3 (c) Social Security Account No. NONE

4. Sex M
5. Color or race Wh
6 (a) Single, ~~married, widowed, or divorced~~ Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 4. 1893

8. AGE: Years 44 | Months 1 | Days 13 | If less than one day: hr. min.

9. Birthplace Baltimore Co Md (Town, county, and state)
10. Usual Occupation Salesman, auto
11. Industry or business Tinsmith

FATHER
12. Name George Spenshaw
13. Birthplace Baltimore Co

MOTHER
14. Maiden Name Sallie Tracey
15. Birthplace Baltimore Co Md

16 (a) Informant Harry Spenshaw
(b) Address 739 McKewin

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 20 37 (month) (day) (year)
(c) Cemetery or crematory Mt Lebanon Cem
Location Towson Md

18 (a) Funeral director Wilson Co
(b) Address 1219 E Fayette St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 17th 1937 at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Fracture L. left femur and tibia — **Duration**

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide, Accident
(b) Date of occurrence 10/2/37
(c) Where did injury occur? Howard Co Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Street (Specify type of place) While at work? No
(e) Means of injury Struck by Automobile

23. Signature [illegible] M.D. Medical Examiner
Date signed 10/17/37

VS 6

F 62112

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62112 Registered No. 81

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Green & Redwood St

(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mos

(e) Length of stay in Baltimore (yrs., mos., or days) 5 mos

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Queen Anne's

(c) City or town Centreville (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Norris (Morris)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex female

5. Color or race colored

6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Chas. Norris

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1916

8. AGE: Years 23 Months Days If less than one day hr. min

9. Birthplace Centreville Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Richard Brown

13. Birthplace Md.

MOTHER 14. Maiden Name Not known

15. Birthplace

16 (a) Informant Barton Bro.

(b) Address Centreville Md

17 (a) Burial Removal (b) Date thereof 10-18-39 (month) (day) (year)

(c) Cemetery

Location Centreville Md

18 (a) Funeral director Mrs Frances A. Hemsley

(b) Address 575 N. Biddle St.

19 (a) OCT 18 1939 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 16 1939, at 5:15 A M

21. I certify that death occurred on the date above stated, that I attended deceased from Oct 14 1939, to Oct 16 1939, and that I last saw h[illegible] alive on Oct 16 1939.

Immediate cause of death Cerebral Transverse myelitis — Duration 6 hrs

Due to Etiology — unknown

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations Abscess of cord 12th dorsal segment

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [signature] M. D.

Address University Hospital Date signed Oct 16 1939

F 62113

F 62113

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 523

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 201 - E. 32nd Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County City of Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 201 E. 32nd Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mabel Fortt Clayton

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: Single

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 9 1880

8. AGE: Years 59 | Months 7 | Days 7 | If less than one day: hr min.

9. Birthplace Hartford Co. Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business None

MOTHER / FATHER

12. Name Theodore Clayton

13. Birthplace Cecil Co. Md.

14. Maiden Name Mary Keyser

15. Birthplace Baltimore - Md.

16 (a) Informant Mrs. Emily C. McComas

(b) Address 201 - E - 32nd Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 18 39. (month) (day) (year)

(c) Cemetery or crematory Mountain Christian Home

Location Hartford Co. Md.

18 (a) Funeral director STEWART & BOWEN COMPANY

(b) Address (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

19 (a) (Date rec'd by registrar) (b) Registrar

OCT 18 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 16 1939 at 9 A.M.

21. I certify that death occurred on the date above stated, that I attended deceased from June 1931 to Oct 16 1939, and that I last saw h[illegible] alive on Oct 16 1939.

Immediate cause of death: Carcinoma Bladder Urinary

Duration: Several

Due to Mets metastasis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W W Brady M.D.

Address 1403 Park Ave Date signed 10/12/39

VS 3

3698426211 4

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1223, 107a

Registered No. 12144

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore (Parkville)
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 7801 Elmhurst-ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ruth Loss

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	MARRIED

6 (b) Name of husband or wife Harry A Loss
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-1-13

8. AGE: Years	Months	Days	If less than one day
26	2	15	hr. min.

9. Birthplace MD (Town, county, and state)
10. Usual Occupation H Wife
11. Industry or business

MOTHER | FATHER

12. Name Bart E Heinz
13. Birthplace MD
14. Maiden Name Elsie Du Plar
15. Birthplace MD

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Oct 19 39 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Balto Co.

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

19 (a) OCT 18 1939 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 16 1939, at 11 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 12 1939, to Oct 16 1939, and that I last saw her alive on Oct 16 1939.

Immediate cause of death	Duration
Lobular Pneumonia Pneumococcus Type 20	2 days
Due to	
Due to	
Other Conditions 6 months pregnancy (Include pregnancy within 3 months of death)	
Major findings: Of operations Intestinal Obstruction due to adhesions	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. F. Jonas Jr. M. D.
Address The Johns Hopkins Hospital Date signed 10-17-39

VS 3

F 62115

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131 Registered No. F 62115

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 500 E 41st St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 500 E. 41st St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Martha Ella Brown

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Charles L.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 27, 1860

8. AGE: Years 79 | Months 1 | Days 27 | If less than one day: hr. min.

9. Birthplace Leesburg Va (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

MOTHER / FATHER:
12. Name Charles D Bird
13. Birthplace Md
14. Maiden Name Mary J Mullen
15. Birthplace Leesburg Va

16 (a) Informant Mrs Juliet B Brown
(b) Address 3200 Evesham Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 19 1939 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director William J Zukoski & Son
(b) Address 1001 Penna Ave

19 (a) OCT 18 1939 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 17 1939, at 25 AM

21. I certify that death occurred on the date above stated, that I attended deceased from Nov 1933, to Oct 17 1939, and that I last saw her alive on Oct 17 1939.

Immediate cause of death: Pneumonia (Influenza type) — Duration 48 hrs

Due to: Cardio Renal Vascular disease — 6 yrs

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. W. Wheaton M. D.

Address 4309 York Rd. Date signed Oct 17/39

VS 3

F 62116

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-BF 62116 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Madison Ave

(c) Hospital or institution: Md. Gen. Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days

(e) Length of stay in Baltimore (yrs., mos., or days) 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 607 W. Lexington St. (If rural give location)

(e) If foreign born, how long in U. S. A.? 20 years

3 (a) FULL NAME Mrs. Charles LOUIS Fanos

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	married

6 (b) Name of husband or wife Jesse Randazzo

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 19 1874

8. AGE: Years	Months	Days	If less than one day
65	3	26	hr. min.

9. Birthplace Greece (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business None

MOTHER / FATHER

12. Name Not Known

13. Birthplace

14. Maiden Name not known

15. Birthplace

16 (a) Informant Hospital records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/18/39 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Near Baltimore Md

18 (a) Funeral director L. F. Reese

(b) Address Westminster Md

19 (a) (Date rec'd by registrar) (b) Registrar

OCT 18 1939

YS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 15 1939. at 8:40 P M

21. I certify that death occurred on the date above stated, that I attended deceased from 9/24 1939. to 10/15 1939. and that I last saw h[illegible] alive on 10/15 1939.

Immediate cause of death Congestive heart failure

Due to Hypertension Cardio-vascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Edward L. Plasana M. D.

Address Md. Gen. Hosp. Date signed 10/18/39

62117

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C

F 62117 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1600 N. Payson St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 49 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1600 N. Payson (If rural give location)
(e) If foreign born, how long in U. S. A.? 49 yrs years

3 (a) FULL NAME Jacob Levinson

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Kate

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr)

8. AGE: Years 66 Months Days If less than one day hr. min.

9. Birthplace Russia (Town, county and state)

10. Usual Occupation Men's Clothing

11. Industry or business Retired

MOTHER / FATHER

12. Name Not Known

13. Birthplace Russia

14. Maiden Name Not known

15. Birthplace Russia

16 (a) Informant Kate Levinson

(b) Address 1600 N. Payson

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-18-39 (month) (day) (year)

(c) Cemetery or crematory Rosedale

Location Phila. Rd. & Hamilton Ave

18 (a) Funeral director Jack Levin Inc

(b) Address 1439 E. Balto St

19 (a) (Date rec'd by registrar) (b) Registrar's No.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 17 1939 at 11:40 M

21. I certify that death occurred on the date above stated, that I attended deceased from — 1934 to 10/3 1939, and that I last saw h / was alive on Oct. 3 1939.

Immediate cause of death Chronic Myocarditis — Duration, Chronic

Due to

Due to

Other Conditions Emphysema — Chronic

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Phillip H. Cairns M. D.

Address 2210 Eutaw Place Date signed

F 62118

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B F 62118 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3620 Lucilleave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 1 18

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3620 Lucilleave (If rural give location)

(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME Morris Rubin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Late Annie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 1 1883

8. AGE: Years 56 | Months 5 | Days 26 | If less than one day hr. min.

9. Birthplace: Russia (Town, county, and state)

10. Usual Occupation: Furniture

11. Industry or business: Business

FATHER

12. Name: Mayer Rubin

13. Birthplace: Russia

MOTHER

14. Maiden Name: Unknown

15. Birthplace: Russia

16 (a) Informant: Nathan Rubin

(b) Address: 3620 Lucilleave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 18/39 (month) (day) (year)

(c) Cemetery or crematory: Hebrew Rosedale Cemetery

Location: Philadelphia Road

18 (a) Funeral director: Sol Levinson & Bros

(b) Address: 1124-26 W North ave

19 (a) Date received by registrar: OCT 18 1939 (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10 – 17 – 1939, at 4 45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1939 to Oct 17 1939, and that I last saw him alive on Oct 17 1939.

Immediate cause of death

Cardiac decompensation

Due to Cerebral Hemorrhage

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature A. H. Hornstein M. D.

Address 733 Arguith St Date signed 10/17/39

VS 8

F 62119

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62119 Registered No. 186-W

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1718 N. Appleton St (If rural give location)
(e) If foreign born, how long in U. S. A.? 25 years

3 (a) FULL NAME Eva Talles or Talesnich
3 (b) If veteran, name war None
3 (c) Social Security Account No. none
4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Israel
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 15. 1878
8. AGE: Years 61 Months 5 Days 2 If less than one day hr. min.
9. Birthplace Russia (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

MOTHER / FATHER
12. Name Samuel Trepeotkoy.
13. Birthplace Russia
14. Maiden Name Gertrude ?.
15. Birthplace Russia

16 (a) Informant Eli Talles
(b) Address 4024 Bonner Rd
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 18/39 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rozedale Cemetery
Location Philadelphia Road
18 (a) Funeral director Sol Levinson & Bro.
(b) Address 1124-26 W North ave
19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/17 1939. at 6 35 P M
21. I certify that death occurred on the date above stated; that I attended deceased from 10/7 1939. to 10/17 1939. and that I last saw her alive on 10/17 1939.

Immediate cause of death: Fracture Left Femur — Duration 10/7/39.
Due to Hypostatic + Bronchial Pneumonia — 10/16/39
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 10/7/39
(c) Where did injury occur? Balto! (City or town) (County) Md. (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? no
(e) Means of injury Fell in home ~~Fell down stairs~~ on floor
23. Signature E. F. Johnston M. D.
Address Maryland General Hosp Date signed 10/17/39

Howard Jim Waldeis Ky. D - filed from

OCT 18 1939
Williamsport, Md.

VS 3

62120

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62120
Registered No.

95-B

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4004 Massachusetts Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 4004 Massachusetts (If rural give location)

(e) If foreign born, how long in U. S. A.? years

20 4

3 (a) FULL NAME James L. Monaghan

3 (b) If veteran, name war: World

3 (c) Social Security Account No. 218-01-6494

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary E.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 4 1900

8. AGE: Years 38 | Months 10 | Days 12 | If less than one day: hr. min.

9. Birthplace Phila. Pa (Town, county, and state)

10. Usual Occupation Sales man

11. Industry or business

FATHER 12. Name Harry Monaghan

13. Birthplace Penna

MOTHER 14. Maiden Name Not Known

15. Birthplace "

16 (a) Informant Mrs E Monaghan

(b) Address 4004 Mass Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 19 39 (month) (day) (year)

(c) Cemetery or crematory Catholic

Location Baltimore Md

18 (a) Funeral director Frank A Hagley

(b) Address Eutaw & Lafayette

19 (a) OCT 18 1939 (Date rec'd by registrar) (b) [illegible], M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 16 1939, at 8:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 16 1939 to Oct 16 1939.

and that I last saw him alive on Oct 16, 1939.

Immediate cause of death Acute Cardiac Dilatation — Duration: 1 hour

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature L. W. Sonella M. D.

Address 4113 Frederick Rd Date signed 10-17-39

VS 3

F 62121

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B

F 62121 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address West Baltimore General Hosp
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 410 N. Franklintown Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Zegar

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race Wh

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Alice V. Zegar

6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr) Feb 11 1887

8. AGE: Years 52 Months 1 Days 0 If less than one day hr min

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Bartender

11. Industry or business

FATHER
12. Name Andrew Zegar
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Alice V. Zegar
(b) Address 410 N. Franklintown Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 19, 1939 (month) (day) (year)
(c) Cemetery or crematory London Park
Location

18 (a) Funeral director Cumbose, Inc.
(b) Address 1011 W. Lexington St.

19 OCT 18 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION 11-2 P

20. DATE OF DEATH October 16 1939, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Due to Coronary Occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. W. Landecraft M.D. Medical Examiner

Date signed 10/17/39

VS 6

2122

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

Registered No. 52122

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore Maryland

(c) Hospital or institution:

Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. Pt. Mad no home (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Foote

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Joicey

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) June 12, 1871

8. AGE: Years	Months	Days	If less than one day
68	4	3	hr. min.

9. Birthplace England (Town, county, and state)

10. Usual Occupation Has old age pension

11. Industry or business

FATHER

12. Name George Edward Foote

13. Birthplace Bermuda

MOTHER

14. Maiden Name Jane Thompson

15. Birthplace Bermuda

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal)

(b) Date thereof 10/18/39 (month, day) (year)

(c) Cemetery or crematory St Mabbetts

Location E. Pownall Ave

18 (a) Funeral director Hollins & Gilmor

(b) Address

19 (a) Date received by Registrar OCT 20 1939

(b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH October 15 1939, at 2.05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 22 1939, to Oct 15 1939, and that I last saw h~~im~~ alive on Oct 15 1939.

Immediate cause of death Arteric sclerotic Heart disease — Duration unknown.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. Waglubstein M. D.

Address Balto City Hosp Date signed 10-16-39

62123 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 131 F 62123

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1710 John St St. 14th Ward)
Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR .....

2. FULL NAME Mary E. Hartzell
(a) Residence: No. 1710 John St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Thomas F. Hartzell

6. DATE OF BIRTH (month, day, year) July 19-1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	2	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife no
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER
13. NAME Isaac Gilbert
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER
15. MAIDEN NAME Martha J Treadwell
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Howard E Gilbert
(Address) 1710 John St

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Oct 18 1939

19. UNDERTAKER Geo. L. Beyer Jr
(Address) 1512 Hilton St

20. FILED ..... 19..... Registrar.

OCT 16 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15 1939

22. I HEREBY CERTIFY, That I attended deceased from July 10 1923 to Oct 15 1939
I last saw h.. alive on Oct 15 1939 Death is said to have occurred on the date stated above, at 11 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	10/13/39
Other contributory causes of importance: Nephritis - Myocarditis	

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) J Edw Jathoff M. D.
(Address) 2723 St Paul St

V9 8

32124 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 32124

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3602 Elm ave St., 13-6 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Annie J. Harrison
If U. S. Veteran specify WAR

(a) Residence: No. 3602 Elm ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm. H. Harrison

6. DATE OF BIRTH (month, day, year) Feb. 16. 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	8		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Laurel Md.
(State or country)

FATHER
13. NAME John B Baird
14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER
15. MAIDEN NAME Margaret Baldwin
16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Wm. H. Harrison
(Address) 3602 Elm ave

18. BURIAL, CREMATION, OR REMOVAL
Place St Mary's Cem Date Oct 19 19

19. UNDERTAKER Geo. L. Bayer Jr
(Address) 1912 Mclmore St

20. FILED 19 Registrar.

OCT 18 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 16 1939.

22. I HEREBY CERTIFY, That I attended deceased from Oct 13 1939 to Oct 16 1939.
I last saw her alive on Oct 16 1939. Death is said to have occurred on the date stated above, at 9:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3 days
Other contributory causes of importance: Acute Cardiac dilatation	

Was an operation performed? No Date of —
For what disease or injury? —
Name of operation —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas Dewitt M. D.
(Address) 846 W 36th St

V0 3

F 62125

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91-a

F 62125 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mo. 23 days
(e) Length of stay in Baltimore (yrs., mos., or days) 27 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 120 N. Front Street (If rural give location)
(e) If foreign born, how long in U. S. A.? ------ years

3 (a) FULL NAME Rt. Rev. Phelan B. McGuire

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: S

6 (b) Name of husband or wife ~~[illegible]~~

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-8-71

8. AGE: Years 67 Months 10 Days 8 If less than one day: hr. min.

9. Birthplace Altoona Pa (Town, county, and state)

10. Usual Occupation Clergyman (Roman Catholic)

11. Industry or business

MOTHER / FATHER

12. Name John McGuire

13. Birthplace Ireland

14. Maiden Name Mary O'Reilly

15. Birthplace Ireland

16 (a) Informant S. R. Mears

(b) Address 805 N. Calvert St.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 10/19/39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Cathedral

Location Frederick Road

18 (a) Funeral director Henry U. Mears & Son

(b) Address 805 N. Calvert St.

19 (a) (Date received by registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-16 1939, at 10:45 P M

21. I certify that death occurred on the date above stated, that I attended deceased from MAY 24 1939, to OCT. 16 1939, and that I last saw h/m alive on OCT 16 1939.

Immediate cause of death: Cerebral Embolism

Due to: Sub-Acute Bacterial Endocarditis

Due to (Streptococcus Viridans)

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration: 4 mos 23 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. McClafferty M. D.

Address Bon Secours Hosp. Date signed 10-16-39

F 62126

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

23

Registered No. F 62126

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 188 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1827 McHenry St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Pearl Griffith (43554)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife William

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 15, 1894

8. AGE: Years	Months	Days	If less than one day
45	8	25	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation H.W.

11. Industry or business

FATHER
12. Name John Warbel
13. Birthplace Md.

MOTHER
14. Maiden Name Alice Crump
15. Birthplace Md.

16 (a) Informant Hospital Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery (or crematory) UNIVERSITY MEDICAL SCHOOL OCT 18 1939
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) OCT 18 1939 (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH October 10, 1939 at 8:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 5, 1939, to Oct. 10, 1939, and that I last saw her alive on Oct. 10, 1939.

Immediate cause of death Tuberculosis of Lungs — Duration Jan 1939

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dolan M. D.
Address Balto. City Hospital Date signed 10-10-39

VS 3

3 E 9242 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119 Registered No. F 62127

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1820 N. Spring (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Calvin Coleman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 8-30-39

8. AGE: Years	Months	Days	If less than one day
	1	9	hr. min.

9. Birthplace md (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER 12. Name Granville Coleman

13. Birthplace md

MOTHER 14. Maiden Name agnes Jones

15. Birthplace md

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or Crematory JOHNS HOPKINS MEDICAL SCHOOL OCT 18 1939

Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore

(b) Address

19 (a) OCT 18 1939 (Date rec'd by registrar) (b) Interment Cremation Removal Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 9 1939. at 6.45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 2 1939 to Oct 9 1939. and that I last saw him alive on Oct 9 1939.

Immediate cause of death	Duration
Non Specific Bacteremia	
Due to Non Specific Diarrhea	2 wks
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry P. Goldberg

Address Johns Hopkins Hosp. Date signed M. 19 D. 39

VS 3

62128

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

57 ✓ F 62128 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3524 Elm Ave.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 59 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3524 Elm Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mrs. Almira L. Woodward

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife John L. Woodward

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 4-1859

8. AGE: Years	Months	Days	If less than one day
80	8	13	hr. min.

9. Birthplace Falmouth, Va. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business —

MOTHER / FATHER

12. Name Thomas Patterson

13. Birthplace Virginia

14. Maiden Name Judy A. Brooks

15. Birthplace Virginia

16 (a) Informant Mrs Nellie M. Woodward

(b) Address 3524 Elm Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 19-1939 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Pikesville, Md.

18 (a) Funeral director Horace H. Burger

(b) Address 3631 Falls Road

19 (a) Oct 18 1939 (Date received by registrar) (b) — Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 17- 1939. at 12 55 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1935 19 . to Oct 17 1939.
and that I last saw her alive on Oct 17 1939.

Immediate cause of death Myocarditis
Pneumonia
(Terminal)

Duration 4 days

Due to

Due to

Other Conditions Arthritis deformans 76 yrs
(Not related)
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. J. Littell M. D.
Address 3615 Falls Rd. Date signed 10/17/39

VS 3

62129

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

F 62129
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address City Hospitals
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 206 So Oldham St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Christian P Seiffer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Wh	Married

6 (b) Name of husband or wife Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15-1896

8. AGE: Years	Months	Days	If less than one day
43	7	2	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation die Setter
11. Industry or business Crown Cork & Seal

MOTHER FATHER

12. Name Christian P Seiffer
13. Birthplace Germany
14. Maiden Name Antionette Shickfans
15. Birthplace Germany

16 (a) Informant Mrs Mary P Seiffer
(b) Address 206 Oldham St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 19-39 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location German Hill Rd.

18 (a) Funeral director John J. Connelly
(b) Address East 32nd.

19 (a) (Date received by registrar) OCT 18 1939 (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 17 1939, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fracture of skull	
Due to Laceration of brain	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accidental
(b) Date of occurrence 10/14/39 2:20 P
(c) Where did injury occur? Home 206 So Oldham St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fell down cellar steps while drunk

23. Signature [illegible] M.D.
Medical Examiner
Date signed 10/17/39

2130

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 B F 62130 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3819 Hamilton Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 year 0 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 3819 Hamilton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Theodore H. Goeppert

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-01-3114

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mary Goeppert 6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr) Aug 14 1873

8. AGE: Years 66 | Months 2 | Days 12 | If less than one day hr. min.

9. Birthplace Cleveland Ohio (Town, county, and state)

10. Usual Occupation Machinist
11. Industry or business Airplanes

MOTHER | FATHER
12. Name Roman Goeppert
13. Birthplace Germany
14. Maiden Name Katherine Walk
15. Birthplace Germany

16 (a) Informant Mrs Mary Goeppert
(b) Address 3819 Hamilton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 19 39 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair - Moravia

18 (a) Funeral director John Ulbrich
(b) Address 2008 Orleans St

19 (a) OCT 19 1939 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 15 1939, at 9:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 13 1939, to Oct 15 1939, and that I last saw h[im] alive on Oct 15 1939.

Immediate cause of death Coronary Thrombosis — Duration 3 days

Due to •

Due to

Other Conditions: Chronic hypertension with Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: •
Of operations None

Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. S. Harding M. D.
Address 4810 Belair Rd Date signed Oct 17 39

2131 F 62131

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2115 E. Preston St., 8-4 Ward)

Length of residence in city or town where death occurred 52 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

If U. S. Veteran specify WAR ____

2. FULL NAME John F. Smith

(a) Residence: No. 2115 E. Preston St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) ~~WIFE~~ of Emma Smith

6. DATE OF BIRTH (month, day, year) May 25 1887

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
52	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brass Foundry

10. Date deceased last worked at this occupation (month and year) Oct. 1939

11. Total time (years) spent in this occupation 26yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Peter Smith

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Catherine Hoffman

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Emma Warren

(Address) 2115 E. Preston St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 10/17/1939

19. UNDERTAKER Durward & Dwight

(Address) 21 W. 25th St.

20. FILED OCT 18 1939 Registrar. Funeralizer Petitioner

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-16-1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 5 1939 to Oct 13 1939.

I last saw him alive on Oct 13 1939 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute coronary occlusion	
Other contributory causes of importance:	
Ch Myocarditis	

Was an operation performed? ____ Date of ____

For what disease or injury? ____

Name of operation ____

What test confirmed diagnosis? Physical Was there an autopsy? (a)

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) C. C. Armistead, M. D.

(Address) 723 Cathedral St

62132

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59

F 62132
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3008 Louise Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3008 Louise Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clara V. Schreiber

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W.	married

6 (b) Name of husband or wife Charles J. Schreiber
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-25-1869

8. AGE: Years	Months	Days	If less than one day
69	9	22	hr. min.

9. Birthplace Annapolis Md. (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

MOTHER / FATHER

12. Name George T. Taylor
13. Birthplace Md
14. Maiden Name Julia Nesbitt
15. Birthplace Md

16 (a) Informant Charles J. Schreiber
(b) Address 3008 Louise Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-20-39 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Leonard J. Rock
(b) Address 5305 Harford Rd.

19 (a) (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-17 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 19[illegible] to Oct. 17, 1939. and that I last saw h[illegible] alive on Oct. 16 1939.

Immediate cause of death Acute cardiac failure — Duration 4 days.

Due to Acute Nephritis — 3 mos.

Due to

Other Conditions Diabetes Mellitus. Gen. arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Silver M. D.
Address 3702 Garrison Blvd. Date signed

VS 3

62133

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-a F 62133 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd - Calvert St.
(c) Hospital or institution: Union Memorial
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 9 "

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County Westmoreland
(c) City or town Saltsburg (If outside city or town limits, write RURAL and give town)
(d) Street No. Washington St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mr. Joseph Andre McClaran

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 25, 1866

8. AGE: Years 73 | Months 4 | Days 23 | If less than one day hr. min.

9. Birthplace Penn (City or town, county, and state)

10. Usual Occupation Retired.

11. Industry or business

FATHER
12. Name James McClaran
13. Birthplace Pa

MOTHER
14. Maiden Name Catherine Andre
15. Birthplace Pa

16 (a) Informant Mrs Joseph A. McClaran
(b) Address Saltsburg Penna.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 10 19 39 (month) (day) (year)

(c) Cemetery or crematory Saltsburg Pa.
Location

18 (a) Funeral director William J Bukner & Son
(b) Address Penna.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-18 1939, at 11 32 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 9, 1939, to Oct 18 1939, and that I last saw him alive on Oct 18 1939.

	Duration
Immediate cause of death Cardiac failure	
Due to Pneumonia post operative	2 days
Due to	
Other Conditions Adenosing gastric ulcer	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Adenosing gastric ulcer
Of autopsy Not obtained.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank W. Sutherland M. D.
Address Union Memorial Hosp Date signed 10-18-39

VS 3

62134 F 62134

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

182-D

1. PLACE OF DEATH Franklin Square Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 7 Fayette (Calhoun) St. 19 W. [illegible]

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George W. Hahn

(a) Residence: No. 602 W. Lexington St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Laurence Hahn

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Schaffer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. C. W. Rentzigen
(Address) 1931 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk. Date 10/19/39.

19. UNDERTAKER Harry H. Kuhle
(Address) 401 Edmondson Ave.

20. FILED 19 1939 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 3, 1939, to Oct. 17, 1939.

I last saw ~~him~~ alive on Oct. 17, 1939. Death is said to have occurred on the date stated above, at 5:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	10-3-39
Other contributory causes of importance: Hypostatic pneumonia	10-14-39

Was an operation performed? No Date of —

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harris B. Schreiber M. D.

(Address) 2-4 S. Fremont Ave.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62135 Registered No. 182-a

62135

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2346 Stockton St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2346 Stockton St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary E Robinson
3 (b) If veteran, name war
3 (c) Social Security Account No. none

4. Sex F | 5. Color or race cd | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Edward
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 4 1869

8. AGE: Years 58 | Months 7 | Days 13 | If less than one day hr. min.

9. Birthplace md (Town, county, and state)
10. Usual Occupation domestic
11. Industry or business private family

FATHER
12. Name Wilson Houston
13. Birthplace Md

MOTHER
14. Maiden Name Harriett Houston
15. Birthplace Md

16 (a) Informant Laura Thomas
(b) Address 1219 Stricker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/20/39 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Jos. L. Nelson
(b) Address 1303 Pressman St

19 (a) (Date rec'd by registrar) (b) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 17 1939 2.30 P M

21. I certify that death occurred on the date above stated, that I attended deceased from Jan 17 1939 to Oct 17 1939, and that I last saw h alive on Oct 17 1939.

Immediate cause of death: Cerebral apoplexy — Duration 5 hrs
Due to: Arteriosclerosis — 10 mo
Due to:
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. J. Holden M.D.
Address 1715 Eutaw Pl Date signed 10/21/39
Howard J. Headley M.D. Med. Exam.

VS 3

F 62136

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 62136

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1321 Mosher St., 16 Ward)

Length of residence in city or town where death occurred 16 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME John Henderson

(a) Residence: No. 1321 Mosher St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Daisy

6. DATE OF BIRTH (month, day, year) 12/15/89

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Alexander Henderson

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Bertha Dupon

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Estelle Thompson
(Address) 1321 Mosher St.

18. BURIAL, CREMATION, OR REMOVAL Place Lancaster Co. Va. Date 10/20/1939

19. UNDERTAKER Geo. W. Kelson
(Address) 1303 Pennsylvania Ave.

20. FILED OCT 19 1939, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1939, to Oct 18, 1939

I last saw him alive on Oct 18, 1939. Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Renal Apoplexy	1 year

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Thos. Woolsey M. D.

(Address) 503 Fawn St. Lafayette

VS 8

F 62137

49142 NB

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

F 62137
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 329 E. Newkirk St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Iozzi (Louise)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Single - NB

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 11, 1939

8. AGE: Years | Months | Days: 7 | If less than one day: hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Guido Iozzi
13. Birthplace Italy

MOTHER
14. Maiden Name Louise DeCerbo
15. Birthplace Pa.

16 (a) Informant Records
(b) Address B.C.H.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-19-39 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 403 S. Wolfe St.

19 (a) OCT 19 1939 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 18 1939 at 7 30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 11 1939 to Oct 18 1939 and that I last saw h alive on Oct 18 1939.

Immediate cause of death Prematurity — Duration

Due to

Due to

Other Conditions Atelectasis

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas Dunn M. D.
Address Balto City Hosp Date signed 10-19-39

VS 3

46738 SD

F 62138

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-a

Registered No. F 62138

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address: 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days): 3 mo.

(e) Length of stay in Baltimore (yrs., mos., or days): 46 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Marylan. (b) County: Baltimore

(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No.: 712 Dundalk Avenue (If rural give location)

(e) If foreign born, how long in U. S. A.? 46 yrs. years

3 (a) FULL NAME: Thomas Healy

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: none

4. Sex: M

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Annie Healy

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 3/14/67

8. AGE: Years: 72 | Months: 7 | Days: 3 | If less than one day: hr. min.

9. Birthplace: Ireland (Town, county, and state)

10. Usual Occupation: Saloon Keeper

11. Industry or business: Unemployed 12 yrs.

FATHER

12. Name: Bryen

13. Birthplace: Ireland

MOTHER

14. Maiden Name: Bridget Purcell

15. Birthplace: Ireland

16 (a) Informant: Records

(b) Address: Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal)

(b) Date thereof: Oct. 20/39 (month) (day) (year)

(c) Cemetery or crematory: Oak Lawn Cem.

Location: Eastern Ave. Ext.

18 (a) Funeral director: Kelly-Tailer Inc.

(b) Address: 403 S. Wolfe St.

19 (a) (Date rec'd by registrar) OCT 19 1939

Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH: 10-17 1939 at 11:25 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-21 1939 to 10-17 1939.

and that I last saw h(im) alive on 10-17 1939.

Immediate cause of death: Carcinoma oesophagus with metastasis

Duration: ?

Due to:

Due to:

Other Conditions: (Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature: [illegible] M. D.

Address: Balto City Hosp. Date signed: 10-17-39

F 62139

62139 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

V 131

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1411 Mosher St. 16-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME John H. Pinkney

(a) Residence: No. 1411 Mosher St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Emma J. Pinkney

6. DATE OF BIRTH (month, day, year) Nov. 2 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 0000

12. BIRTHPLACE (city or town) (State or country) Prince George Co Maryland

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Emma J Pinkney

(Address) 1411 Mosher St

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Memorial Date Oct 19, 1939

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 S Schroeder St

20. FILED OCT 19 1939 19 Katie R. Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1939 to Oct 14, 1939.

I last saw him alive on Oct 14, 1939. Death is said to have occurred on the date stated above, at 12P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	Oct 2
Other contributory causes of importance: nephritis	

Was an operation performed? no Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Jr Douglas Shepperd M. D.

(Address) 1436 Frankford St

62140

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 23

F 62140
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1008 Linden Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1008 Linden Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Josephine Sawyer Young

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Oct. 11, 1905

8. AGE: Years	Months	Days	If less than one day: hr	min
34		3		

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Cook Private
11. Industry or business

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant James Young
(b) Address 531 Carroll St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 10-19-39 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Westport
18 (a) Funeral director Adolphus Halstead
(b) Address 918 S. Midkiff Ave.

19 (a) 10 1939 (Date filed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-14- 1939, at 11:15 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon (Autopsy or Inquiry) and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Acute Pulmonary Tuberculosis & cavity.	
Due to	
Due to	
Other Conditions Tuberculous Pneumonia J. B. Ulcer - perforated ulcer. (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Mulden M.D.
Medical Examiner.
Date signed 10-15-39

VS. 6

62141

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62141

95-B Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Calhoun & Fayette

(c) Hospital or institution: Franklin Square Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days

(e) Length of stay in Baltimore (yrs., mos., or days) 40 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 123 N Carey St (If rural give location)

(e) If foreign born, how long in U. S. A.? ' years

3 (a) FULL NAME Mrs. Fannie Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex f

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 9, 1864

8. AGE: Years 75 | Months 6 | Days 10 | If less than one day hr. — min.

9. Birthplace England (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name Joseph Wallace

13. Birthplace England

MOTHER 14. Maiden Name Ellen Clark

15. Birthplace England

16 (a) Informant Mrs Charles Klein

(b) Address 123 N Carey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/21/39 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location 3801 Frederick Ave City

18 (a) Funeral director C. J. B. Hilbert & Son

(b) Address 1300 Eutaw Place

19 (a) Registered by (Registrar) Oct 20 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-19 1939, at 3 14 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-14 1939, to 10-19 1939, and that I last saw her alive on 10-19 1939.

	Duration
Immediate cause of death Cardiac Insufficiency	
Due to Hypertensive Cardiovascular Disease	
Due to Arteriosclerotic Heart Disease.	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Nathan Wolf

Address Franklin Sq. Hosp. Date signed 10/19/39.

Registrar

F 62142

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 F 62142 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2002 W. Lexington Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 2002 W. Lexington Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HERMAN H. SILTMAN

3 (b) If veteran, name war ------
3 (c) Social Security Account No. ----------

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Minnie C. Siltman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 30, 1863

8. AGE: Years	Months	Days	If less than one day
75	11	16	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Accountant Retired
11. Industry or business

FATHER
12. Name Herman Siltman
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs. Minnie C. Siltman
(b) Address 2002 W. Lexington Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 19/39 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Extreme end of East North Ave

18 (a) Funeral director A. O. Hubbert & Son
(b) Address 1300 Eutaw Place.....c

19 (a) (b) Registrar
(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 16, 1939. 6:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 27 1939. to Oct 16, 1939. and that I last saw h in alive on Oct 16 1939.

Immediate cause of death	Duration
ch valv. heart disease	4yrs,
Due to arterio sclerosis	"
Due to ch. Nephritis, Interstitial	"
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo W Dehoff M. D.
Address 2020 N. Charles St. Date signed 10/ /39

Dr. George W. Dehoff

62143

42825

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62143

95-B Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days 7 mths.

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State [illegible]nd (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 231 S. Broadway (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Wayson

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: widowed.

6 (b) Name of husband or wife: Rose Wayson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March ? 1857

8. AGE: Years 82 Months 7 Days ? If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Janitor-Retired. 007

11. Industry or business retired Mar. 14. 1939

FATHER

12. Name Thomas Wayson

13. Birthplace St. Mary's Co. Md.

MOTHER

14. Maiden Name Dolly ?

15. Birthplace Md.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 20. 1939 (month) (day) (year)

(c) Cemetery or crematory Mt. Carmel Cem.

Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS. INC by J Bank.

(b) Address Baltimore & Broadway.

19 (a) Date rec'd by registrar OCT 19 1939

(b) Registrar [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH October 18 1939. at 11:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 14 1939. to Oct 18 1939.

and that I last saw h[illegible] alive on Oct 18 1939.

Immediate cause of death: Hypertensive Cardiovascular disease — Duration: unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible] M. D.

Address Balto City Hospitals Date signed 10-18-39

62144

48050 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

133

Registered F 62144

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.

(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 413 N. Port Street (If rural give location)

(e) If foreign born, how long in U. S. A.? 57 years

3 (a) FULL NAME MARY BRETZL

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex: F

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Michael (illegible) Bretzl

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 28, 1881

8. AGE: Years 58 | Months 2 1 | Days 19 | If less than one day: hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Leopold Steigerwald

13. Birthplace Germany

MOTHER 14. Maiden Name Gertrude Kunkel

15. Birthplace Germany

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 20. 1939 (month) (day) (year)

(c) Cemetery or crematory Baltimore

Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS. INC.

(b) Address Baltimore & Broadway.

19 (a) 10 19 1939 (Date rec'd by Registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-17 1939, at 4 35 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-4 1937, to 10-17 1939, and that I last saw her alive on 10-17 1939.

	Duration
Immediate cause of death: Perinephritic abscess	?
Due to: Ureteral calculus with urinary obstruction	?
Due to:	
Other Conditions: Fecal fistula for weeks	

(Include pregnancy within 3 months of death)

Major findings: Of operations: Perinephritic abscess

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature L. L. Lundeen M. D.

Address Balto city Hosp. Date signed 10-17-39

Spec.—2-29-28—L. F. S.—500 Bks.

F 62145 HEALTH DEPARTMENT—CITY OF BALTIMORE F 62145

CERTIFICATE OF DEATH 122-a

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1210 N. Gay ST. 8-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Harry Martin Mason (S.S.# 215-12-8145)

(a) RESIDENCE NO. 1210 N. Gay ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mary Jane Mason

6 DATE OF BIRTH (month, day, and year) Oct 18, 1862

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	11	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Innkeeper

(b) General nature of industry, business, or establishment in which employed (or employer) Hotel

(c) Name of employer Hotel Emerson

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Unknown Mason

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Isabelle Waddell

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md.

14 Informant Mrs Mary Jane Mason

(Address) 1210 N. Gay St. Baltimore, Md.

15 Filed OCT 19 1939 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 17, 1939.

17 I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...,

that I last saw h— alive on April 4, 1939

and that death occurred, on the date stated above, at 3:30 P. m.

The CAUSE OF DEATH* was as follows:

Strangulated hernia

(duration) ... yrs. ... mos. 3 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) ... yrs. ... mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? History (Dead when seen)

(Signed) E. W. Sickel, M. D.

Witnessed by J. Madden 5119 Harford Road.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount

DATE OF BURIAL Oct 20 19 39

ADDRESS 4219 Harford Road

20 UNDERTAKER J. M. Cook

2146

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B

Registered No. 6946

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 403 Parksley Ave., Balto. Md.

(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27hrs.

(e) Length of stay in Baltimore (yrs., mos., or days) 17 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 403 Parksley Avenue (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Herbert Andrew WILKINSON

3 (b) If veteran, name war WW

3 (c) Social Security Account No. 219-01-6388

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Catherine Johenning

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 11, 1896

8. AGE: Years 43 | Months 2 | Days 6 | If less than one day: hr. min.

9. Birthplace Patterson, New Jersey (Town, county, and state)

10. Usual Occupation Office Clerk

11. Industry or business Md. Writers Project

FATHER

12. Name Frank Wilkinson

13. Birthplace New York City

MOTHER

14. Maiden Name Louise Hancock

15. Birthplace Pompton Lakes, N. J.

16 (a) Informant Records-U. S. Marine Hospital,

(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal)

(b) Date thereof Oct 21 1939 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge Cem.

Location Baltimore Md.

18 (a) Funeral director Wilson & Son

(b) Address 1514 E. Fort Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 18, 1939, at 1:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 17, 1939, to Oct. 18, 1939, and that I last saw him alive on Oct. 18, 1939.

Immediate cause of death	Duration
Coronary thrombosis	2 days
Due to Coronary arteriosclerosis	Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Same as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature T.B.H. anderson M. D.

Address U. S. Marine Hospital, Baltimore, Maryland. Date signed 10/18/39

VS 3

F 62117 6-FS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-6

Registered 92117

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Balto. City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days

(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 2613 Barclay st. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine Rutherford

3 (b) If veteran, name war NO

3 (c) Social Security Account No. NONE

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: William

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years 65 | Months | Days | If less than one day: hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation H.W.

11. Industry or business

FATHER 12. Name John McCrea

13. Birthplace Ireland

MOTHER 14. Maiden Name Susan McGarady

15. Birthplace Ireland

16 (a) Informant B.C.H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 20 37 (month) (day) (year)

(c) Cemetery or crematory Druid Hill

Location Druid Hill Ave. Baltimore Md

18 (a) Funeral director Wilbur Cole

(b) Address 1219 E. Coulter

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-18 1937. at 6 05 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 10 13 1937. to 10 18 1937.

and that I last saw h[illegible] alive on 10-18 1937.

Immediate cause of death Carcinoma Larynx with metastasis — Duration: ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature L. K. Woodward Jr. M. D.

Address Balto City Hosp. Date signed 10-18-37

VS 3

F 62148

F 62148

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2608 E Hoffman St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2608 E Hoffman St (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Benjamin H Myers

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex Male
5. Color or race White
6 (a) ~~Single~~, married, ~~widowed~~, or divorced. Married
6 (b) Name of ~~husband~~ wife Edith Myers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 21, 1862

8. AGE: Years 87 Months 6 Days 17 If less than one day hr. min.

9. Birthplace Penna. (Town, county, and state)
10. Usual Occupation Carpenter Retired
11. Industry or business Self

MOTHER / FATHER
12. Name Unknown
13. Birthplace Unknown
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant John A Myers
(b) Address 2608 E Hoffman St

17 (a) Burial (Burial, cremation, or removal?) (b) Date thereof 10 20 39 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director Wilson
(b) Address 1214 E Monument St

19 OCT 19 1939 (Date filed by registrar) for Williams M.R. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 8 1939, at 2:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 9 1939. to Oct 18 1939. and that I last saw him alive on Oct 18 1939.

Immediate cause of death: Arteriosclerotic Cardiovascular disease.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A. Myers M. D.
Address 5 E Preston St Date signed 10/19/39

AaCo. 5-31 2508

2149

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 62149

CERTIFICATE OF DEATH

194-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1519 Ellamont St., 16th Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emily F. Bokee.

(a) Residence: No. 1519 Ellamont St., 16 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 11th 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper. (Ret'd)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME Wm F. Bokee.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Mary S. McGrane—

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Wm Bokee
(Address) 1519 Ellamont Str.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Oct 21. 1939

19. UNDERTAKER D. F. Tittle
(Address) 7205 Edmondson Ave

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 18— 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 18— 1939 to Oct 18— 1939

I last saw her alive on Oct 18— 1939 death is said to have occurred on the date stated above, at 11.55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	8 hours.

Other contributory causes of importance:

H. L. Hollenbeck M.D.
Asst Med. Examiner

Name of operation per S. Toxtdeath

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Isaac E. Dickson M. D.

(Address) 3053 W. North Ave

62150 F 62150

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 23

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County .....
(c) City or town Baltimore, Maryland (If outside city or town limits, write RURAL and give town)
8-23 Street No. 2438 E. Chase Street (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) **FULL NAME** Joseph J. Marek

3 (b) If veteran, name war: WW

3 (c) Social Security Account No.:

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Sophie Swagler

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug. 24, 1890

8. AGE: Years 49 | Months 1 | Days 25 | If less than one day: hr. ..... min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Husker

11. Industry or business Produce

FATHER
12. Name Joseph Marek
13. Birthplace Unknown

MOTHER
14. Maiden Name Elizabeth (Unknown)
15. Birthplace .....

16 (a) Informant Records-U. S. Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof 10/21/39 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director Martin K.E. Dippel
(b) Address 322 S. Ann St.

19 (a) ..... (Date received by registrar) (b) ..... Registrar

OCT 19 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 19, 1939, at 12:05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 11, 1930 to Oct. 19 1939. and that I last saw him alive on Oct. 19 1939.

Immediate cause of death Tuberculosis, pulmonary and laryngeal, chronic far advanced. — Duration 2 years

Due to .....

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury .....

23. Signature C. E. Penny, M. D.
Address U. S. Marine Hospital, Baltimore, Maryland. Date signed 10-19-39

2157133

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54-P

Registered No. B 62151

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N.Y. (b) County
(c) City or town BRONX (If outside city or town limits, write RURAL and give town)
(d) Street No. 2700 BRONX PARK EAST (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Emil Eisen
(b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced MARRIED
(b) Name of husband or wife ANNA
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-20-92

8. AGE: Years 47 Months 6 Days 29 If less than one day hr. min.

9. Birthplace AUSTRIA (Town, county, and state)

10. Usual Occupation COUNTERMAN
11. Industry or business OYSTER SHIP

MOTHER FATHER

12. Name Albert Eisen
13. Birthplace AUSTRIA
14. Maiden Name Itta Prince
15. Birthplace AUSTRIA

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal)
(b) Date thereof 10-19-39 (month) (day) (year)
(c) Cemetery or crematory New Mortlefiore
Location Prolawn L. I. N.Y.

18 (a) Funeral director Geo. M. Zomick Dol
(b) Address 811 N Wolfe St

(a) Registrar's signature for Williams M.D.
(b) Date received OCT 19 1939 (month) (day) (year)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH OCT 18 1939 19 . at 744 P M

21. I certify that death occurred on the date above stated, that I attended deceased from Oct 10 1939. to Oct 18 1939. and that I last saw her alive on Oct 18 1939.

Immediate cause of death Cerebral thrombosis - left carotid artery — Duration

Due to

Due to

Other Conditions Dural tumor

(Include pregnancy within 3 months of death)

Major findings: Of operations Dural tumor

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles E. Groland M. D.
Address Johns Hopkins Hospital Date signed 10-18

VS 3

F 62152

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62152 82-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert Streets.
(c) Hospital or institution: Union Memorial Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1736 E 28th St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Mr. Joseph Ridgeway Betz.

(b) If veteran, name war —

3 (c) Social Security Account No. 212-05-4779

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

(b) Name of husband or wife Gladys M Betz

6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) March 1891

8. AGE: Years 48 | Months 8 | Days 8 | If less than one day hr. min.

9. Birthplace of Baltimore, Md. (Town, county, and state)

10. Usual Occupation Foreman, 0086

11. Industry or business Iron & Steel

12. Name Iron Life

13. Birthplace Unknown

14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant Lady Life

(b) Address 1736 E 28th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-21-39 (month) (day) (year)

(c) Cemetery or crematory Union Cem

Location Baltimore Md

18 (a) Funeral director Frank E. Campbell

(b) Address 1800 Eutaw Pl. Baltimore, Md.

19 (a) OCT 20 1939 (b) (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 18, 1939, at 11:37 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 18, 1939, to Oct. 18, 1939, and that I last saw him alive on Oct. 18 1939.

Immediate cause of death Cerebral Hemorrhage.

Duration 6 hrs.

Due to unknown cause.

Due to —

Other Conditions Sclerachoroid Hemorrhage 1 year ago

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ferdinand E. Blattau M. D.

Address Union Memorial Hosp. Date signed

H L Wollenweber M D Asst Medical Examiner

VS 3

F 62153

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62153 93-C Registration No. F 62153

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2403 Roslyn Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2403 Roslyn Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Herman H Richy

3 (b) If veteran, name war W | 3 (c) Social Security Account No. none

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 87 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Electrician Helper
11. Industry or business Gas Co

FATHER
12. Name Herman Richy
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Anderson
15. Birthplace Germany

16 (a) Informant Frank E Richy Sr
(b) Address 2403 Roslyn Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 20 39 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Md
Location Woodlawn
18 (a) Funeral director Wilson Lodge
(b) Address 1217 Eutaw St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 18 1939, at 3:30 P M

21. I certify that death occurred on the date above stated, that I attended deceased from Oct 9 1939, to Oct 18 1939, and that I last saw him alive on Oct 18 1939.

Immediate cause of death Cerebral hemorrhage and paralysis — Duration Oct 9-39

Due to arterio-sclerosis — ?

Due to

Other Conditions myocarditis - about 2 mo. duration

(Include pregnancy within 3 months of death)

Major findings of operations —

Of autopsy —

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury Struck by Auto

23. Signature Stella S Richy M. D.
Address 2220 Garrison Blvd Date signed Oct 19/39

VS 3

F 62154

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 139-BF 62154

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Caldwell & Fayette Sts

(c) Hospital or Institution: Franklin Square Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

Street No. 1102 Fairmount St

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Anna Grimes

3 (b) If veteran, name war —

(c) Social Security Account No. [illegible]

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife George

6 (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) Dec. 23, 1899

8. AGE: Years 39 | Months 7 | Days 26 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business home

FATHER 12. Name Henry Thuber

13. Birthplace Germany

MOTHER 14. Maiden Name Christina Thuber

15. Birthplace Germany

16 (a) Informant George F. Grimes

(b) Address 1102 Fairmount St

17 (a) Burial (Burial, cremation, or removal)

(b) Date thereof 10-23-39 (month) (day) (year)

(c) Cemetery or crematory Woodlawn Ridge

Location Howard Co. Md

18 (a) Funeral director William Cook

(b) Address 1217 St. Paul St

19 (a) Oct 20 1939 (Date received by registrar)

(b) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 19 1939, at 8 00 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 3 1939 to Oct 19 1939, and that I last saw h alive on Oct 19 1939.

Immediate cause of death

Pulmonary Embolism — Duration 5 days

Due to Pelvic Laparotomy

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations Chronic Salpingitis Premenstrual Endometrium & chronic Ruptured appendicitis

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury Not in War

23. Signature [signature]

Address Franklin Sq Hosp. Date signed 10/19/39 M. D.

VS 3

F 62155 HEALTH DEPARTMENT—CITY OF BALTIMORE F 62155

CERTIFICATE OF DEATH

53-E

Registered No.

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. 326 E. Lafayette St. 12-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Louis Louis

(a) Residence: No. 326 E. Lafayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Hilda Todd Louis

6. DATE OF BIRTH (month, day, year) March 12, 1910

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Louis Louis

14. BIRTHPLACE (city or town) (State or country) Hedwich Co. Md

MOTHER

15. MAIDEN NAME Harriet Lumpkins

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Linda Louis

(Address) 326 E. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 10/21/ 19 39

19. UNDERTAKER Wm Cook

(Address) 1217 E. Paul St

20. FILED OCT 20 1939 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/19/39

22. I HEREBY CERTIFY, That I attended deceased from 10/16 19 39 to 10/19 19 39

I last saw him alive on 10/19 19 39 Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphosarcoma of	
DD Hodgkin's disease	1938
Other contributory causes of importance: Metastases of growth	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Geo. Grier M. D.

(Address) Mercy Hospital

F 62156

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-3 Registered 62156

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) ½ hr
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 502 Orkney Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Oscar B Farlow
3 (b) If veteran, name war
3 (c) Social Security Account No. 577-05-9125

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of ~~husband or~~ wife Margaret Farlow
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 9 1886.

8. AGE: Years	Months	Days	If less than one day
52	10	10	hr. min.

9. Birthplace Pittsville Md (Town, county, and state) 0023
10. Usual Occupation Pharmacist
11. Industry or business Peoples Drug Co.

FATHER
12. Name E. Farlow
13. Birthplace Unknown

MOTHER
14. Maiden Name
15. Birthplace Md

16 (a) Informant Margaret Farlow
(b) Address 502 Orkney Rd
17 (a) Cremation (b) Date thereof 10/23/39 (month) (day) (year)
(~~Burial~~, cremation, or ~~removal~~)
(c) ~~Cemetery or~~ crematory Greenmount
Location Balto Md
18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) OCT 20 1939 (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/19 1939, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/19 1939, to 10/19 1939, and that I last saw him alive on 10/19 1939.

Immediate cause of death Coronary Thrombosis — Duration ½ hr.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. Frederick Johnston Jr. M. D.
Address Md. General Hospital Date signed 10/19/39

VS 3

62157 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 62157

CERTIFICATE OF DEATH

54-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 7-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sophia E. Reinhardt

(a) Residence: No. 2510 E Eager St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Reinhardt.

6. DATE OF BIRTH (month, day, year) 6/4/94

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) 5/18/39

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Hy. Sowers

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Margaret Krall

16. BIRTHPLACE (city or town) (State or country) New York.

17. INFORMANT Mercy Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date 10/23/1939

19. UNDERTAKER Wm Cook
(Address) 1217 N. Paul St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/19/39 . 19

22. I HEREBY CERTIFY, That I attended deceased from 8/18/39 19 to 10/19/39 19

I last saw her alive on 10/19/39 19 Death is said to have occurred on the date stated above, at 3:45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	10/17/39
Shock.	10/19/39
Pt Ref. Uremic Convulsions	
Other contributory causes of importance:	
Hypertension Cardio Vascular Disease	2 yrs.
Abscess Left Thigh - P.O. Admission	4 mos.

Was an operation performed? Yes. Date of 10/17/39

For what disease or injury? Febroid Uterus

Name of operation Hysterectomy

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. W. Stevens M. D.

(Address) Mercy Hospital

62158

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-~

F 62158 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3404 Gough st.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3404 Gough St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Becker

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Sarah E. Becker

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 22 1858

8. AGE: Years 80 Months 11 Days 26 If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Becker

13. Birthplace Md.

MOTHER 14. Maiden Name Unknown

15. Birthplace "

16 (a) Informant Mrs. Henrietta Duchacek

(b) Address 3404 Gough St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 21 39 (month) (day) (year)

(c) Cemetery or crematory Mt. Carmel

Location Baltimore

18 (a) Funeral director Philip Herwig Sons

(b) Address 2016 Orleans St.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 18 1939 at 6 55 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from July 27 1939 to Oct 18 1939, and that I last saw him alive on Oct 18 1939.

Immediate cause of death: Cerebral Hemorrhage — Duration: 1 day

Due to Arteriosclerosis Gradual

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Horace B Titlow M. D.

Address 315 S. Highland Date signed 10/19/39

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

62159 62159

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Balto Gen Hosp 15-10 82-a Registered No.

CITY OF BALTIMORE: (No. St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth 37 yrs. mos. ds.

2. FULL NAME Rose Smith If U. S. Veteran specify WAR

(a) Residence: No. 4004 Ridgewood Ave. Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Isaac S. Smith

6. DATE OF BIRTH (month, day, year) 687

7. AGE: Years 52; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Home Wife 6037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Nathan Zaborsky

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Linda Small

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Isaac S. Smith

(Address) 4004 Ridgewood

18. BURIAL, CREMATION, OR REMOVAL Date 10-20-39 19

Place Southern Undertaking Co

19. UNDERTAKER Southern Undertaking Co

(Address) 1439 E. Baltimore St

20. FILED 19 Registrar.

OCT 20 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 18, 1939

22. I HEREBY CERTIFY That I attended deceased from Oct 15, 1939 to Oct 18, 1939

I last saw her alive on Oct 18, 1939 Death is said to have occurred on the date stated above, 4:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension - stroke ?	
Other contributory causes of importance: Intraventricular hemorrhage	5-6 hr

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

62160

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59

F 62160 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Altonhea apts
(b) Street address Lake Drive + Brooks Lane
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1 Lake Drive + Brooks Lane (If rural give location)
(e) If foreign born, how long in U. S. A.? 5 2 years

3 (a) FULL NAME Rachael Minnie Rogers
(b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Isaac Rogers
6 (c) If alive, give age 70 years
7. Birth date of deceased (mo., day, yr.) 1869
8. AGE: Years 70 | Months | Days | If less than one day hr. min.
9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Home
11. Industry or business wife

MOTHER FATHER
12. Name David Solomon Sandler
13. Birthplace Poland
14. Maiden Name Rohada Sandler
15. Birthplace Poland

16 (a) Informant Isaac Rogers
(b) Address Lake Drive + Brooks Lane
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-20-39 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship Cemetery
Encl. of E. Balto st
18 (a) Funeral director Jack Lewis Inc
(b) Address 1437 E. Balto st
19 (a) (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-19- 1939, at 4:35 a M

21. I certify that death occurred on the date above stated, that I attended deceased from Jan 1 1939 to Oct 19 1939. and that I last saw him alive on Oct 19 1939.

Immediate cause of death: Arterio sclerosis coronary occlusion, diabetes — Duration 5 yrs
Due to
Due to
Other Conditions Pulmonary edema
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: —
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury

23. Signature B. Kaden M. D.
Address 2306 Eutaw Pl Date signed 10-19-39

VS 3

2161586

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

74 ✓ F 62161 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 das
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 900 Sterling Lt (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dorothy Hatcher
(b) If veteran, name war
3 (c) Social Security Account No.
4. Sex Female
5. Color or race Negro
6 (a) Single, married, widowed, or divorced
(b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased mo., day, yr Feb. 14, '25
8. AGE: Years 14 Months 8 Days If less than one day hr. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation School-
11. Industry or business

MOTHER'S MAIDEN NAME
12. Name Orfanda Hatcher
13. Birthplace Virginia
14. Maiden Name Marie Williams
15. Birthplace Virginia

16 (a) Informant Records JOHNS HOPKINS HOSPITAL
(b) Address
17 (a) (Burial, cremation, or removal) (b) Date thereof 10-21-39 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location
18 (a) Funeral director Edw Bryan
(b) Address 1941 orleans St
19 (a) (Date received by registrar) OCT 20 1939 (b) [illegible] (Registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 18, 1939 at 10 40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 8th 1939 to Oct 18 1939 and that I last saw her alive on Oct 18, 1939.

Immediate cause of death agranulocytosis. Duration 3 wks.

Due to Cause undetermined

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy small liver abscess; ruptured fibrous mass

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John S Hunt M. D.
Address Johns Hopkins Hosp Date signed 10-19 39

62162

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B F 62162
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 da
(e) Length of stay in Baltimore (yrs., mos., or days) 11 da

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Kent
(c) City or town Kennedyville (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Charles Howard Hilditch

3 (b) If veteran, name war: no
3 (c) Social Security Account No. no

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Nellie Hilditch
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Sept 2. 1872

8. AGE: Years 67 | Months 1 | Days 16 | If less than one day: hr. ____ min. ____

9. Birthplace: Balto Md (Town, county, and state) 0040
10. Usual Occupation: Labour
11. Industry or business: General Work

FATHER
12. Name: Alfred Hilditch
13. Birthplace: Balto Md.

MOTHER
14. Maiden Name: Minnie Carrigan
15. Birthplace: Conn.

16 (a) Informant: William C. Hilditch
(b) Address: 1253 Cedley St.

17 (a) Burial (Burial, cremation, or removal)
(b) Date thereof Oct 21. 1939 (month) (day) (year)
(c) Cemetery or crematory: Cedar Hill
Location: Anne Arundel Co Md

18 (a) Funeral director: Mrs Mrs. J. W. Teufel & Son
(b) Address: 801 W. Fayette St

19 (a) ..... (b) .....
(Date received by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 19, 1939, at 2:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 10/9 1939, to 10/19 1939, and that I last saw him alive on 10/18 1939.

Immediate cause of death
(a) Uremia
Mesenteric Thrombosis
Due to
Due to
Other Conditions Arteriosclerosis
Arteriosclerotic H.D.
(Include pregnancy within 3 months of death)

Duration: 3 days. 2 hr.

Major findings:
~~Of operation~~
Arteriosclerotic H.D.
Of autopsy - Mesenteric Thrombosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed 10/19/39

62163

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-a F 62163

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1148 Sargeant St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 43 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1148 Sargeant St. (If rural give location)
(e) If foreign born, how long in U. S. A? years

3 (a) FULL NAME Mary A. Bonadio

3 (b) If veteran, name war no

3 (c) Social Security Account No. none

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Michael F. Bonadio

6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr) Aug 19. 1896

8. AGE: Years 43 | Months 1 | Days 28 | If less than one day: hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER
12. Name Charles C. Milliken
13. Birthplace Balto Md

MOTHER
14. Maiden Name Mary A. Millikin
15. Birthplace Balto Md.

16 (a) Informant Michael F. Bonadio
(b) Address 1148 Sargeant St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 21. 1939 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto City

18 (a) Funeral director Mr Mrs John W. Teufel & Son
(b) Address 801 W. Fayette St.

(19a) Oct 20 1939 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 18 1939. at 12.40 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1937. to Oct 18 1939. and that I last saw her alive on Oct 18 1939.

Immediate cause of death: Rheumatic Heart Disease
Mitral Stenosis - Auricular Fibrillation

Duration: 4 years? 2 years?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert J Glass M. D.
Address 976 Wash. Blvd Date signed Oct 19, 1939

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

62164

CERTIFICATE OF DEATH

50 F 62164

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 22-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? 50 yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Miss Catherine O'Connor

(a) Residence: No. 600 Hanover St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67+	2 1 Mon	~~20~~ ?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME James O'Connor

14. BIRTHPLACE (city or town) (State or country) B Ireland

MOTHER

15. MAIDEN NAME Margaret Clancy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT ~~Relative~~
(Address) Catherine O'Connor

18. BURIAL, CREMATION, OR REMOVAL
Place Mem Cathedral Date Oct 21. 1939

19. UNDERTAKER Margaret A Flynn
(Address)

20. FILED OCT 20 1939 19... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 18-39 19 53

22. I HEREBY CERTIFY, That I attended deceased from October 16 19 39 to October 18 19 39

I last saw h. alive on Oct 18 19 39 Death is said to have occurred on the date stated above, at 4:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenocarcinoma - Breast	
Pneumonitis - Rt. Lung	

Other contributory causes of importance
Metastases to Lungs
brain, pleura

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 ...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Joseph Edwin Leventhal M. D.
(Address)

62165

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

F 62165

49134 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 718 Belgian Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

27-10

3 (a) FULL NAME Howard Coleman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Mary Elizabeth

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-22-?

8. AGE: Years 72 Months Days 26 If less than one day hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation Merchant

11. Industry or business

FATHER 12. Name James

13. Birthplace Unknown

MOTHER 14. Maiden Name Emma Johnson

15. Birthplace Unknown

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof Oct 21 '39 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Frederick Road & Elyan

18 (a) Funeral director Margaret D. Flynn

(b) Address 14th & Light Streets

19 (a) Date received by registrar 10 20 1939 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-18-1939 at 6 35 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-11-1939 to 10-18-1939 and that I last saw him alive on 10-18-1939

Immediate cause of death Cerebral Hemorrhage — Duration 7 days.

Due to Hypertensive CVD. — ? —

Due to Thrombosis pulmonary — ? —

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Monaghan M. D.

Address Balto City Hosp. Date signed 10-19-39

62166

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 17

F 62166
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1811 Etting St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 12 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1811 Etting St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Horace Lee

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Maril

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-13-1912

8. AGE: Years 27 | Months | Days | If less than one day: hr. min.

9. Birthplace Blackstone Va. (town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Bethlehem Steel

MOTHER FATHER

12. Name Hurbert Lee

13. Birthplace Blackstone Va.

14. Maiden Name Hattie Rice

15. Birthplace Virginia

16 (a) Informant Hurbert Lee

(b) Address 2441 Lakeview Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-23-39 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet

Location A A, Co Md

18 (a) Funeral director Mrs R. A. Elliott-D Apte

(b) Address 1129 N. Caroline St

OCT 20 1939 (b) Registrar

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 18th, 1939 19 , at 4:30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to death on the day stated above.

Immediate cause of death: Homicide by firearms pistol bullet — Duration: —

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence Oct. 18th, 1939 about 4 PM
(c) Where did injury occur? 1811 Etting St, City Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work?
(Specify type of place)
(e) Means of injury Pistol bullet

23. Signature H Lee Pillsmueber M.D
Asst Medical Examiner

Date signed Oct 19th, 1939

VS 6

62167

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 ✓ F 62167 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 312 N. Pine St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 312 N. Pine St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lena Montague

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F. M

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Otha

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-15-1895

8. AGE: Years 44 | Months 6 | Days 3 | If less than one day: hr. min.

9. Birthplace Oxford N. Carolina (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

MOTHER / FATHER

12. Name Samuel Rock

13. Birthplace Oxford N. C.

14. Maiden Name Hattie Taylor

15. Birthplace N. Carolina

16 (a) Informant Otha Montague

(b) Address 312 N. Pine St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-21-39 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location La La County Md

18 (a) Funeral director Mrs R. L. Elliott-Dafter

(b) Address 1129 N. Carolina St

19 (a) (b) (Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10 - 18 - 1939. at 4,30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10 - 11 - 1939, to 10 - 18 1939, and that I last saw h er alive on 10 - 17 - 1939.

Immediate cause of death Valvulitis + Nephritis — Duration unknown

Due to —

Due to —

Other Conditions Hypertension (Chronic) (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jno H. Bangjer M. D.

Address 611 - N. Carolina Date signed 10-19-39

F 62168

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

23

F 62168 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Belto. City Hospitals
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 dy
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 628 Smithson St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Madeline White (49285)
(b) If veteran, name war
(c) Social Security Account No.

4. Sex: Female
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced. Seperated
(b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb. 7, 1900
8. AGE: Years 39 Months 8 Days 10 If less than one day hr. min.
9. Birthplace Va. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

MOTHER FATHER

12. Name Henry Carter (D)
13. Birthplace Va.
14. Maiden Name Cornelia Woodrow (D)
15. Birthplace Va.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (b) Date thereof 10-21-39 (month) (day) (year)
(burial, cremation, or removal)
(c) Cemetery or crematory Mt. Calvary
Location A. A. County Md

18 (a) Funeral director William A Jackson
(b) Address 916 Pemba ave

19 (a) 10 20 1939 (b) [illegible] Registrar
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH October 17, 1939 . at 8:25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from October 17 1939 . to Oct. 17, 1939, and that I last saw her alive on Oct. 17, 1939 .

Immediate cause of death: Tuberculosis of lungs & spontaneous pneumothorax — Duration: July 1939

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Salesa M. D.
Address Balto. City Hospitals Date signed 10-17-39

VS 3

F 62169

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

5V

F 62169 Registered No.

F 62169

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1322 W. Lombard St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1322 W. Lombard St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME J. Clarence McKnew
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Male
5. Color or race W.
6 (a) Single, married, widowed, or divorced. widower
6 (b) Name of husband or wife (nee Smallwood) Sallie Mary C. McKnew
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Apr. 9, 1852
8. AGE: Years 87 Months 6 Days 8 If less than one day hr. min.
9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Retired Painter
11. Industry or business

MOTHER FATHER
12. Name McKnew
13. Birthplace Md.
14. Maiden Name McBee
15. Birthplace England

16 (a) Informant K. Elizabeth McKnew
(b) Address 1322 W. Lombard St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/20/39 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location 3801 Frederick Road.
18 (a) Funeral director Harry W. Lutz
(b) Address 4101 Edmondson Ave.
19 (a) OCT 20 1939 (b) Date rec'd by registrar Huntington, Indiana, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 17, 1939; at M

21. I certify that death occurred on the date above stated; that I attended deceased from Unknown 19 34 to Oct 17 1939. and that I last saw him alive on Oct 17, 1939.

Immediate cause of death Cardiac Decompensation — Duration 4 days

Due to Arteriosclerosis

Due to

Other Conditions Malignancy of Face

(Include pregnancy within 3 months of death)

Major findings:
Of operations No operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Daniel J. Shanahan M. D.
Address 1945 N. Linden Date signed 10/18/39

VS 3

62170

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

34-D

Registered 62170

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Emerson Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 611 N Caroline st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Cole

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex | 5. Color or race: B | 6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 40? | Months | Days | If less than one day: hr. min.

9. Birthplace (Town, county, and state) 6087

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location

18 (a) Funeral director Commissioner of Health

(b) Address Per H. A. Moore

19 (a) (Local registrar) (b) Huntington Williams M.D. Registrar

JOHNS HOPKINS MEDICAL SCHOOL OCT 20 1939

OCT 20 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH October 12 1939, at 11 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death: Cardiac decine aortic insufficiency

Due to syphilis, cardiovascular

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy syphilis

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H L Wollenmeber M.D. Medical Examiner

Date signed Oct 13th 1939

VS 8

62171 [illegible]

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a F 62171 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 926 Argyle Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 926 Argyle Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Chas Matthews
(b) If veteran, name war | (c) Social Security Account No.

4. Sex Male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Elizabeth Matthews
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 11, 1883

8. AGE: Years 56 | Months 8 | Days 6 | If less than one day hr. min.

9. Birthplace A. A. Co. Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

MOTHER'S MAIDEN NAME

12. Name Chas. Matthews
13. Birthplace Md
14. Maiden Name Eliza Brooks
15. Birthplace Md

16 (a) Informant Mrs Elizabeth Matthews
(b) Address 926 Argyle Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-22-39 (month) (day) (year)
(c) Cemetery or crematory Harmons
Location Harmons A. A. Co. Md.

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 578 N. Biddle St.

19 (a) OCT 20 1939 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 18 1939 at 9:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 3 1939 to Oct 18 1939 and that I last saw h[illegible] alive on Oct 18 1939

Immediate cause of death: Cerebral Hemorrhage — Duration: 4 Mos

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed Oct 20 1939

VS 3

62172

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62172
Registered No. 123

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 215 W. Dickman St. (If rural give location)
(e) If foreign born, how long in U. S. A.? -- years

3 (a) FULL NAME Owen Tormollan
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex M
5. Color or race W
6 (a) Single, married, widowed, or divorced. Divorced
6 (b) Name of husband or wife Grace
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept. 29, 1884
8. AGE: Years 55 | Months 1 | Days 19 | If less than one day hr. min.
9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation none
11. Industry or business

MOTHER
12. Name Francis
13. Birthplace Maryland

FATHER
14. Maiden Name Dorothy Langville
15. Birthplace Maryland

16 (a) Informant Mrs John L Bodani
(b) Address 2919 Barwick Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-21-39 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Balto Md
18 (a) Funeral director A. Bernard Evans
(b) Address 140-2 Lombard
19 (a) Date received by registrar (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 18 1939 at 6 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 29 1939 to Oct. 18 1939. and that I last saw him alive on Oct. 18 1939.

Immediate cause of death
Tuberculosis of the lungs — Dec. 1938
Tuberculous peritonitis — Jul. 1939
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jalem M. D.
Address Baltimore City Hosp. Date signed 10/18/39

VS 3

62173

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B F 62173

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1448 Hull St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
Street No. 1448 Hull St (If rural give location)
(e) If foreign born, how long in U. S. A.? 56 years

3 (a) FULL NAME Helena Seifert

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Frank Seifert

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 15th 1850

8. AGE: Years 89 | Months 9 | Days 6 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state or foreign country)

10. Usual Occupation Housewife

11. Industry or business

INFORMATION FURNISHED BY FATHER / MOTHER

12. Name Unknown

13. Birthplace Unknown

14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant Mrs Jos. L Gardiner

(b) Address 1448 Hull St.

17 (a) (Burial, cremation, or removal) (b) Date thereof Oct. 21 1939 (month) (day) (year)

(c) Cemetery or crematory Holy Cross Cem. Co.

Location a. a. Co. Md.

18 (a) Funeral director Charles F Dyer

(b) Address 1501 E. Fort Ave.

19 (a) (Date received by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 17, 1939 at 7 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/4/1937 to 10/17/1939 and that I last saw her alive on 10/16/1939.

Immediate cause of death
Hypotensive cardio vascular disease

Due to Senile changes.

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
2 1/3 yrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Deitel M. D.

Address 1226 Hanover St. Date signed 10/19/39

F 62174

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V 167

Registered No. F 62174

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 520 N. Bouldin St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 520 N. Bouldin St (If outside city or town limits, write RURAL and give town)
(d) Street No. 26-10 Baltimore (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Philip H. Lohrey
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M.
5. Color or race Wh
6 (a) Single, married, widowed, or divorced married
6 (b) Name of husband or wife Mable Langley Lohrey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 23, 1890

8. AGE: Years 49 | Months | Days 26 | If less than one day: hr. min

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Clerk Health Dept.
11. Industry or business Health Dept.

FATHER
12. Name Philip Lohrey
13. Birthplace Germany

MOTHER
14. Maiden Name Louise Salmon
15. Birthplace Germany

16 (a) Informant Wife Mable Langley Lohrey
(b) Address 520 N Bouldin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 21-1939 (month) (day) (year)
(c) Cemetery or crematory Trinity
Location O'Donnell st

18 (a) Funeral director Frank V. Pipitone
(b) Address 2815 E. Balto St

1939 (Date received by registrar) (Registrar)

VS 6

MEDICAL CERTIFICATION

7-5a

20. DATE OF DEATH October 19 1939, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Bullet wound of head — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 10/19/39
(c) Where did injury occur? home (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Bed room (Specify type of place) While at work? No
(e) Means of injury Shot in mouth with pistol

23. Signature H. Vandersteel M.D. Medical Examiner
Date signed 10/19/39

62175

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 62175

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address City Hospitals
(c) Hospital or institution: 4940 Eastern Ave.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto Co.
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 401 Wise Ave Inverness (If rural give location)
(e) If foreign born, how long in U. S. A.? 55 years

3 (a) FULL NAME Katie Ryan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife John Ryan

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) June 1870

8. AGE: Years 69 | Months 4 | Days | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name John Ryan
13. Birthplace Ireland

MOTHER
14. Maiden Name Katherine Hersche
15. Birthplace Germany

16 (a) Informant Mrs Lillian M Tilly
(b) Address 401 Wise Ave.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Oct 23/1939 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore Md

18 (a) Funeral director John H Quirk
(b) Address 2008 Eutaw St

19 Oct 20 1939 [illegible] M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 18th 1939, at 9:30 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquest) thereon and from the evidence obtained by said autopsy (Autopsy or Inquest) find that said deceased came to her death on the day stated above.

Immediate cause of death: Fracture ribs, left tibia & fibula
Due to: Rupture, spleen + liver
Due to:
Other Conditions: Hemorrhage abdominal
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy as above

Duration:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide auto accident
(b) Date of occurrence October 18th, 1939 at 8:40 a.m.
(c) Where did injury occur? Corner Dundalk & Holabird (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? street (Specify type of place) While at work?
(e) Means of injury struck by automobile

23. Signature H. L. W. Ellenweber M.D. Medical Examiner
Date signed Oct 19th, 1939 White Haven Md.

VS 4

621 76

E 621 76

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 210 N. Broadway St. 6-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nelly Belle Hall

(a) Residence: No. 210 N Broadway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jas B Hall

6. DATE OF BIRTH (month, day, year) Sept 28, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68		21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) 2 years

11. Total time (years) spent in this occupation 4 yrs

12. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER FATHER

13. NAME Joseph Chew

14. BIRTHPLACE (City or town) (State or country) Virginia

15. MAIDEN NAME Bell

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Husband Jas B Hall
(Address) 210 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Oct 23, 1935

19. UNDERTAKER John Ellicott
(Address) 2008 Baltimore St.

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 28, to Oct 19, 1935.

I last saw her alive on Oct 19, 1935. Death is said to have occurred on the date stated above, at 6:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	Oct 19 1935
Heart Block	"
Arteriosclerosis	

Other contributory causes of importance: Diabetes Mellitus

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. H. Goodman, M. D.

(Address) 3400 E. Baltimore St

F 62177

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62177 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3010 Abel Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 years 12

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3010 Abel Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Edith May Wray
(b) If veteran, name war
(c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widowed
(b) Name of husband or wife: William Palmer Wray
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 4, 1879
8. AGE: Years 60 Months 4 Days 14 If less than one day hr. min.
9. Birthplace White Haven, Maryland (Town, county, and state)
10. Usual Occupation Housewife - own home
11. Industry or business

MOTHER / FATHER
12. Name Levin James Wardell
13. Birthplace Springhill, Maryland
14. Maiden Name Matilda Pinkington White
15. Birthplace Salisbury, Maryland

16 (a) Informant Mrs. E. B. Gillis
(b) Address 2773 Maryland Avenue
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 20, 1939 (month) (day) (year)
(c) Cemetery or crematory St. John's R. C.
Location Greenmount + 30th St.
18 (a) Funeral director John Mlush
(b) Address 2606 Eutaw St.
19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 18 1939 at 3:20 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 12 1939 to Oct 18 1939, and that I last saw her alive on Oct 17 1939.

Immediate cause of death: Generalized Metastatic carcinomatosis, Source Undetermined.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Karl F. Meeh, M.D. M. D.
Address 6 E. Eager Street Date signed 10-18-39

VS 2

OCT 20 1939

F 62178

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62178 Registered No.

117-a

1. PLACE OF DEATH
(a) Baltimore City, Maryland
(b) Street address 1112 E. Northern
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 59

2. USUAL RESIDENCE OF DECEASED
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1112 E. North Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Charles Henry Sandlass
(b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M
5. Color or race Wh
6 (a) Single, married, widowed, or divorced Married
(b) Name of husband or wife Amelia A. Sandlass
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) Mar. 20, 1880

8. AGE: Years 59 Months 6 Days 29 If less than one day: hr min

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Clerk
11. Industry or business U. S. Government

FATHER
12. Name Geo. W. Sandlass
13. Birthplace New York

MOTHER
14. Maiden Name Henrietta Keiser
15. Birthplace Baltimore Md.

16 (a) Informant Amelia A. Sandlass
(b) Address 1112 E. North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 23, 1939 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave. - Baltimore Co.

18 (a) Funeral director John Ulrich
(b) Address 2008 Eastern Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION Verify a

20. DATE OF DEATH October 19 1939, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquest) obtained by said (Autopsy or Inquiry) find that said deceased came his death on the day stated above.

Immediate cause of death: Peptic Ulcer — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm B Vandegrift M.D.
Medical Examiner
Date signed 10/19/39

V3 4

F 62179

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 62179

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Mercy Hospital

(c) Hospital or institution Calvert & 33rd St.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto.

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1147 Homestead St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME George Thomas Davis Jr.

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race Wh

6 (a) Single, married, widowed, or divorced

(b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 22-1935

8. AGE: Years 4 Months 7 Days 25 If less than one day hr min

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

12. Name George Thomas Davis Sr.

13. Birthplace South Carolina

14. Maiden Name Doris Dietz

15. Birthplace Balto. Md.

16. (a) Informant George T. Davis

(b) Address 1147 Homestead St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 21-39 (month) (day) (year)

(c) Cemetery or crematory Western Cem.

Location Edmondson Av.

18. (a) Funeral director John Q. Adams

(b) Address 3000 E. Balto St.

19. (a) (Date received by registrar) (b) Registrar

OCT 20 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH October 19 1939, at 11.30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) Inquest find that said deceased came to his death on the day stated above.

Immediate cause of death Ether anesthesia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner

Date signed 10/19/39

F 62180 6400

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

Registered F 63180

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1565 Caswell St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 41 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give name)
(d) Street No. 1565 Caswell St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Betty McDonald
(b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widow
6 (b) Name of husband or wife Wm A.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 12, 1871

8. AGE: Years 68 | Months 2 | Days 7 | If less than one day: hr. min.

9. Birthplace Lynchburg, Virginia (Town, county, and state)

10. Usual Occupation At housework
11. Industry or business

MOTHER / FATHER
12. Name Samuel Davis
13. Birthplace Va
14. Maiden Name Martha Webb
15. Birthplace Va

16 (a) Informant Miss Mildred Daughter
(b) Address 1565 Caswell St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 21-39 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick Rd.

18 (a) Funeral director John A. Moran
(b) Address 3000 E. Baltimore St

19 (a) (Date rec'd by registrar) (b) Registrar

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/19/ 1939 at 8 00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-25-1937 to 10-19-1939, and that I last saw her alive on 10-18-1939.

Immediate cause of death: Cardio-Vascular-renal disease — Duration: Unknown

Due to

Due to

Other Condition: Chronic uremia — 4 mos.

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo B. Lybert M. D.
Address 2812 Harford Ave Date signed 10-20-39

HEALTH DEPARTMENT—CITY OF BALTIMORE

62181 F 62181

CERTIFICATE OF DEATH

Registered No. 2555

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) So. Balto. Gen. Hospital St., Ward
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR

2. FULL NAME Joseph Belada
(a) Residence: No. 4914 Curtis Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single
6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, year): June 19, 1909
7. AGE: Years 30; Months 4; Days 29 30; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.: Service Man in
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Gas Station,
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Curtis Bay, Md.

FATHER
13. NAME: John Belada
14. BIRTHPLACE (city or town) (State or country): Czeckoslovakia

MOTHER
15. MAIDEN NAME: Puncochar
16. BIRTHPLACE (city or town) (State or country): Czeckoslovakia

17. INFORMANT: John & Bessie Belada
(Address) 4914 Curtis Ave. Curtis Bay

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Cross Date: 10/21/39

19. UNDERTAKER: Charles E. Schimunek
(Address) 2601-03 E. Madison St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10-18 1939

22. I HEREBY CERTIFY, That I attended deceased from 10-16-39 19 to 10-18-39 19
I last saw him alive on 10-18-39 19 Death is said to have occurred on the date stated above, at 3 00 P. M.

The principal cause of death and related causes of importance were as follows:
Ruptured Appendix and Localized peritonitis
Pneumonia, Rt Upper Lobar
Date of onset

Other contributory causes of importance:
Obesity

Was an operation performed? Yes Date 10-16-39
For what disease or injury? Ruptured Appendix
Name of operation Laparotomy & drainage
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Samuel L. Lop M. D.
(Address) So. Balto. Gen. Hosp.

62182

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

F 62182

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver St
(c) Hospital or institution:
St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4506 Elsroda Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William E. Hearing
(b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
(b) Name of husband or wife Mary V. Hearing
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 13th 1875

8. AGE: Years 64 Months 3 Days 7 If less than one day hr min.

9. Birthplace Trenton New Jersey (Town, county, and state)

10. Usual Occupation
11. Industry or business City Foreman

FATHER
12. Name Harry Hearing
13. Birthplace New Jersey

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mary V. Hearing
(b) Address 4506 Elsroda Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 10-25-39 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location

18 (a) Funeral director Leonard J. Rysh
(b) Address 5305 Harford Road

19 (a) (Date rec'd by registrar) OCT 20 1939 (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 20th 1939, at 12:25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 16th 1939 to Oct 20th 1939. and that I last saw him alive on Oct 20th 1939.

Immediate cause of death Cardio Decompensation — Duration

Due to Arteriosclerotic Cardio-Vascular Disease

Due to

Other Conditions Auricular Fibrillation

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Marked Arterio Sclerosis Dilated Heart

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Kelmenson M. D.
Address St. Joseph Hosp Date signed 10-20-39

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

62183

62183

CERTIFICATE OF DEATH

48

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2825 Indiana Ave (Street) Westport. Ward 25

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary G. Reinhold

(a) Residence: No. 2825 Indiana Ave St., Westport. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Galen H. Reinhold

6. DATE OF BIRTH (month, day, year): May 8, 1891

7. AGE: Years 48; Months 5; Days 12; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): 1937

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md

FATHER

13. NAME: John M. Lambdin

14. BIRTHPLACE (city or town) (State or country): Baltimore Md.

MOTHER

15. MAIDEN NAME: Wilhelmina Apple

16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

17. INFORMANT (Address): Grace E. Michael 2825 Indiana Ave Westport.

18. BURIAL, CREMATION, OR REMOVAL

Place: Cedar Hill Date: 10/23/39.

19. UNDERTAKER (Address): Edmund L. Carrington 21 W. 25th St.

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr 19, 1939 to Oct 20, 1939

I last saw her alive on Oct 20, 1939. Death is said to have occurred on the date stated above, at 5:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	Indef.
Other contributory causes of importance: Cystitis	10/18/39

Was an operation performed? Yes Date of about Jan 1/39

For what disease or injury? Carcinoma of Uterus

Name of operation Hysterotomy

What test confirmed diagnosis? Clinical. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) P. J. Carroll M.D.

(Address) 1644 Hanover St

184

F 62184

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2323 E. Chase Street
(c) Hospital or institution: ---
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 68 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ---
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2323 E. Chase Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Luther F. Eury
(b) If veteran, name war ---
(c) Social Security Account No. ---

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
(b) Name of ~~husband~~ wife Mary Eury
6 (c) If alive, give age 69 years
7. Birth date of deceased (mo., day, yr.) Sept 8th 1870
8. AGE. Years: 69 Months: 1 Days: 10 If less than one day hr. min.
9. Birthplace Cumberland, Md. (Town, county, and state)
10. Usual Occupation Retired Watchman
11. Industry or business Penna R.R.

FATHER
12. Name William Henry Eury
13. Birthplace Germany

MOTHER
14. Maiden Name Lucy Bechwith
15. Birthplace Germany

16 (a) Informant Mrs. Mary Eury
(b) Address 2323 E. Chase Street.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 21st 1939 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Penna Aves. Baltimore, Md.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 18th 1939, at 1:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 17 1939, to Oct 18 1939, and that I last saw h~~im~~ alive on ~~Sept~~ Oct 8 1939.

Immediate cause of death — Duration

Chronic Endocarditis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature B. P. Herzog M.D.
Address 1305 N Patterson Pk. Date signed Oct 19/39

62185 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-c

F 62185

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 412 E. Chase Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County --
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 412 E. Chase St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? -- years

3 (a) FULL NAME MARY E. HOOPER

(b) If veteran, name war ----

3 (c) Social Security Account No. ---

4. Sex: Female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: Widow

(b) Name of husband or wife Seaman C. Hooper

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 13, 1859

8. AGE: Years 80 | Months 8 | Days 6 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation At home

11. Industry or business --

12. Name of Father James J. Murphy
13. Birthplace Ireland

14. Maiden Name of Mother Catherine Hefferan
15. Birthplace Ireland

16 (a) Informant Charles Hooper
(b) Address 412 E. Chase St.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Oct. 23/39 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Chas. F. Frank Hondyc
(b) Address 118 W. Mt. Royal Ave

19 (a) Oct 20 1939 (Date rec'd by registrar) (b) Huntington Hillman M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 19 1939 at 8. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1939 to Oct 19 1939.
and that I last saw h alive on Oct 19 1939.

Immediate cause of death
Arterio Sclerosis Chr
Myocarditis (Senile Cord)
Due to Myocardial
Due to insufficiency

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy ✓

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓
(c) Where did injury occur? (City or town) (County) (State) ✓
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ While at work?
(Specify type of place)
(e) Means of injury ✓

23. Signature F. J. Kirby M. D.
Address 1102 E North Ave Date signed

VS 3

62186

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

F 62186 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2412 Pennsylvania Avenue
(c) Hospital or institution: ---
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 66 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County --
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2412 Pennsylvania Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME William F. Snack
(b) If veteran, name war ---
(c) Social Security Account No. ---
4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
(b) Name of husband or wife Effie A. Snack
(c) If alive, give age 60 years
7. Birth date of deceased (mo., day, yr.) Feb 24th 1874
8. AGE: Years 65 Months 7 Days 25 If less than one day hr. min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name John H. Snack
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Elizabeth Comb
15. Birthplace Baltimore, Md.

16. (a) Informant Mrs. Effie A. Snack
(b) Address 2412 Pennsylvania Avenue.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 23rd 1939 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18. (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Penna Aves.

19. (a) OCT 20 1939 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 19th 1939, at 1.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1936, to Oct 19 1939, and that I last saw h alive on Oct 19 1939.

Immediate cause of death: Cardio renal vascular — Duration: Unknown

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Fred B Jewett M. D.
Address 2516 Penn. Ave Date signed Oct 20/39

VS 3

F 62187

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 47-B

F 62187

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 39 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3830 Barrington Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Mary K. Elsner

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Russell K Elsner | 6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) April 2, 1875

8. AGE: Years 64 | Months 6 | Days 16 | If less than one day: hr. min.

9. Birthplace Richmond Co., Virginia (Town, county, or state)

10. Usual Occupation Housewife
11. Industry or business

MOTHER / FATHER
12. Name Baldridge Davis
13. Birthplace Virginia
14. Maiden Name Alice Clark
15. Birthplace Virginia

16 (a) Informant Russell K Elsner
(b) Address 3830 Barrington Rd. Balt

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 21 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Penna. Avenues

19 (a) OCT 20 1939 (b) Thursday to Williamsport
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 18 1939, at 2:25 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from September 9 1939 to October 18 1939, and that I last saw her alive on Oct 18, 1939.

Immediate cause of death	Duration
Primary carcinoma of the lung	3 month
Due to	
Due to	
Other Conditions Myocardial failure	one month

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. C. Johnston Jr. M. D.
Address Md. General Hosp Date signed 10/18/39

VS 3

F 62188

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 62188

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 351 Orford
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 351 Orford (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Maggie Fouts
(b) If veteran, name war
(c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Widowed
(b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 55 | Months | Days | If less than one day hr. min.

9. Birthplace Colored Maryland (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

MOTHER / FATHER
12. Name Thomas A. Fouts
13. Birthplace Md.
14. Maiden Name Maggie Berry
15. Birthplace Md.

16 (a) Informant Mary Fouts
(b) Address 351 W. Orford St.

17 (a) (Burial, cremation, or removal)
(b) Date thereof 10/23/39 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Park
18 (a) Funeral director Wells & Bruce
(b) Address 1844 Pennsylvania Ave.

19 (a) (Date received by Registrar) OCT 28 1939
(b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 19 1939 at 4:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1939 to Oct 19 1939
and that I last saw her alive on Oct 19 1939

Immediate cause of death: Myocarditis — Duration: 3 months
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. W. Foster M. D.
Address 1844 Penna Ave Date signed 10/20/39

F 62189

2189

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3636 (St.) Hickory Ave (Ward) 43-b

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William R Reed

If U. S. Veteran specify WAR .....

(a) Residence: No. 3636 Hickory ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) May 3 - 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Employee

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Kent Co. Md

FATHER

13. NAME Joseph Reed

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Isabelle Keyser.

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. J. G. Porter

(Address) 3636 Hickory ave

18. BURIAL, CREMATION, OR REMOVAL

Place Kent Co. Md Date Oct 21 39

19. UNDERTAKER Geo L Boyd Sr

(Address) 1512 Pulaski St

20. FILED OCT 20 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 18, 1939 to Oct. 18, 1939

I last saw her alive on April 19, 1939 Death is said to have occurred on the date stated above, at 7:45 A.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset .....

Other contributory causes of importance:

Chr. Arteriosclerosis

Heart Disease

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jules Stelzer M. D.

(Address) 845 W. 36th St.

D. L. Wollenweber M.D. Asst Med. Exam.
per S. Rosenau

90 F 62190

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2140 W North St. 15-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. 0 mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie Elizabeth Smith — If U. S. Veteran specify WAR none

(a) Residence: No. 2140 W North Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Albert D Smith

6. DATE OF BIRTH (month, day, year): Oct-11-1864

7. AGE: Years 75 | Months 0 | Days 8 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none do
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none
10. Date deceased last worked at this occupation (month and year): none
11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Dorsey Smith
14. BIRTHPLACE (city or town) (State or country): unknown unknown

MOTHER

15. MAIDEN NAME: Mary Lusk
16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Mrs Dorothea L. Smith (niece)
(Address) 2140 W North Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Oct 21 1939

19. UNDERTAKER: Edward Montague.
(Address) 1061 Pennsylvania Ave

20. FILED Oct 20 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): October 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 1937 to October 19 1939

I last saw her alive on October 18 1939. Death is said to have occurred on the date stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Oct 17
Hypertension	Unknown
Diabetes Mellitus	Not known

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? N.A. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) C. C. Hoffman, M. D.

(Address) 8 East Read St

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 62191

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1104-N-Monroe St., or Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. 6 mos. 0 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nettie May Stibberd

If U. S. Veteran specify WAR NONE

(a) Residence: No. 1104-N-Monroe St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Edgar P. Stibberd

6. DATE OF BIRTH (month, day, year): Mar-30-1877

7. AGE: Years: 62 | Months: 6 | Days: 19 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): none

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Altoona Pennsa.

FATHER

13. NAME: William Hoolacker

14. BIRTHPLACE (city or town) (State or country): Altoona Pa.

MOTHER

15. MAIDEN NAME: Helen Winterbottom

16. BIRTHPLACE (city or town) (State or country): Cambridge Md.

17. INFORMANT: Mr Edgar P. Stibberd (Husband)
(Address): 1104 N Monroe St

18. BURIAL, CREMATION, OR REMOVAL
Place: Loudon Pk Date: July 22/39

19. UNDERTAKER: Steward Mortuary
(Address): 101 W North Ave.

20. FILED: July 20 1939 Registrar. Hunter for Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10/19/39

22. I HEREBY CERTIFY, That I attended deceased from 5-12-39 to 10/19/39

I last saw her alive on 10/18/39. Death is said to have occurred on the date stated above, at 6.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CHRONIC MYOCARDITIS	June 1939
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation NONE

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Norman R. Kleiman M. D.

(Address) 1101 N. Fulton Ave Baltimore Md

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

175

Registered No. 32192

32192

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Off of Hart Carroll Chesapeake Bay
(c) Hospital or institution: 405 S Paca St

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 405 S. Paca (If rural give location)

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 48yrs 6 mos 14 Days

(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Charles "Buck" Smith

(b) If veteran, name war: World War

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

(b) Name of husband or wife: Ella M. Smith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 6, 1891

If less than one day: hr min

AGE: Years 48 | Months 6 | Days 14

9. Birthplace: Balto. Md (Town, county, and state)

10. Usual Occupation: Laborer

11. Industry or business:

12. Name: Dont know

13. Birthplace: Dont know

14. Maiden Name: Dont know

15. Birthplace: Dont know

16 (a) Informant: Ella M. Smith (Wife)

(b) Address: Orchid Beach A.A. Co Md

17 (a) Burial (Burial, cremation, or removal)

(b) Date thereof (Month) (Day) (Year): Aug 24, 1939

(c) Cemetery or crematory: U.S National

Location: Frederick Rd

18 (a) Funeral director: A. Howard Evans

(b) Address: 1400 E Baltimore St

19 48 Who made this return? Huntington Williams

AUG 23 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Probable 8-20-1939, at — M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Drowning — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy above

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide ?
(b) Date of occurrence 8-20-39 ?
(c) Where did injury occur? Chesapeake Bay (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Struck by man (?), knocked overboard drowned

23. Signature Huntington Williams M.D. Medical Examiner

Date signed 8-22-39

VS 6

62193

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C

Registered No. F 62193

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 819 Lyndhurst St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 819 Lyndhurst St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Joseph J. Aidt
(b) If veteran, name war
3 (c) Social Security Account No.
4. Sex male
5. Color or race White
6 (a) Single, married, widowed, or divorced Widowed
(b) Name of husband or wife Mary A. Aidt
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) December 21, 1865

AGE: Years	Months	Days	If less than one day hr.	min.
63	9	29		

8. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Treasurer
11. Industry or business Gibbs Canning Company

12. Name Leopold Aidt
13. Birthplace Germany
14. Maiden Name Mary Nau
15. Birthplace Baltimore, Maryland
16 (a) Informant Mr. Norbert J. Aidt
(b) Address 819 Lyndhurst Street
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/21/39 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland
18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pennsylvania Avenues
19 (a) OCT 20 1939 (Date rec'd by registrar) (b) Huntington Hilton (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 19, 1939, at 8:15 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from April 7, 1937, to Oct. 19, 1939, and that I last saw h[im] alive on Oct. 18, 1939.

Immediate cause of death	Duration
Coronary Thrombosis	5 min.
Due to Arteriosclerosis with Hypertension and	
Due to Chronic Myocarditis	2½ yrs.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lloyd E. Taylor M. D.
Address 3902 Greenmount Ave. Date signed Oct. 20, 39

194

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 F 62194 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford
(c) City or town Rocks (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Baby Girl Hash
(b) If veteran, name war
(c) Social Security Account No.

4. Sex female | 5. Color or race white | 6 (a) Single, married, widowed, or divorced. Single
(b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 20, 1939

8. AGE: Years | Months | Days | If less than one day 4 hr. min.

9. Birthplace Rocks, Maryland (Town, county, and state)

10. Usual Occupation
11. Industry or business

12. Name Robert Hash
13. Birthplace Fox, Virginia
14. Maiden Name Reba Halsey
15. Birthplace Mouth of Wilson, Virginia

16. (a) Informant Robert Hash
(b) Address Rocks, Maryland

17. (a) (Burial, cremation, or removal) (b) Date thereof 10/21/39 (month) (day) (year)
(c) Cemetery or crematory Oak Grove
Location near Bel Air Md
18. (a) Funeral director Deaver & Foster Bel Air Md
(b) Address

19. (a) Date received by local registrar OCT 20 1939 (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 20 1939 at 10 15 a. M

21. I certify that death occurred on the date above stated, that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death Prematurity
Dead on arrival
~~Due~~ at hospital.

Duration

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry P. Goldberg M. D.
Address Johns Hopkins Hosp. Date signed 10-20-39

VS 3

62195

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62195 Registered No. 173

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Do Balto Hosp.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State N.Y. (b) County Brooklyn
(c) City or town Brooklyn (If outside city or town limits, write RURAL and give town)
(d) Street No. 5210 7-ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 20 yrs years

3. (a) FULL NAME Charles Anderson
(b) If veteran, name war ?
(c) Social Security Account No. ?

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Single
(b) Name of husband or wife —
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years 47 Months Days If less than one day hr. min.

9. Birthplace Sweeden (Town, county, and state)

10. Usual Occupation Chief mate
11. Industry or business steamship line

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16. (a) Informant Oscar Johnson
(b) Address 5210-7th ave Brooklyn NY

17. (a) Burial, cremation, or removal? Removal (b) Date thereof Oct 20-39 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem
Location Brooklyn N.Y.

18. (a) Funeral director Geo L Benzik
(b) Address 1512 Hollins St

19. (a) OCT 20 1939 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 19th 1939, at 3a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquest) thereon and from the evidence obtained by said autopsy (Autopsy or Inquest) find that said deceased came to his death on the day stated above.

Immediate cause of death: Gun shot wounds intestine & abdomen — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide(?)
(b) Date of occurrence October 18, 1939
(c) Where did injury occur? Am. freighter Washington (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ship (Specify type of place) While at work?
(e) Means of injury bullet

23. Signature H L Wollenweber M.D.
Asst Medical Examiner
Date signed Oct 19th, 1939

2196

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

Registered No. E 62196

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Foot of Broadway —
(c) Hospital or institution: in Harbor

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1704 Thames St (If rural give location)

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-3
(e) Length of stay in Baltimore (~~yrs. mos.~~ or days) 10 Days
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Eric Kaer
(b) If veteran, name war W
(c) Social Security Account No. None

4. Sex M | 5. Color or race wh | 6 (a) Single, ~~married, widowed, or divorced~~ Single
(b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 17th 1903

8. AGE: Years 36 | Months 11 | Days 24 | If less than one day: hr. min

9. Birthplace Estonia (Town, county, and state)

10. Usual Occupation Marine Fireman
11. Industry or business Seafaring

FATHER
12. Name Unknown Kaer
13. Birthplace Estonia

MOTHER
14. Maiden Name "
15. Birthplace "

16. (a) Informant C. T. Backstrom
(b) Address 1633 E. Pratt St

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 10/21/39 (month) (day) (year)
(c) Cemetery ~~or crematory~~ St. Matthews
Location Balto Md

18. (a) Funeral director William Cook
(b) Address 1217 E. Paul St.

19. (a) OCT 21 1939 (Date received by registrar) (b) Huntington Indiana (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH October 11 1939, at 3 a.m. P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Drowning

Due to history of alcoholism

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Oct. 11, 1939
(c) Where did injury occur? Foot of Broadway (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Water While at work? (Specify type of place)
(e) Means of injury Drowning in Patapsco River

23. Signature W. H. Hunt M.D. Medical Examiner
Date signed 10/11/39

VS 6

197

HEALTH DEPARTMENT—CITY OF BALTIMORE

62197

CERTIFICATE OF DEATH

121

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. 6 mos. 22 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Samuel B Chaffinch

(a) Residence: No. 723 N. Linwood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: widower

6. DATE OF BIRTH (month, day, year): March 29, 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	6	20 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: City Department

10. Date deceased last worked at this occupation (month and year): 1938

11. Total time (years) spent in this occupation: 20 yrs

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Elisha Chaffinch

14. BIRTHPLACE (city or town) (State or country): Baltimore Md.

MOTHER

15. MAIDEN NAME: Mary Sparklin

16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

17. INFORMANT: Mrs. Mary E. Bond

(Address): 723 N. Linwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Oak Lawn Cemetery Date: October 23, 1939

19. UNDERTAKER: Howard N. Bloch Jr.

(Address): 7914 Belair Road

20. FILED: OCT 21 1939 Harry T. Tilden Registrar

Mrs Emma Lee Chaffinch

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 11, 1939 to Oct 20, 1939

I last saw him alive on Oct. 20, 1939 Death is said to have occurred on the date stated above, at 8.05 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendiceal abscess	?
Thrombosis of superior mesenteric artery	?
Gangrene of ileum	?
Other contributory causes of importance: Metastatic abscess to left inguinal canal	Oct 7.

Was an operation performed? Yes Date of Oct. 12, 1939

For what disease or injury? abscess - Left inguinal canal

Name of operation Incision + Drainage

What test confirmed diagnosis? Operation + Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) W.B. Cudwell, M. D.

(Address) Mercy Hospital

98 !

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B F 62198

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) [redacted]
(e) Length of stay in Baltimore (yrs., mos., or days) [redacted]

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 2005 Gough. (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME Andrew Faber Fabiszak

(b) If veteran, name war: None

3 (c) Social Security Account No. 216-01 2936

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
(b) Name of husband or wife: Petronela Fabiszak
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): March 16 1880

8. AGE: Years 59 | Months 7 | Days 3 | If less than one day: hr. min.

9. Birthplace: Germany (Town, county, and state)
10. Usual Occupation: Machinist Helper 0031
11. Industry or business: Brown Cork and Seal Co

12. Name: Joseph Fabiszak
13. Birthplace: Germany ?
14. Maiden Name
15. Birthplace: Germany

16 (a) Informant: George B. Fabiszak
(b) Address: 2005 Gough St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct. 23-39 (month) (day) (year)
(c) Cemetery or crematory: Holy Rosary
Location: Baltimore

18 (a) Funeral director: Fred W. Ozgowski
(b) Address: 1930 Eastern Ave

19 (a) Date received by Registrar: OCT 21 1939 (b) Registrar: Hartington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: 10-19-39 19 . at 12 25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-11-39 19 . to 10-19-39 . and that I last saw h ill alive on 10-19- 1939.

Immediate cause of death: Coronary Thrombosis — Duration: 10-19-39

Due to: Arteriosclerotic Cardiovascular — Duration: ?

Due to: Disease — Duration: 0

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Milton J. Wilder M. D.

Address

Date signed

F 62199

52443
36499

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46-E Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Belto Md
(c) Hospital or institution Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1705 Edmondson Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. (a) FULL NAME Ida Elizabeth Lemmons
(b) If veteran, name war
3. (c) Social Security Account No.
4. Sex Female
5. Color or race Black
6. (a) Single, married, widowed, or divorced Married
(b) Name of husband or wife
6. (c) If alive, give age years
Birth date of deceased (mo., day, yr.) 2-22-89
AGE: Years 50 Months 7 Days 27 If less than one day hr. min.
9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Seamstress
11. Industry or business
12. Name William Dyson
13. Birthplace Md
14. Maiden Name Phoebe Williams
15. Birthplace Va
16. (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL
17. (a) (Burial, cremation, or removal) (b) Date thereof Oct 21 1939 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location
18. (a) Funeral director Mrs Kate R. Williams
(b) Address 322 N Schroeder St
19. (a) Filed in the registry (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 19 1939 at 10 55 AM
21. I certify that death occurred on the date above stated; that I attended deceased from Sept 24 1939 to Oct 19 1939 and that I last saw h alive on Oct 19 1939.

Immediate cause of death Carcinomatosis of peritoneum and pleural cavities — Duration 3 mos.
Due to Carcinoma of the gallbladder
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy ca. of gall bladder; carcinomatosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature John S. Hunt M. D.
Address Johns Hopkins Hosp Date signed 10-19-39

VS 3

62200

F 62200

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 222 South Ann Street

(c) Hospital or institution: Home

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 48 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)

(d) Street No. 222 South Ann Street (If rural give location)

(e) If foreign born, how long in U. S. A.? 48 years

3 (a) FULL NAME John Dabrowski (Or Dombrowski)

3 (b) If veteran, name war: No

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of wife: Maryanna Dabrowski

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) June 24th, 1888

8. AGE: Years 51 | Months 3 | Days 26 | If less than one day: hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER

12. Name Martin Dabrowski

13. Birthplace Poland

MOTHER

14. Maiden Name Anna ?

15. Birthplace Poland

16 (a) Informant mrs mary Dabrowski

(b) Address 222 S Ann st

17 (a) (Burial, cremation, or removal) (b) Date thereof 10/23/39 (month) (day) (year)

(c) Cemetery or crematory St. Stanislaus Cem,

Location Baltimore, Md.

18 (a) Funeral director George A. Weber

(b) Address 705 S Ann street

19 (a) OCT 21 1939 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 20 th 1939 at 7 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/28 1939 to 10/20 1939 and that I last saw him alive on 10/19 1939.

	Duration
Immediate cause of death: Cardiac failure	2 da.
Due to Coronary Occlusion	2 da.
Due to Coronary sclerosis	
Other Conditions Asthma	1 yr.

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide no

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —

(e) Means of injury

23. Signature Joseph Drozd, M.D. M. D.

Address 240 S. Ann St. Date signed 10/20/39

VS 3

62201

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-0 Registered No. F 62201

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3608 Harlem Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3608 Harlem Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Annie E. Alcock,
(b) If veteran, name war
(c) Social Security Account No.

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Single
(b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5, 1859

8. AGE: Years 80 Months 4 Days 15 If less than one day hr. min.

9. Birthplace Uniontown Maryland (Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business

12. Name John D. Alcock,
13. Birthplace Baltimore Md.

14. Maiden Name Catherine T. Meredith,
15. Birthplace Uniontown Carroll Co. Md.

16 (a) Informant John H. Varnhorn,
(b) Address 1120 Poplar Grove St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-23-39 (month) (day) (year)
(c) Cemetery or crematory Uniontown
Location Carroll Co. Md.

18 (a) Funeral director Geo W Little
(b) Address 2700 Edmondson Ave.

19 (a) OCT 21 1939 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

P

20. DATE OF DEATH October 20 1939 at 1.45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 12 1939 to Oct 17 1939. and that I last saw her alive on Oct 17 1939.

Immediate cause of death Cerebral Hemorrhage — Duration 20 days.
Due to
Due to
Other Conditions. Arterio Sclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

2

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Glassman M. D.
Address 753 W Lafayette St Date signed Oct 19 39

2202

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-F ✓ Registered No. F 52202 31118 SB

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore, City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 46 Market Place (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME John Murray
(b) If veteran, name war World War.
(c) Social Security Account No. None.
4. Sex M
5. Color or race W. to
6 (a) Single, married, widowed, or divorced. Single
(b) Name of husband or wife
6 (c) If alive, give age years
Birth date of deceased (mo., day, yr) 12/22/1892
If less than one day hr. min.
AGE: Years 46 Months 9 Days 27
9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Cars; care of
11. Industry or business State Movie Auto Lot
12. Name Charles Murray
13. Birthplace Ireland
14. Maiden Name Kate Hannigan
15. Birthplace Ireland
16. (a) Informant Records
(b) Address Baltimore City Hospitals
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 23/39 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Harford Ave City
18. (a) Funeral director Martin J. Conroy
(b) Address 1162 Forrest St
(b) Huntington Williams, M.D. Registrar
OCT 21 1939 (Date filed by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-19 1939, at 6 P. M
21. I certify that death occurred on the date above stated; that I attended deceased from 2-24 1938, to 10-19 1939, and that I last saw h/ in alive on 10-19 1939.

Immediate cause of death: Carcinoma pancreas with metastasis — Duration: over 1½ yrs
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations same
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature L K. Woodward M. D.
Address Balto. city hosp. Date signed 10-20-39

VS 8

F 62203

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

Registered No. F 62203

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Josephs Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 1611 Normal Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME William Ross
(b) If veteran, name war
(c) Social Security Account No.
4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widowed
(b) Name of husband or wife
(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) April 23, 1867
AGE: Years 72 Months 5 Days 16 If less than one day hr. min.
8. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

MOTHER FATHER
12. Name Not Known
13. Birthplace
14. Maiden Name Not Known
15. Birthplace
16. (a) Informant Hosptial Records
(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 21/39 (month) (day) (year)
(c) Cemetery or crematory OakLawn Cemetery
Location Eastern Ave
18. (a) Funeral director Clarence F Hoffmann
(b) Address 2723 E. Preston St.
19. (a) Date received by registrar Oct 21 1939 Huntington & Hildreth, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-19-39 19 at 11 25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-16-1939 to 10-19-1939.
and that I last saw him alive on 10-19-1939.

Immediate cause of death: Arteriosclerotic Cardio Vascular Disease Decompensated — Duration: 5
Due to: Chronic Interstitial Nephritis — Duration: ?
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy ?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. R. Trump, M.D. M. D.
Address 5t. Agnes Hosp. Date signed 10/21/39

VS 3

62204

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B F 62204

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 732 E. 37th St (If rural give location)
If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Mrs. Mildred Diering
(b) If veteran, name war
(c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
(b) Name of husband or wife: Adam Diering
6 (c) If alive, give age: 41 years
7. Birth date of deceased (mo., day, yr.): April 11, 1900

AGE: Years 39 | Months 6 | Days 9 | If less than one day: hr. min.

8. Birthplace: Baltimore Md. (Town, county, and state)
10. Usual Occupation: At Home
11. Industry or business

MOTHER'S MAIDEN NAME
12. Name: William Ortel
13. Birthplace: Baltimore Md.
14. Maiden Name: Mary Smith
15. Birthplace: Baltimore Md.

16 (a) Informant: Adam Diering
(b) Address: 732 E.37th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct. 23/39 (month) (day) (year)
(c) Cemetery or crematory: OakLawn Cemetery
Location: Eastern Ave

18 (a) Funeral director: Clarence F. Hoffmann
(b) Address: 2723 E. Preston St.

19 (a) Date received by local Registrar (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 20 1939, at 1:25 AM

21. I certify that death occurred on the date above stated, that I attended deceased from 10/18 1939, to 10/20 1939, and that I last saw her alive on 10/19 1939.

Immediate cause of death: Congestive heart failure — Duration:
Due to: Rheumatic heart disease
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Edward F. Bassman, M. D.
Address: Md Gen Hosp. Date signed: 10/20/39

HEALTH DEPARTMENT—CITY OF BALTIMORE

62205

CERTIFICATE OF DEATH

46-F F 62205

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 8-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Catherine Bauer

(a) Residence: No. 1406 No. Eugene St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Francis H Bauer

6. DATE OF BIRTH (month, day, year) June 1-1871

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	4	19	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alexandria Va

13. NAME OF FATHER Christian Koppenhofer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Dorothea Kunst

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Albert E. Bauer

(Address) 1406 N Eugene St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Md Date Oct 23 1939

19. UNDERTAKER John Ullrich

(Address) 2008 Orleans St

20. FILED OCT 21 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from 10-18, 1939 to 10-20, 1939

I last saw ... alive on 10-20-39 ... Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral thrombosis	10/18/39
Arteriosclerosis	?
Carcinoma of pancreas	?

Other contributory causes of importance:

Diabetes

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 19..

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) Gerty Scherlis, M. D.

(Address) Sinai Hospital

2206

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

F 62206

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 320 S Polaski St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in Baltimore (yrs., mos., or days) 60 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town below write RURAL and give town)
(d) Street No. 320 S Polaski St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Ida R Vinyard
(b) If veteran, name war —
(c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widow

(b) Name of husband or wife George Lewis Vinyard
6 (c) If dive, give age years

7. Birth date of deceased (mo., day, yr.) May 11 - 1857

AGE: Years 82 | Months 5 | Days 8 | If less than one day: hr. min.

9. Birthplace Virginia Caroline Co
(Town, county, and state)

10. Usual Occupation Retired Home Wife

11. Industry or business

12. Name Stafford Mason
13. Birthplace Virginia
14. Maiden Name Harriet Fisher
15. Birthplace Virginia

16 (a) Informant Nellie McGee
(b) Address 610 Light St

17 (a) Fowden Park (Burial, cremation, or removal) (b) Date thereof Oct 23-1939 (month) (day) (year)
(c) Cemetery or crematory Fowden Park Cem
Location

18 (a) Funeral director Charles P Towell
(b) Address 2427 Edmondson Ave

Oct 21 1939

(Undertaker's Registrar) Headquarters

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 19 1939. at 12 35 PM

21. I certify that death occurred on the date above stated, that I attended deceased from 1939. to Oct 19 1939.
and that I last saw her alive on Oct 19 1939.

Immediate cause of death Arteriosclerotic heart disease - generalized Arteriosclerosis - Bronchopneumonia — Duration several years

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W Merritt M. D.
Address 2901 Edmondson Date signed Oct 20 1939

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

62207 62207

CERTIFICATE OF DEATH 953 F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 321 N. Stricker St. 19- Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Ella Griffin

(a) Residence: No. 321 N. Stricker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Married

5a. If married, widowed, or divorced (or) WIFE of Lenard Griffin

6. DATE OF BIRTH (month, day, year) April 3, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 1939

11. Total time (years) spent in this occupation 21 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Joseph Lofman

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Ellen Hall

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Lenard Griffin (Husband)

(Address) 321 N. Stricker St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Oct 23rd, 1939

19. UNDERTAKER Elroy O. Wilson

(Address) 1000 Brantley Ave Huntington Park, Md.

20. FILED Oct 21 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1939 to Oct 20, 1939

I last saw her alive on Oct 19, 1939. Death is said to have occurred on the date stated above, at 12:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular Lesions	10 mos.
Other contributory causes of importance:	
Arterio sclerosis	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) McDonald Bandon M. D.

(Address) 1745 Druid Hill Ave.

62208 HEALTH DEPARTMENT—CITY OF BALTIMORE 62208

CERTIFICATE OF DEATH

943

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 915 E. Preston St., 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jessie Washington Hook

If U. S. Veteran specify WAR

(a) Residence: No. 915 E. Preston St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Gladys Mulligan Hook

7. DATE OF BIRTH (month, day, year) Feb 25, 1867

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
72	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Patternmaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0062

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Westminster Carroll Co. Md.

FATHER

13. NAME Frederick A Hook.

14. BIRTHPLACE (city or town) (State or country) Westminster Md.

MOTHER

15. MAIDEN NAME Julia Spencer.

16. BIRTHPLACE (city or town) (State or country) Carroll Co Md.

17. INFORMANT Mrs. Howard Gallop

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loch Nett Cemetery Date 10-22 1939

19. UNDERTAKER Irving Byers

(Address) 5025 Park Heights Ave

20. FILED OCT 21 1939 Huntington Hilleary, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1939 to Oct 19, 1939

I last saw h... alive on ..., 19.. Death is said to have occurred on the date stated above, at 5:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Coronary thrombosis	Oct 19
b.	
c.	
d.	
Other contributory causes of importance: Intervalensis	?

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19..

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —

(Signed) Samuel Libenfeld, M. D.

(Address) 714 E. Preston St.

H. L. Wollenweber, M.D. Med. Exam. per D. Fossaman

F 62209

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82a

F 62209 Registered No.

PLACE OF DEATH:

1. Baltimore City, Maryland
2. Street address 2011 Belair Rd.
3. Hospital or institution:

4. Length of stay in hospital or inst. (yrs., mos., or days)

5. Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2011 Belair Rd. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Margaret Alice Vinup

(b) If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

(b) Name of husband ~~or wife~~ Frederick R.

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) March 11, 1865

AGE: Years	Months	Days	If less than one day
74	7	8	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation House wife 0037

11. Industry or business

12. Name Louis L. Berenger

13. Birthplace Baltimore Md.

14. Maiden Name Helena Yokel

15. Birthplace Baltimore Md.

16. (a) Informant Wm. B. Vinup

(b) Address 2011 Belair Rd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 23/1939 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location Baltimore Md.

18. (a) Funeral director Martin Fahey & Sons

(b) Address 127 W. North Ave.

19. (a) OCT 21 1939 (Date rec'd by registrar) (b) Huntingtown Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 19, 1939 at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 5-6 1939 to 10/19/39 19 . and that I last saw her alive on 10/19/39 19 .

Immediate cause of death	Duration
Cardiac failure	10 days.
Due to High blood pressure. Hemoptysis	4 mos.
Due to	over
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings: —

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? — (Specify type of place)

(e) Means of injury

23. Signature Wm B Vinup M. D.

Address 1105 E. Fairland St Date signed 10/24/39

VS 3

62210

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107a

Registered No. F 62210

PLACE OF DEATH:
1. Baltimore City, Maryland
2. Street address Redwood & Greene
3. Hospital or institution: University Hospital
4. Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs.
5. Length of stay in Baltimore (yrs., mos., or days) 4 hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Cockeysville (If outside city or town limits, write RURAL and give town)
(d) Street No. ..... (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

(a) **FULL NAME** Leonard Knopf

(b) If veteran, name war —

3 (c) Social Security Account No. —

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	B	S

(b) Name of husband or wife —

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr) 9/16/39

AGE: Years	Months	Days	If less than one day
	1	1	hr. min.

Birthplace Cockeysville Md. Balto. Co.
(Town, county, and state)

10. Usual Occupation Infant
11. Industry or business

12. Name Lawrence Knopf
13. Birthplace Maryland.
14. Maiden Name Dorothy Davenport
15. Birthplace Maryland.
16. (a) Informant Mother
(b) Address Cockeysville, Md.

17. (a) ..... (b) Date thereof
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location

UNIVERSITY MEDICAL SCHOOL OCT 21 1939

18. (a) Funeral director COMMISSIONER of Health
(b) Address Per H. A. Moore.

19. (a) (b) Registrar
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 17 1939, at 3:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/16 1939, to 10/17 1939, and that I last saw him alive on 10/17/39 1939.

Immediate cause of death Bronchopneumonia — Duration 2 days.

Due to Prematurity

Due to .....

Other Conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy Prematurity. Pulmonary Hemorrhage.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. B. Nuttall M. D.
Address University Hosp. Date signed 10/21/39

VS 3

62211 F 62211

62211

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

23 Registered No. .....

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Balto. City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 50 da.

(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County .....

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

17

(d) Street No. 1103 Etting St. (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

(a) **FULL NAME** Inez Collins (46268)

(b) If veteran, name war .....

3 (c) Social Security Account No. .....

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

(b) Name of husband or wife .....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) ~~XX~~ June 12, 1920

8. AGE: Years 19 | Months 4 | Days 5 | If less than one day: hr. ..... min. .....

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation None

11. Industry or business .....

12. Name Georeg Croslin

13. Birthplace S. Car.

14. Maiden Name Mary Saunders

15. Birthplace Va.

16 (a) Informant Hospital Records

(b) Address .....

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof 10-21-39 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location Loudon Park

18 (a) Funeral director Chas. Hall & Co.

(b) Address 1 W. Saratoga St.

19 (a) OCT 21 1939 (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH October 17, 1939, at 4:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from August 28, 1939, to Oct. 17, 1939, and that I last saw her alive on Oct. 17, 1939.

Immediate cause of death	Duration
Tuberculosis of Lungs	June 1939
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy Yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....

(e) Means of injury .....

23. Signature Dalton M. D.

Address Balto. City Hospitals Date signed 10-17-39

12

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 73

Registered No. E 62212

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 932 Druid Hill Ave
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 932 Druid Hill Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

1 (a) FULL NAME Janie Gibson

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced Widow

(b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

AGE: Years 32 | Months | Days | If less than one day hr. min

8. Birthplace S. Car.
(Town, county, and state)

10. Usual Occupation Domestic
11. Industry or business

12. Name Thomas Hawkins
13. Birthplace S. Car.
14. Maiden Name Laura
15. Birthplace S. Car.

16 (a) Informant Laura Lipscomb
(b) Address 932 Druid Hill Ave

17 (a) (Burial, cremation, or removal)
(b) Date thereof 10-21-39 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Brooklyn

18 (a) Funeral director Stephen Halstead
(b) Address 932 Druid Hill Ave.

19 (a) (Data recorded by registrar)
(b) Thurston Williams M.D.

OCT 21 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 18th 1939, at 8 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.
(Autopsy or Inquest)

Immediate cause of death	Duration
Intermitans, pulmonary far advanced.	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thurston Williams M.D
Medical Examiner
Date signed Oct 19, 1939

VS 6

2213

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

86-a F 62213

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Union Mem'l Hospital
(c) Hospital or institution: E-33-Halvert
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days 7 4 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 4321-N-Charles St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME George Potts Raleigh
(b) If veteran, name war World War.
(c) Social Security Account No.
4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced. Married
(b) Name of husband or wife Mildred H. Raleigh
(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug. 15-1886
8. AGE: Years 53 Months 2 Days 5 If less than one day hr. min.
9. Birthplace Baltimore md (Town, county, and state)
10. Usual Occupation President St Johns
11. Industry or business Plain Sat. Bank
12. Name of father Walter A Raleigh
13. Birthplace Virginia
14. Maiden Name of mother Kate B George
15. Birthplace Balto md.
16. (a) Informant Wm. Isaac Steorge (consin)
(b) Address 406 Britton Place
17. (a) Burial (Burial, cremation, or removal)
(b) Date thereof 10/22/39 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville-Md
18. (a) Funeral director Stewart & Myers.
(b) Address 108 N Pontiac Ave.
19. (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 20 1939, at 12.45 PM
21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 12 1939, to Oct 20 1939, and that I last saw him alive on Oct. 20 1939.

Immediate cause of death	Duration
Pulmonary Oedema	One week
Cardiac Failure	
Due to Paralytic Ileus	
Air Emboli	
Due to Fractured Ribs - 6, 7, 8, 9.	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy Air Emboli

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 10/12/39
(c) Where did injury occur? Baltimore (City or town) md (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? no
(e) Means of injury Fall in Pit in back
23. Signature William F. Peace M. D.
Address Union Memorial Hosp. Date signed 10/21/39

Registrar Huntington Williams M.D.
Assistant Registrar
Howard J. Mueller M.D. Medical Examiner

VS 3

F 62214

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107-a

49092 SD

Registered No. F 62214

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimorecity Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1119 N. Caroline Street (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3. (a) FULL NAME Saundria Martin
(b) If veteran, name war
(c) Social Security Account No.

4. Sex F
5. Color or race Colored
6 (a) Single, married, widowed, or divorced. Single
(b) Name of husband or wife
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Dec. 8, 1938

8. AGE: Years --; Months 10; Days 11; If less than one day: hr. ____ min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation (Infant)
11. Industry or business

12. Name John Martin
13. Birthplace Baltimore

14. Maiden Name Emma Harris
15. Birthplace Baltimore

16 (a) Informant Records
(b) Address ~~Baltimore City Hospitals~~

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-21-39 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Baltimore Md

18 (a) Funeral director Mrs R. A. Elliott Light
(b) Address 1129 N. Caroline St

19 (a) OCT 21 1939 (Date received by registrar) (b) Registrar Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH October 19 1939, at 7 05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10 10 1939, to 10 19 1939, and that I last saw h[illegible] alive on 10 19 1939.

Immediate cause of death: Bronchopneumonia — Duration: 10 days

Due to

Due to

Other Conditions Anemia

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J C Gaston M. D.
Address 3 E Lex Mkt Date signed 10 19/39

215

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 62215

CERTIFICATE OF DEATH

✓ 170

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs 2 mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Harold M. Perls

(a) Residence: No. 2900 Violet Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Aug 5, 1922

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	17	2	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) June 1939.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Max D. Perls

14. BIRTHPLACE (city or town) (State or country) New York

15. MAIDEN NAME Anna Goldstone

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mr. E. Goldstone

(Address) 2521 Brookfield Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Har Sinai Cem Date Oct. 22 1939

19. UNDERTAKER Harold Sondheim & Son

(Address) 1902 Eutaw Place

20. FILED OCT 21 1939 Huntington Dillard Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from 9-8, 1939 to 10-20, 1939

I last saw h[illegible] alive on 10-20, 1939 Death is said to have occurred on the date stated above, at 8 ? m.

The principal cause of death and related causes of importance were as follows:

	Duration
Ulcerative colitis	1 yr
Thrombosis of vena cava	10-39

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Nicholis M. D.

(Address) Sinai Hospital

F 62216

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 167

Registered No. F 62216

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Pennsylvania
(b) Street address
(c) Hospital or institution: St Josephs Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 d
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3205 Lyndale ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Nelson E. Jones
(b) If veteran, name war
(c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married
(b) Name of husband or wife Anna Karl Jones
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 13 - 1889

AGE: Years	Months	Days	If less than one day
50	10	8	hr min

8. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Salesman
11. Industry or business Electric Ice Box

12. Name Elisha Jones
13. Birthplace Carroll Co Md
14. Maiden Name Alice Galtruder
15. Birthplace Carroll Co Md

16. (a) Informant Wife
(b) Address 3205 Lyndale Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 25 39 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem
Location

18. (a) Funeral director Frank V. Pepitone
(b) Address 2818 E. Balto st

19. (Date rec'd by registrar) OCT 22 1939 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-21- 1939, at 8.25 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inspection find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Bullet wound of head — Duration
Due to Mental Despondency
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 10-21-39
(c) Where did injury occur? City - (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public Rec Clifton Park While at work? No (Specify type of place)
(e) Means of injury Shot - as above seg inflicted

23. Signature Howard J. Weldin M.D.
Medical Examiner
Date signed 10-21-39

VS 6

F 62217

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107-a F 62217 Registered No.

PLACE OF DEATH:

1. (a) Baltimore City, Maryland
   (b) Street address 1838 Westfield Place
   (c) Hospital or institution:

2. Length of stay in hospital or inst. (yrs., mos., or days)

3. Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and NAME of town)

(d) Street No. 1838 Westfield Place (If rural give location)

(e) If foreign born, how long in U. S. A.? years

4. (a) FULL NAME Margaret Terrett

(b) If veteran, name war

3 (c) Social Security Account No.

5. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow

(b) Name of husband or wife Joseph C Terrett 6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Feb. 15. 1861

AGE: Years 78 (78) | Months 8 | Days 5 | If less than one day hr. min.

Birthplace (Town, county, and state)

7. Usual Occupation none

8. Industry or business

12. Name Mont Know

13. Birthplace " "

14. Maiden Name " "

15. Birthplace " "

9. (a) Informant Bernard Brady

(b) Address 206 S. Randall St.

10. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 23/39 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Balto. Md.

11. (a) Funeral director Margaret D. Flynn

(b) Address 1422 Light St.

(a) (Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 20 1939, at 11 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 6 1939, to Oct. 20 1939 and that I last saw HER alive on Oct. 19 1939.

Immediate cause of death: Exhaustion — Duration: 1 day

Due to

Due to Broncho-Pneumonia — 2 Weeks

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury R. R. Car

23. Signature M. D.

Address 1644 Harlem Av Date signed 10. 20. 39

VS-8

F 62218

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

126

F 62218
Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 100 N Calhoun St
(c) Hospital or institution: Franklin Square Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 31 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Rosemont (If outside city or town limits, write RURAL and give town)
(d) Street No. Pennsylvania Ave Washington St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. (a) FULL NAME Nellie Strider
(b) If veteran, name war ~
3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married
(b) Name of husband or wife Joseph H Strider (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) Aug 8 1889

AGE: Years 90 | Months 2 | Days 13 | If less than one day hr. min.

8. Birthplace Balto Md (Town, county, and state)
9. Usual Occupation Housewife
10. Industry or business
11. Name George J. Stewart
12. Birthplace Balto Md
13. Maiden Name Emma F Cathell
14. Birthplace Balto Md
15. (a) Informant Joseph H Strider
(b) Address
16. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/24/39 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto
17. (a) Funeral director Margaret J Flynn
(b) Address 1432 Eight Street
18. (a) (b) Registrar
(Date received by registrar)
VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 21 1939 . at 1:15 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 24 1939. to Oct 21 1939. and that I last saw h[illegible] alive on Oct 21 1939.

Immediate cause of death	Duration
Cardiac Failure	
Due to Diabetes Mellitus	
Due to Acute Dilatation of Stomach.	
Other Conditions Chronic Pyelitis	
Mi Cholelithiasis (Include pregnancy within 3 months of death)	

Major findings Of operations Chole-cystectomy and removal of gall-stones
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury Not from Work

23. Signature
Address Franklin Sq Hosp Date signed 10/21/39 M. D.

62219

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B F 62219

Registered No.

PLACE OF DEATH:

1. Baltimore City, Maryland
2. Street address Calhoun & Fayette
3. Hospital or institution: Franklin Square Hosp
4. Length of stay in hospital or inst. (yrs., mos., or days) 6 days
5. Length of stay in Baltimore ~~(yrs., mos.,~~ or days) ~~Life~~ 6 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto.

(c) City or town Baltimore Co (If outside city or town limits, write RURAL and give town)

(d) Street No. Cockeysville Md (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

X

(a) FULL NAME Mrs Mary E Burgess.

(b) If veteran, name war ____

3 (c) Social Security Account No. None

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	White	Widowed

(b) Name of husband or wife

6 (c) If alive, give age ____ years

Birth date of deceased (mo., day, yr.) June 8 1861

AGE: Years	Months	Days	If less than one day hr.	min.
78	4	13		

Birthplace Baltimore Co Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business Self

12. Name John Porter

13. Birthplace Unknown

14. Maiden Name Rebecca Mellin

15. Birthplace ____

16 (a) Informant Edna L. Burgess

(b) Address Cockeysville Md

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 10/23/39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ London Park

Location Balto Md

18 (a) Funeral director William Cook

(b) Address 127 St Paul St Baltimore, Md.

19 (a) (Signature of registrar) ____ Registrar

(b) Date received OCT 23 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-21 1939 at 5 21 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-15 1939 to 10-21 1939, and that I last saw her alive on 10-21 1939.

Immediate cause of death Cardiac Insufficiency — Duration

Due to Bronchopneumonia

Due to Arteriosclerotic Heart Disease

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Louis J. Malodnick M. D.

Address Mankin Sq. Hosp Date signed 10/21/39

62220

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62220

Registered No. 92c

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 203 S. Robinson st

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 68

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 203 S. Robinson st (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Annie Cernik

(b) If veteran, name war —

3 (c) Social Security Account No. NNN

4. Sex Female

5. Color or race White

6 (a) ~~Single, married~~, widowed, or ~~divorced~~ Widowed

(b) Name of husband ~~or wife~~ Vincel Cernik

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) July 26, 1862

If less than one day

AGE: Years 77. Months 2 Days 24 hr. min.

9. Birthplace Bohemia (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business at Home

12. Name Unknown

13. Birthplace Austria

14. Maiden Name —

15. Birthplace —

16 (a) Informant James V. Cernik

(b) Address 534 N. Montford Ave

17 (a) Burial (Burial, cremation, or removal)

(b) Date thereof 10/23/39 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Balto Md

18 (a) Funeral director William Cook

(b) Address 1217 E. Fayette St

19 (a) [illegible] (b) [illegible] Registrar

(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 20 1939, at 2 a M

21. I certify that death occurred on the date above stated, that I attended deceased from Oct 14 1939 to Oct 20 1939 and that I last saw her alive on Oct. 19 1939.

Immediate cause of death Chronic myocarditis — Duration

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

(Underline the cause to which death should be charged statistically.)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury —

23. Signature J. Joseph Tandy

Address 1111 N. Edmondson Ave Date signed 10/20/39 M. D.

22-368464

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62221 Registered No.

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Broadway & Monument St.

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-1-5

(e) Length of stay in Baltimore (yrs., mos., or days) 0-1-5

2. USUAL RESIDENCE OF DECEASED:

(a) State Cuba (b) County

(c) City or town Camaguey (If outside city or town limits, write RURAL and give town)

(d) Street No. 44 Martires St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) **FULL NAME** John Mc Goldrick

(b) If veteran, name war World War. | 3 (c) Social Security Account No.

Sex: Male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: MARRIED

(b) Name of husband or wife Lucille | 6 (c) If alive, give age 30 years

Birth date of deceased (mo., day, yr.) 8-25-90

AGE: Years 49 | Months 1 | Days 26 | If less than one day: hr. min.

Birthplace N.Y. (Town, county, and state)

10. Usual Occupation Clerk Accountant

11. Industry or business Wells Fargo Co

12. Name James Mc Goldrick

13. Birthplace Ireland

14. Maiden Name Anna Casgrove

15. Birthplace Ireland

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/25/39 (month) (day) (year)

(c) Cemetery or crematory Calvary Cemetery

Location New York City

18 (a) Funeral director Wm. J. Rabbitt & Sons

(b) Address North & Penna Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct-22 1939, at 105 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 16 1939, to Oct 22 1939, and that I last saw him alive on Oct 22 1939.

	Duration
Immediate cause of death: Bronchopneumonia, bilat.	3 dys.
Due to: Hypertensive Cardia-vas- cular disease with	
Due to: Cardiac failure	2 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature David W. Briggs M. D.

Address Johns Hopkins Hosp. Date signed Oct 22 39

62222

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B F 62222
Registered No.

PLACE OF DEATH:

1. Baltimore City, Maryland
   Street address 2308 Liora Pkwy.
   Hospital or institution:

2. Length of stay in hospital or inst. (yrs., mos., or days)

3. Length of stay in Baltimore (yrs., mos., or days) 55 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto.
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 2308 Liora Pkwy. (If rural give location)
(e) If foreign born, how long in U. S. A.? 55 years

(a) FULL NAME Nathan Silberman

(b) If veteran, name war

3 (c) Social Security Account No.

Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced married

(b) Name of husband or wife Sophie

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr)

AGE: Years 81 | Months | Days | If less than one day hr. min.

4. Birthplace Russia (Town, county, and state)

9. Usual Occupation none

10. Industry or business

12. Name Father Silberman

13. Birthplace Russia

14. Maiden Name Lobes ?

15. Birthplace Russia

16 (a) Informant Dr. David Silberman

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-22-39 (month) (day) (year)

(c) Cemetery or crematory Shaari Tfiloh
Location Windsor Mill Rd.

18 (a) Funeral director Jack Levin Inc

(b) Address 1439 E. Balto St.

19 (a) OCT 22 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/20/39 19 . at 7 55 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from 6/9 1920 . to 10/20 1939 .
and that I last saw him alive on 10/20 1939 .

Immediate cause of death Coronary Thrombus — Duration 10/19/39

Due to Renal arteriosclerosis — 1920

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature D Silberman M. D.

Address 2320 Eutaw Pl Date signed 10/22/39

VS 8

Timin

HEALTH DEPARTMENT—CITY OF BALTIMORE

62223 CERTIFICATE OF DEATH 107-a F 62223

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lunar Hospital St. 7-5 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... da. How long in U. S. If of foreign birth? 40 yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Paul Timin

(a) Residence: No. 1918 Mc Elderry St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena

6. DATE OF BIRTH (month, day, year) 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Roumania

13. NAME Elias Timin

14. BIRTHPLACE (city or town) (State or country) Roumania

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Roumania

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Herring Run Date 10/22/39

19. UNDERTAKER Funk & Sons Inc
(Address) 1439 E. Baltimore St.

20. FILED ..., 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from 10-4-37, 19..., to death, 19...

I last saw him alive on Oct 20, 1939 Death is said to have occurred on the date stated above, at 11:30 A M

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Cardiac failure	over
Pneumonia	
Uremia	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edwin R. Wolfe M. D.

(Address) Lunar Hospital

F 62224

62224

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 Registered No.

PLACE OF DEATH:

a) Baltimore City, Maryland

b) Street address

c) Hospital or institution: Maryland General Hospital

d) Length of stay in hospital or inst. (yrs., mos., or days) 23 days

e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Frederick

(c) City or town Brunswick (If outside city or town limits, write RURAL and give town)

(d) Street No. 54 E C St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Lillie M Cooper

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

(b) Name of husband or wife: Herbert

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 3, 1877

AGE: Years 6 Months 4 Days 19 If less than one day hr. min.

8. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

12. Name Burrough Orrison

13. Birthplace Virginia

14. Maiden Name Margaret Wyntsap

15. Birthplace Virginia

16 (a) Informant Daughter

(b) Address 5807 Guyon Oak Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 25 39 (month) (day) (year)

(c) Cemetery or crematory Brunswick Md

Location

18 (a) Funeral director C. N. Fuller & Bro B. Lee Fuller

(b) Address Brunswick Md.

19 (a) (b) Registrar

OCT. 22 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH October 22, 1939, at 5 05 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 30 1939 to Oct 22 1939, and that I last saw her alive on Oct 22 1939.

Immediate cause of death: Nephrolithiasis

Due to: Arteriosclerotic cardiac vascular renal disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Irene P Klemkowski M. D.

Address Md General Hosp Date signed Oct 23 1939

F 62225

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62225 Registered No.

PLACE OF DEATH:

1. Baltimore City, Maryland
2. Street address 2923 N Charles St
3. Hospital or institution: none
4. Length of stay in hospital or inst. (yrs., mos., or days) 0
5. Length of stay in Baltimore (yrs., mos., or days) 62 years,

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto City
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2923 N Charles St (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3. (a) FULL NAME Lewis Clark Rice

(b) If veteran, name war none

3 (c) Social Security Account No. 220-05-5160

4. Sex Male 5. Color or race White 6 (a) Single, married, widowed, or divorced. Widowed

(b) Name of husband or wife Atlanta M. Rice 6 (c) If alive, give age — years

Birth date of deceased (mo., day, yr.) Aug-7-1858

AGE: Years	Months	Days	If less than one day hr.	min.
81	0	14		

Birthplace Dover-Vermont (Town, county, and state)

10. Usual Occupation Merchant Bakery

11. Industry or business

12. Name Geo. E. Rice

13. Birthplace Vermont

14. Maiden Name Eliza Mills

15. Birthplace Massachusetts

16. (a) Informant Mr Duane R. Rice (son)

(b) Address 2923 N Charles St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/23/39 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Balto Md.

18. (a) Funeral director Stewart Memorial Co.

(b) Address 108 W Mt Ave.

19. (a) (Signature of registrar) (b) Registrar

OCT 22 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 21 1939. at 11.15 AM

21. I certify that death occurred on the date above stated, that I attended deceased from Oct 17 1939. to Oct 21 1939. and that I last saw him alive on Oct 21 1939.

Immediate cause of death (a) Cardiac Hemiplegia (Pulmonary edema)

Due to Terminal Bronchopneumonia

Due to Chronic Arterio Hypertension & Cerebral Sclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration	
(a)	4 d.
(b)	2-3 d.
	many yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Carroll Forward M. D.

Address 4 E. Preston St Date signed 10/23/39

M. D. B. 1268-9

62226

HEALTH DEPARTMENT—CITY OF BALTIMORE

62226

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 520 Lyndhurst St. 20-7 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Amy E Black-

(a) Residence: No. 520 Lyndhurst St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

6a. If married, widowed or divorced (or) Wife of late, John W. Black-

6. DATE OF BIRTH (month, day, year) August 18 55

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	84	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md

FATHER

13. NAME Henry Brach

14. BIRTHPLACE (city or town) (State or country) Md to Md

MOTHER

15. MAIDEN NAME Katie Lambert

16. BIRTHPLACE (city or town) (State or country) Frd Co Md

17. INFORMANT Bert Black

(Address) 520 Lyndhurst St.

18. BURIAL, CREMATION, OR REMOVAL Winters Church Cemetery, New Windsor, Md Date Oct 23 1939

19. UNDERTAKER Geo Leimbach

(Address) 525 Lyndhurst St City

20. FILED Oct 23 1939 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20 1939

22. I HEREBY CERTIFY, That I attended deceased from April 10 1938 to Oct 20 1939

I last saw her alive on Oct 20 1939. Death is said to have occurred on the date stated above, at 9a.m.

The principal cause of death and related causes of importance were as follows:

Aortic Regurgitation — Date of onset 4/10/38

Other contributory causes of importance:

Myocardial degeneration — 10/13/39

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury ..... 19....

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury None

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dan'l Miller M. D.

(Address) 150 N Broadway

M. D. B. 1268-9

62227 HEALTH DEPARTMENT—CITY OF BALTIMORE F 62227

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2934 St. Paul St. 17-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Maria Murray

(a) Residence: No. 2934 St Paul St., ... Ward. ...

(If usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widowed

5a. If married, widowed, or divorced: HUSBAND (or) WIFE of Michael Murray

6. DATE OF BIRTH (month, day, year) Feb 9, 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co.

FATHER

13. NAME Patrick Walsh

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine O'Brien

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Martin Murray

(Address) 2934 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 10/23, 1939

19. UNDERTAKER Henry H. Meyer & Son

(Address) 502 N Calvert St.

20. FILED ..., 19... Registrar.

22 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 38 to Oct 20, 1939

I last saw her alive on Oct 20, 1939 Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignancy Basal Carcinoma - cervix & Uterus & metastasis to C. N. S	May 1937

Other contributory causes of importance:

Metastases to Brain Spinal Cord, Bladder

Name of operation None Date of ...

What test confirmed diagnosis Biopsy Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, what? ...

(Signed) Wm H Mitchell M. D.

(Address) 6077 Eastern Ave

62228

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-c ✓ F 62228 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4139 Fair View ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 X
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4139 Fair View ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

3. (a) FULL NAME Hyman Hornstein
(b) If veteran, name war
(c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widower

(b) Name of husband ~~or wife~~ Late Mollie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1865 ~~1879~~

AGE: Years 76 ~~60~~ | Months | Days | If less than one day: hr. min.

8. Birthplace Russia (Town, county, and state)
10. Usual Occupation Barber
11. Industry or business

12. Name Carl Hornstein
13. Birthplace Russia
14. Maiden Name Hannah ?
15. Birthplace Russia
16 (a) Informant Hannah Miller
(b) Address 4139 Fair View ave
(b) Date thereof Oct 22/39 (month) (day) (year)

17 (a) (Burial, cremation, or removal)
(c) Cemetery or crematory Hebrew Mt Carmel.
Location German Hill Road.
18 (a) Funeral director Sol Levinson & Bro.
(b) Address 1124-26 N. Northern
19 (a) (b) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH October 21 1939, at 11 a.m. P. M

21. I certify that death occurred on the date above stated, that I attended deceased from April 23 1939, to Oct 21 1939, and that I last saw h~~r~~ im alive on Oct 21 1939.

Immediate cause of death: Pulmonary Edema
Pneumonitis.
Due to Arteriosclerosis.
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury H. E. Wirth

23. Signature H. E. Wirth M.D.
Address 2314 N. North Ave Date signed 10/22/39.

Vs I

(62229) HEALTH DEPARTMENT—CITY OF BALTIMORE (62229)

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Division St., 11-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wilhelmina Cook

If U. S. Veteran specify WAR

(a) Residence: No. 1113 Madison Ave St., 2nd H. Back Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): Jan. 20, 1911

7. AGE: Years 28 | Months 9 | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Bookman, S.C.

MOTHER FATHER

13. NAME: Isaac Cook

14. BIRTHPLACE (city or town) (State or country): Bookman S.C.

15. MAIDEN NAME: Mary Adams

16. BIRTHPLACE (city or town) (State or country): Bookman S.C.

17. INFORMANT: Winnie Cook

(Address): 1113 Madison Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Columbia, S.C. Date: Oct. 22, 1939

19. UNDERTAKER: Mrs. Geo. H. Gallard

(Address): 1631 Druid Hill Ave

20. FILED ..... 19.... Registrar.

OCT 22 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10-20-, 1939

22. I HEREBY CERTIFY, That I attended deceased from 10-15-39, 19.... to 10-20-39, 19....

I last saw h alive on 10-20-39, 19.... Death is said to have occurred on the date stated above, at 12.36 A M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Miliary Tuberculosis	9-1939?
Other contributory causes of importance:	

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. F. Maloney M. D.

(Address) Provident Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

6223O

CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH: Provident Hospital. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1514 Division St. 16 Ward)

Length of residence in city or town where death occurred yrs. Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME James Thomas. If U. S. Veteran specify WAR

(a) Residence: No. 1100 Whatcoat St St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): 10/6/1936

8. AGE: Years 3; Months 9; Days 14, 12; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

13. NAME: Sherman Jones

14. BIRTHPLACE (city or town) (State or country): Cherry Creek Va

15. MAIDEN NAME: Nellie Galloway

16. BIRTHPLACE (city or town) (State or country): Danville, Va

17. INFORMANT: Nellie Thomas
(Address) 1100 Whatcoat St.

18. BURIAL, CREMATION, OR REMOVAL: Date 10/23 1939
Place Mt. Calvary Cem.

19. UNDERTAKER: Mrs. Geo H. Holland
(Address) 1631 Druid Hill Ave

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10-20-1939

22. I HEREBY CERTIFY, That I attended deceased from 10-20-39. 19 to 10-20-39. 19

I last saw him alive on 10-20-39. 19 Death is said to have occurred on the date stated above, at 6.23 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho. Pneumonia (Primary).	10-10-39
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ed. Maloney M. D.

(Address) Provident Hospital

F 62231

F 62231

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B

Registered No. ....

PLACE OF DEATH:

1. (a) Baltimore City, Maryland
   (b) Street address 1816 Belt St
   (c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 43

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or ~~town~~ Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1816 Belt St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Ruth Mongeon

(b) If veteran, name war

(c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

(b) Name of husband or wife Patrick

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 8 1894

AGE: Years 45 | Months 6 | Days 12 | If less than one day: hr. min.

8. Birthplace Mt Winans Md (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

12. Name Laurence Thomas

13. Birthplace Md

14. Maiden Name Carrie Overton

15. Birthplace N. J.

16. (a) Informant Mrs Carrie Mulrooney

(b) Address 16 E Hill st

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 23 1939 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill

Location Brooklyn Md

18. (a) Funeral director William M Mareck

(b) Address 715 Light St

19. (a) (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 20 1939, at 9:50 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 17 1939, to October 20 39 and that I last saw her alive on Oct 20 1939.

Immediate cause of death: Coronary heart disease — Duration: 3 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Isaac Muller M. D.

Address 1225 St. Charles St Date signed 10/21/39

VS 3

F 62232

62232

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54 Registered No.

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2510 Wash Blvd

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits, write RURAL and give town)

2510 Washington Blvd

(b) Street No. (If rural give location)

(c) If foreign born, how long in U. S. A.? years

(a) **FULL NAME** Josephine Hickm an

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

(b) Name of husband or wife William T Hickman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 18 1858

AGE: Years 81 | Months 5 | Days 21 | If less than one day hr. min.

8. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

12. Name Thos Barrett

13. Birthplace Maryland

14. Maiden Name Annie Legg

15. Birthplace Maryland

16 (a) Informant Mrs C Kroeger

(b) Address 2508 Wash Blvd

17 (a) (Burial, cremation, or removal) (b) Date thereof 10-23-39 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet

Location Frederick Ave

18 (a) Funeral director Edward Toulson

(b) Address 2359 Wash Blvd

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 20 1939, at 11-15 a M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1938 to Oct 20 1939.

and that I last saw her alive on Oct 20 1939.

Immediate cause of death Acute Myocarditis — Duration 2 wks

Due to Diabetes — Duration ? yrs

Due to Chronic Vascular Heart disease — Duration 2 yrs

Other Conditions Aortic Sclerosis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Herbert Kieffer M. D.

Address 2410 Wash Blvd Date signed Oct 21 39

F 62233

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C F 62233

Registered No. F-62233

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1432-E. Federal Street

(c) Hospital or institution: ----

(d) Length of stay in hospital or inst. (yrs., mos., or days) ----

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Baltimore City

(c) City or town 1432-E. Federal Street (If outside city or town limits, write RURAL and give town)

(d) Street No. 1432-E. Federal Street (If rural give location)

(e) If foreign born, how long in U. S. A.? -- years

(a) FULL NAME Margaret Haupt

(b) If veteran, name war ----

3 (c) Social Security Account No. -----

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced? Married

(b) Name of husband or wife Joseph Frank Haupt

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/17/1858

AGE: Years	Months	Days	If less than one day
80	10	23	xxxxxx x min.

8. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER

12. Name Edward Roche

13. Birthplace Ireland

MOTHER

14. Maiden Name Mary (White)

15. Birthplace Ireland

16 (a) Informant Mrs. Jos. Haupt

(b) Address 1432-E. Federal Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-24-39 (month) (day) (year)

(c) Cemetery or crematory Holy Cross H. Rd.

Location Baltimore, Md.

18 (a) Funeral director George J. Kuhn, Inc.

(b) Address 1735-Harford Ave.

19 (a) (Date received by registrar) (b) Registrar

OCT 22 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH October 20 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 15 1939, to Oct 20 1939, and that I last saw h[illegible] alive on Oct 20 1939.

Immediate cause of death	Duration
Pulmonary Edema	
Due to Myocardial Insufficiency	
Due to	
Other Conditions Myocarditis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature John C. Schenuch, M.D.

Address 1337 S. Charles St. Date signed 10-24-39

62234

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53-E F 62234 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Lake Drive & Linden Ave. Riviera Apts.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1951 Riviera Apts. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME RAY PIMES SCHLOSS.

(b) If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

(b) Name of husband ~~or wife~~ Nathan Schloss

6 (c) If alive, give age 80 years

4. Birth date of deceased (mo., day, yr.) Sept. 1, 1869

AGE: Years	Months	Days	If less than one day
70	1	20	hr. min.

7. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

12. Name Isaac Pimes,

13. Birthplace Austria.

14. Maiden Name Unknown

15. Birthplace England.

16 (a) Informant Mrs. Edward Tepper,

(b) Address 3606 Clarks Lane.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 23, 1939 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Balto. Hebrew

Location Baltimore, Md.

18 (a) Funeral director David Sonneborn & Son

(b) Address 1902 Eutaw Place.

19 (a) 10-22-1939 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 21, 1939, at 11.20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 15 1939 to Oct 21 1939. and that I last saw h alive on Oct 21 1939.

Immediate cause of death	Duration
Sarcoma of Leg	6 mos
Due to Metastases	3 mos
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. H. Thomas M. D.

Address 3136 Harford Road Date signed

VS 3

62235

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-0 62235 Registered No.

PLACE OF DEATH:

1) Baltimore City, Maryland

2) Street address Alhambra Apts.

3) Hospital or institution:

4) Length of stay in hospital or inst. (yrs., mos., or days)

5) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 1903 Alhambra Apts. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) **FULL NAME** Henrietta Solomon

(b) If veteran, name war

3 (c) Social Security Account No.

Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: Widow

(b) Name of husband or wife: Henry Solomon

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) June 16, 1865

AGE: Years 74 | Months 4 | Days 6 | If less than one day: hr. min.

Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

12. Name Mrs. Holdstrom

13. Birthplace Germany

14. Maiden Name Lena Ardmann

15. Birthplace Germany.

16 (a) Informant Miss. B. Solomon

(b) Address Alhambra Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/24/39. (month) (day) (year)

(c) Cemetery ~~or crematory~~ Hebrew Friendship

Location Balto. Md.

18 (a) Funeral director Baird Sonderman & Son

(b) Address 1902 Eutaw Place

19 (a) OCT 22 1939 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 22 1939. at A. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1939. to Oct 22 1939. and that I last saw h alive on Oct 21 1939.

Immediate cause of death	Duration
Coronary Thrombosis	4 days
Due to	
Due to Chr. Valvular Heart Disease	2 yrs
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature L. H. Meyerhoff M. D.

Address 520 E. 33 St. Date signed

VS 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 62236

62236

CERTIFICATE OF DEATH

× 36

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. 1 mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Joseph O'Farrell

If U. S. Veteran specify WAR .....

(a) Residence: No. West Pratt St. St., ... Ward. Baltimore

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6a. If married, widowed, or divorced. HUSBAND of (or) WIFE of Alberta O'Farrell

6. DATE OF BIRTH (month, day, year) June 8, 1863

7. AGE	Years	Months	Days	If LESS than 1 day ...hrs. or ...min.
	76	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sch

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Penna

MOTHER'S FATHER

13. NAME Thos O'Farrell

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Katherine O'Farrell

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hosp. records

(Address)

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Westminster Date Oct. 24, 1939

19. UNDERTAKER A. Bankard Son

(Address) Westminster Maryland

M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/22, 1939

22. I HEREBY CERTIFY, That I attended deceased from 9/25, 1939, to 10/22, 1939

I last saw him alive on 10/22, 1939. Death is said to have occurred on the date stated above, at 7 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia (cerebral)	6 mos.
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D.

(Address) .....

F 62237

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137

F 62237 Registered No.

PLACE OF DEATH:

1. Baltimore City, Maryland
2. Street address Wilkens + Caton Ave.
3. Hospital or institution: St. Agnes' Hospital
4. Length of stay in hospital or inst. (yrs., mos., or days) 5 Wks 2 Days
5. Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto
(c) City or town Catonsville 21 (If outside city or town limits, write RURAL and give town)
(d) Street No. 317 Harlem Lane (If rural give location)
(e) If foreign born, how long in U. S. A.? 69 years

(a) FULL NAME Mr. Jacob C. Lotz

(b) If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

(b) Name of husband or wife Elizabeth Lotz
6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) July 24 - 1845

AGE: Years	Months	Days	If less than one day: hr.	min.
94	2	28		

Birthplace Germany (Town, county, and state)

10. Usual Occupation Retired
11. Industry or business

12. Name John Lotz
13. Birthplace Germany
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs. Wm Kopp.
(b) Address 317 Harlem Lane Catonsville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 25/39 (month, day, year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director George F. Hofmann.
(b) Address 701 Frederick Ave.

19 (a) 10-23-1939 (Date received by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-22 1939, at 12:36 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-15 1939, to 10-22 1939, and that I last saw him alive on 10-22 1939.

Immediate cause of death Hypertension ① arteriosclerosis ② auricular fibrillation ③ asthma, terminal
Due to ① chr. bronchitis & emphysema ② benign
Due to ① senile hypostatic & complete retention
Other Conditions ② enteroptosis, bilateral ② cataract, bilateral
(Include pregnancy within 3 months of death)

Major findings:
Of operations transurethral resection - 20 Yrs. removed
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James R. Crawford M. D.
Address St Agnes Hospital Date signed 10/22/39

V8 3

62238

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 F 62238 Registered No.

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2826 Fox St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 6yr.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto. City

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 2826 Fox St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Joseph C. Mickle

(b) If veteran, name war

3 (c) Social Security Account No. 211-16-1919

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Married

(b) Name of husband or wife Ruth Johnson Mickle

6 (c) If alive, give age 34 years

Birth date of deceased (mo., day, yr.)

AGE: Years	Months	Days	If less than one day: hr.	min.
43	4	21		

Birthplace Petersburg, Va (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Foundry

12. Name Grant Mickle

13. Birthplace Formerly Va.

14. Maiden Name Conner Street

15. Birthplace Phila. Pa.

16 (a) Informant Ruth Mickle

(b) Address 2826 Fox St

17 (a) Interment Va (b) Date thereof 10-23-39 (month) (day) (year)
(Burial, cremation, or removal)

(c) Cemetery or crematory East View

Location Petersburg Va

18 (a) Funeral director J. B. Johnson

(b) Address Annapolis Md

19 (a) (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 21, 1939. at 3:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-13- 1939 to 10-21- 1939.

and that I last saw h[illegible] alive on Oct. 21, 1939.

Immediate cause of death Lobar Pneumonia — Duration 10 days

Due to

Due to

Other Conditions Ulcerated Stomach — Duration ?

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Marvin L. Adams M. D.

Address 3128 23rd St Date signed 10-22-39

VS 3

F 62239
3700 37

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X V
53-e

F 62239
Registered No.

PLACE OF DEATH:
Baltimore City, Maryland
Street address
Hospital or institution: JOHNS HOPKINS HOSPITAL
Length of stay in hospital or inst. (yrs., mos., or days) 6 das
Length of stay in Baltimore (yrs., mos., or days) 8 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Va - (b) County
(c) City or town Portsmouth
(If outside city or town limits, write RURAL and give town)
(d) Street No. 405 Maryland ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Bessie Parker
(b) If veteran, name war —
3 (c) Social Security Account No. 225-09-3202

Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
(b) Name of husband or wife: Ernest L. Parker
6 (c) If alive, give age: 32 years

Birth date of deceased (mo., day, yr): 5 / 29 / 08

AGE: Years: 31 Months: 4 Days: 23 If less than one day: hr. min.

Birthplace: Virginia (Town, county, and state) Norfolk Co.
Usual Occupation: Housework
Industry or business: The Towing Venture Co
12. Name: James Stephenson
13. Birthplace: South Carolina
14. Maiden Name: Fannie Cloud
15. Birthplace: Virginia
(a) Informant: Husband
(b) Address: JOHNS HOPKINS HOSPITAL

(a) Burial (Burial, cremation, or removal)
(b) Date thereof: Oct 24/39 (month) (day) (year)
(c) Cemetery or crematory: Oak Grove Cem
Location: Portsmouth Va
(a) Funeral director: John O'Mitchell Sons
(b) Address: 900 Eastern Place

(a) (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 22, 1939 at 1 30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-17 1939, to 10-22 1939, and that I last saw her alive on 10-22 1939.

Immediate cause of death: Glioma - cerebral hemispheres — Malignant
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Glioma - cerebral hemispheres
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Charles E. Troland, M. D.
Address: Johns Hopkins Hospital Date signed: 10-22

VS 3

62240

HEALTH DEPARTMENT—CITY OF BALTIMORE

62240

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 615 S. Patterson Park ave Ward) 1

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary anna Wojtysiak

(a) Residence: No. 615 S. Patterson Park ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Wojtysiak

6. DATE OF BIRTH (month, day, year) 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME John Ekvert

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Anna Nayon

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Michalina Wilczynski

(Address) 615 S. Patterson park ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Oct 23 1939

19. UNDERTAKER John M. Weber

(Address) 1401 E. Chase St

20. FILED 19 Registrar.

OCT 20 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 14, 1939 to Oct. 19, 1939

I last saw h alive on Oct. 18, 1939. Death is said to have occurred on the date stated above, at 6:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	Oct 14 th
Other contributory causes of importance: Chronic Hypertension	several years

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? P.M.E. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) John F. Kraft, M. D.

(Address) 2629 E. Baltimore

62241

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62241 Registered No.

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 5107 Palmer Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 5107 Palmer Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) **FULL NAME** Elizabeth Missouri Smith

(b) If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed or divorced~~
Female	White	Married

(b) Name of husband ~~or wife~~ William N. Smith

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Jan 29th 1870

AGE: Years	Months	Days	If less than one day
69	8	22	hr. min.

Birthplace Balto. Co. Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business at Home

12. Name John Evard Wisner

13. Birthplace Balto. Co. Md.

14. Maiden Name Mary Ellen (Unknown)

15. Birthplace Balto. Co. Md.

16 (a) Informant William N. Smith

(b) Address 5107 Palmer Ave

17 (a) Entombment (Burial, cremation, or removal) (b) Date thereof 10/24/39 (month) (day) (year)

(c) Cemetery or crematory Green Mount Mausoleum

Location Balto Md

18 (a) Funeral director William Cook

(b) Address 1217 St. Paul St.

19 Oct 23 1939 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 21st 1939 at 5:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1939, to Oct 21 1939, and that I last saw h[illegible] alive on Oct 21 1939.

Immediate cause of death

Myocarditis — Duration 2 mo

Due to Arteriosclerosis

Due to Senility

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide no

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? no While at work? —

(Specify type of place)

(e) Means of injury

23. Signature Charles L Bell M. D.

Address 5716 Park Ave Date signed Oct 22 39

VS 3

F 62242

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V131 Registered No. F 62242

PLACE OF DEATH:
1. Baltimore City, Maryland
Street address 1344 Druid Hill ave
Hospital or institution:

Length of stay in hospital or inst. (yrs., mos., or days)
Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1344 Druid Hill Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years ✓

3. (a) FULL NAME George Lewis Harris
(b) If veteran, name war —
(c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced	(b) Name of husband or wife	(c) If alive, give age
Male	C	Seperated	Julia	unknown years

Birth date of deceased (mo., day, yr.) 8 31 1856

AGE: Years	Months	Days	If less than one day hr.	min.
83	6	20		

Birthplace Baltimore Md (Town, county, and state)

9. Usual Occupation none
10. Industry or business

12. Name unknown
13. Birthplace "
14. Maiden Name Catherine Jones
15. Birthplace Snow Hill Md

16. (a) Informant Mrs Alice Harris
(b) Address 1344 Druid Hill Ave

17. (a) (Burial, cremation, or removal) (b) Date thereof 10-23-39 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location

18. (a) Funeral director Mrs Ida Bailey
(b) Address 1421 Jefferson St

19. (a) (Date received by registrar) (b) H Registrar

VS-b 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 20, 1939, at 6 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 7, 1939. to Oct 20, 1939. and that I last saw him alive on Oct 20, 1939.

Immediate cause of death: Chronic Interstitial Nephritis — Duration: Unknown
Due to: Arteriosclerosis — 5 yr
Due to: Chronic Dysentery — 3 wk
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. I White M. D.
Address 1344 Druid Hill Ave Signed

2243

HEALTH DEPARTMENT—CITY OF BALTIMORE 62243

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1506 N. Mount St. 15 Ward) Registered No. 159

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. 5 da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

2. FULL NAME Joseph Wood Taylor

If U. S. Veteran specify WAR

(a) Residence: No. 1506 N. Mount St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Infant

6a. If married, widowed, or divorced: HUSBAND of / (or) WIFE of

7. DATE OF BIRTH (month, day, year) Oct 16, 1939

8. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
			5 4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME Joseph Edward Taylor

14. BIRTHPLACE (city or town) (State or country) Tyner, N. Carolina

15. MAIDEN NAME Mary Rice

16. BIRTHPLACE (city or town) (State or country) Lewisburg Co. Va

17. INFORMANT Mary Taylor (mother)

(Address) 1506 N. Mount St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Oct 23 1939

19. UNDERTAKER Geo. L. Kelly

(Address) 1303 Preston St

20. FILED ___, 19___ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1939, to Oct 20, 1939.

I last saw him alive on Oct 20, 1939. Death is said to have occurred on the date stated above, at 11:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ___, 19___

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. W. Dorman Jr. M. D.

(Address) University Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

62214

CERTIFICATE OF DEATH

62214

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 663 Pierce St. 17-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mon. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mon. ... ds.

2. FULL NAME Annie C. Scott

If U. S. Veteran specify WAR .....

(a) Residence: No. 663 Pierce St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 28 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	3	22	

OCCUPATION

8. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Home

10. Data deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation ..

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

MOTHER

13. NAME Marcellus Cain

14. BIRTHPLACE (city or town) Md
(State or country)

15. MAIDEN NAME Annie M. Hargrove

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT Wm J. Cain
(Address) 663 Pierce St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Oct 24 1939

19. UNDERTAKER Mrs Frances A. Hemsley
(Address) 578 N. Biddle St.

20. FILED Oct 25 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 28 1939 to Oct 20 1939

I last saw h[illegible] alive on Oct 20 1939. Death is said to have occurred on the date stated above, at 1300 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Diaphragmatic	?

Other contributory causes of importance:

Bronchial Edema

Was an operation performed? Yes Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) P. Harris M. D.

(Address) 1207 N Caroline St

62245

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54-D

F 62245 Registered No.

PLACE OF DEATH:

1. Baltimore City, Maryland
   Street address 1728 N Calvert St
   Hospital or institution:

Length of stay in hospital or inst. (yrs., mos., or days) —

Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) ~~County~~

(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)

(d) Street No. 1728 N Calvert St (If rural give location)

17

(e) If foreign born, how long in U. S. A.? 56 years

(a) FULL NAME Elizabeth Tayloe Sullivan

(b) If veteran, name war —

3. Social Security Account No. —

Sex	5. Color or race	6 (a) ~~Single~~, ~~married~~, widowed, or ~~divorced~~
Female	White	Widow

(b) Name of husband or wife Felix Sullivan

If ~~married~~, give age — years

~~Married~~ June 8 1931

Birth date of deceased (mo., day, yr.) July 1 1845

AGE: Years	Months	Days	If less than one day
94	3	20	hr. — min.

Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business None

12. Name C. Franklin Buchanan

13. Birthplace Maryland

14. Maiden Name Emma C. Lloyd

15. Birthplace Maryland

16 (a) Informant Felix Sullivan

(b) Address 1728 N Calvert St

17 (a) Burial (Burial, ~~cremation~~, or ~~removal~~) (b) Date thereof Oct 23/38 (month) (day) (year)

(c) Cemetery or crematory Greenmount Cem

Location Baltimore Md.

18 (a) Funeral director H. Hopkins & Sons

(b) Address Orchard Ave & Collok St

19 (a) OCT 23 1938 (Date ~~received~~ by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 21 1938, at M

21. I certify that death occurred on the date above stated, that I attended deceased from Oct 19 1938 to Oct 21 1938, and that I last saw h alive on Oct 2 1938

Immediate cause of death	Duration
Hemiplegia Bronchopneumonia	2 days
Due to Fibroid Tumor of Uterus (Interstitial degeneration)	
Due to	
Other Conditions Arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [signature] M. D.

Address 3918 N Charles St Date signed 22-38

VS 3

62246

F 62246

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C Registered No.

PLACE OF DEATH:

1. Baltimore City, Maryland
2. Street address 7105 Park Heights Avenue
3. Hospital or institution:

4. Length of stay in hospital or inst. (yrs., mos., or days)
5. Length of stay in Baltimore (yrs., mos., or days) 80 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County none

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 7105 Park Heights Avenue (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) **FULL NAME** Isabelle M. Sherwood

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widowed

(b) Name of husband or wife: John R. Sherwood

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 11, 1844

8. AGE: Years 95 | Months 6 | Days 9 | If less than one day: hr. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual Occupation: housewife, retired

11. Industry or business

12. Name: Joseph Miller

13. Birthplace: Maryland

14. Maiden Name: Harriett Wilson

15. Birthplace: Maryland

16 (a) Informant: Lillian Thompson

(b) Address: Sarasota, Florida

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 23, 1939 (month) (day) (year)

(c) Cemetery Druid Ridge

Location Pikesville, Maryland

18 (a) Funeral director John O. Mitchell's Son

(b) Address 1900 Eutaw Place, Baltimore, Md.

19 (a) OCT 23 1939 (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-20 1939. at 9.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 9 1939 to Oct 20 1939.

and that I last saw her alive on Oct 20 1939.

Immediate cause of death Heart failure due to arteriosclerosis & myocardial weakness — Duration 2 wks.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Harry D. McCarty M. D.

Address 37 W. Preston Street Date signed

22247

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a E 62247 Registered No.

PLACE OF DEATH:

1. Baltimore City, Maryland Baltimore
2. Street address 701 E 33rd St
3. Hospital or institution

4. Length of stay in hospital or inst. (yrs., mos., or days)
5. Length of stay in Baltimore (yrs., mos., or days) 23

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 163 W. Hamilton St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Charles Victor Wells

(b) If veteran, name war | 3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	col	Married

(b) Name of husband or wife Mary J Wells
6 (c) If alive, give age 30 years

Birth date of deceased (mo., day, yr.) January 20, 92

AGE: Years	Months	Days	If less than one day hr.	min.
47	10	21		

Birthplace Maryland (Town, county, and state)

10. Usual Occupation Laborer
11. Industry or business

12. Name Theodore Wells.
13. Birthplace Maryland
14. Maiden Name Almeda Chaney
15. Birthplace Maryland

16 (a) Informant Mary J Wells.
(b) Address 163 W Hamilton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-22-39 (month) (day) (year)
(c) Cemetery or crematory Dulaney National
Location Ferdinand Ave

18 (a) Funeral director David L Brown & Son
(b) Address 108 W Montgomery St

19 (a) (b) Date received by registrar Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 19 1939, at 3.33 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 16th 1939, to Oct 19 1939. and that I last saw h— alive on Oct 19 1939.

Immediate cause of death: Cerebral apoplexy — Duration: 3 days

Due to: Arterial Hypertension — ?

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W H Carroll
Address 711 Warner St Date signed 10/24/39

62218

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 210-F 62218

PLACE OF DEATH:
1. Baltimore City, Maryland
2. Street address or Hospital or institution: Mt. Hopkins Hosp
3. Length of stay in hospital or inst. (yrs., mos., or days)
4. Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1630 Ellsworth St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Arthur Bennett

(b) If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	

(b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

AGE: Years	Months	Days	If less than one day: hr.	min.
11				

8. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation School Boy
11. Industry or business

12. Name Leonard Bennett
13. Birthplace Georgia
14. Maiden Name Rebecca Parker
15. Birthplace Georgia

16 (a) Informant Leonard Bennett
(b) Address 1630 Ellsworth St

17 (a) Annapolis (Burial, cremation, or removal) (b) Date thereof Oct 24 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location

18 (a) Funeral director John D Henderson
(b) Address 114 Orleans St

19 (a) OCT 23 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 19 1939, at 2 30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fracture, left femur	
Death during ether anesthesia	
Due to Enlargement of Thymus	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 10/17/39 Exact or approximate
(c) Where did injury occur? Alley in rear of 1630 E. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Alley (Specify type of place) While at work? no
(e) Means of injury Struck by automobile

23. Signature Wm E Anderson M.D. Medical Examiner
Date signed 10/20/39

VS 4

F 62249

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C F 62249 Registered No.

PLACE OF DEATH:

1) Baltimore City, Maryland

2) Street address 235 S. East Ave.

2) Hospital or institution: - - -

3) Length of stay in hospital or inst. (yrs., mos., or days) -

3) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County - -

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 235 S. East Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? - - years

(a) **FULL NAME** JOHN HENRY BENHOFF SR.

(b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

(b) Name of husband or wife: Susanna Benhoff

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 14, 1862

AGE: Years 77 | Months 6 | Days 6 | If less than one day: hr. min.

8. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Engineer (Retired)

11. Industry or business Standard Oil Co.

12. Name Frederick Benhoff

13. Birthplace Germany

14. Maiden Name Charlotte ?

15. Birthplace Germany

16 (a) Informant John H. Benhoff Jr. (son)

(b) Address 235 S. East Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 23-39 (month) (day) (year)

(c) Cemetery or crematory Mt. Carmel Cem.

Location Maryland

18 (a) Funeral director H. Sander & Son Inc.

(b) Address Baltimore & Broadway

19 (a) (b)

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 20 1939 at 10:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 10/9/39 19.. to 10/20 1939. and that I last saw h alive on 10/16 1939.

Immediate cause of death: arteio Sclerosis Myocarditis, Chronic pneumonia

Due to: Acute Cardiac dilatation.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature D. D. Tenell M. D.

Address 633 S. Carlton Date signed 10/21/39

69463 F 62250

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

140-145a F 62250 Registered No.

PLACE OF DEATH:
Baltimore City, Maryland

Street address
Hospital or institution: John Hopkins

Length of stay in hospital or inst. (yrs., mos., or days)

Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1714 E. Madison St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

1. (a) FULL NAME Alice Theresa Harris

(b) If veteran, name war

3. (c) Social Security Account No.

4. Sex: Female

5. Color or race: Black

6. (a) Single, married, widowed, or divorced: Married

(b) Name of husband or wife: Alvin

(c) If alive, give age years

Birth date of deceased (mo., day, yr.) 8-27-17

AGE: Years 22 | Months | Days | If less than one day: hr. min.

Birthplace Wash. D.C. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

12. Name Emmanuel Sharp

13. Birthplace Va.

14. Maiden Name Alice Allinger

15. Birthplace D.C.

16. (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17. (a) (Burial, cremation, or removal) (b) Date thereof 10-23-39 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location Brooklyn

18. (a) Funeral director Adolphus Halstead

(b) Address 918 Linden Ave.

19. (a) (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 20 1939 at 10 50 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 5 1939 to Oct. 20 1939 and that I last saw her alive on Oct. 20 1939

Immediate cause of death: Generalized peritonitis — Duration: 2 wks.

Due to: Broad ligament or ovarian abscess, right. — Duration: ?

Due to

Other Conditions: Abortion, Sept. 17, 1939. (Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy See above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. W. Overstreet M. D.
Address Johns Hopkins Hosp. Date signed 10-21-39

VS 3

62251

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

62251

Registered No. 349-108

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 328 S. Eutaw Street (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME James Corbin

(b) If veteran, name war

3 (c) Social Security Account No. 218-07-9886

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Colored	Single

(b) Name of husband or wife

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Feb. 22, 1905

AGE: Years	Months	Days	If less than one day
34	7	28	hr. min.

Birthplace Virginia (Town, county, and state)

10. Usual Occupation Truck Driver

11. Industry or business Balto. Beef Co.

12. Name George Corbin

13. Birthplace Virginia

14. Maiden Name Dilcy St. Claire

15. Birthplace Virginia

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 10-25-39 (month) (day) (year)

(c) Cemetery or crematory Gloucester Va

Location Gloucester Pt.

18 (a) Funeral director Adolphus Hubbard

(b) Address 918 Druid Hill Ave

19 (a) 23 1939 (b) Huntington Williams, M.D. Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH October 20 1939, at 4:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 17 1939, to Oct 20 1939, and that I last saw him alive on Oct 20 1939.

Immediate cause of death: Lobar Pneumonia — Duration: 11 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

one

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible] M. D.

Address Balto City Hosp Date signed 10-20-39

VS 3

F 62252

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a F 62252 Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address South Baltimore
(c) Hospital or institution: General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 15 E. Franklin St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Frank E. Quindt (Quindt)

MEDICAL CERTIFICATION 12 20 P

(b) If veteran, name war: No

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Divorced

(b) Name of husband or wife Clara Quindt

6 (c) If alive, give age 40 years

Birth date of deceased (mo., day, yr.) April 18-1891

AGE: Years	Months	Days	If less than one day: hr.	min.
48	6	1		

Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Painter
11. Industry or business

12. Name Andrew V. Quindt
13. Birthplace Baltimore
14. Maiden Name Akers
15. Birthplace Baltimore

16 (a) Informant Catherine Akers
(b) Address 2507 N North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 1939 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd

18 (a) Funeral director Robert Brooks & Son
(b) Address Calhoun & Hollins Sts

19 (a) (Date rec'd by registrar) (b) Registrar

20. DATE OF DEATH Oct 19 1939. at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Multiple fractures — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 10/18/39
(c) Where did injury occur? Port Covington, Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) Safety Yard B. & O. R.R. While at work? Yes
(e) Means of injury fell off scaffold

23. Signature [illegible] M.D. Medical Examiner

Date signed 10/19/39

V8 6

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 151-C F 62253

F 62253

PLACE OF DEATH:

1. Baltimore City, Maryland
2. Street address 1504 Retreat Street
3. Hospital or institution: ----
4. Length of stay in hospital or inst. (yrs., mos., or days)
5. Length of stay in Baltimore (yrs., mos., or days) 4-5-11

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County --

(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)

(d) Street No. 1504 Retreat Street (If rural give location)

(e) If foreign born, how long in U. S. A.? -- years

1 (a) FULL NAME Margaret Cecelia Wiggington

(b) If veteran, name war ----

3 (c) Social Security Account No. ---

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

(b) Name of husband or wife ---

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) April 5th 1935

AGE: Years	Months	Days	If less than one day
4	5	11	hr. min.

8. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

12. Name Frank Wiggington

13. Birthplace Baltimore, Md.

14. Maiden Name Margaret Carter

15. Birthplace Baltimore, Md.

16 (a) Informant Mr. Frank Wiggington

(b) Address 1504 Retreat Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 25th 1939 (month) (day) (year)

(c) Cemetery or crematory St John's

Location Long Green, Baltimore Co., Md.

18 (a) Funeral director Wm. J. Tickner & Sons.

(b) Address North & Penna Aves.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 22nd 1939, at 1,30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1933 1935. to Oct 22 1939. and that I last saw her alive on Oct 22 1939.

Immediate cause of death: Congenital heart — Duration: life

Due to: Congenital

Due to: Heart disease

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Fred O Jewett M. D.

Address 2516 Penna Ave Date signed Oct 22/39

VR 3

F 62251

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E F 62251

Registered No.

PLACE OF DEATH:

1. (a) Baltimore City, Maryland
   (b) Street address 3500 Devonshire Dr.
   (c) Hospital or institution: None

2. Length of stay in hospital or inst. (yrs., mos., or days) Life
   Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3500 Devonshire Drive (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Catherine Cox
(b) If veteran, name war
3 (c) Social Security Account No.

4. Sex fem. 5. Color or race White 6 (a) Single, married, widowed or divorced. Married.
(b) Name of husband or wife Wm Cox
6 (c) If alive, give age 68 years
7. Birth date of deceased (mo., day, yr.) Feb. 25, 1860

AGE: Years 79 Months 7 Days 25 If less than one day hr. min.

8. Birthplace Baltimore (Town, county, and state)
9. Usual Occupation Housewife
10. Industry or business
11. Name Rudolph
12. Birthplace Germany
13. Maiden Name Unknown
14. Birthplace Germany
15. (a) Informant Mr. Wm Cox
(b) Address 3500 Devonshire Dr.
16. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 24, 1939 (month) (day) (Year)
(c) Cemetery or crematory Western
Location Baltimore Md.
17. (a) Funeral director Wm Rickman Sons
(b) Address North & Pa.
18. (a) (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

19. DATE OF DEATH Oct. 20 1939 at 9.40 A M
20. I certify that death occurred on the date above stated, that I attended deceased from Oct. 19 1939 to Oct. 20 1939. and that I last saw her alive on Oct. 20, 1939.

Immediate cause of death Carcinoma of Liver — Duration —
Due to
Due to Dr. Robt. Chenoweth was the attending physician but has been out of the city since Oct. 16 1939.
Other Conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Lloyd E. Layton M. D.
Address 3902 Greenmount Ave. Date signed Oct. 22, 1939

VS 3

62255

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 Registered No. 62255

PLACE OF DEATH:

1. Baltimore City, Maryland
2. Street address 1606 W. Northern Ave
3. Hospital or institution: None

4. Length of stay in hospital or inst. (yrs., mos., or days)
5. Length of stay in Baltimore (yrs., mos., or days) 46 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1606 W. Northern Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 46 years

(a) FULL NAME Isabel Schmidt

(b) If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

(b) Name of husband or wife Phillip J. Schmidt

6 (c) If alive, give age 55 years

Birth date of deceased (mo., day, yr.) Mar. 27, 1887

AGE: Years	Months	Days	If less than one day: hr.	min.
52	6	24		

Birthplace Scotland (Town, county, and state)

9. Usual Occupation Housewife
10. Industry or business

12. Name Duncan MacKinnon
13. Birthplace Scotland
14. Maiden Name Alice M. Scotland
15. Birthplace Scotland

16. (a) Informant Mrs. Helen E. Whittle
(b) Address 1606 W. North Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 24, 39 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore
18. (a) Funeral director Tom Tickner Sons
(b) Address Scott & Paves.

19. (a) (Date rec'd by registrar) (b) Registrar

OCT 23 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 21 1939, at 1:45 P M

21. I certify that death occurred on the date above stated, that I attended deceased from Aug. 29 1939. to Oct. 21 1939. and that I last saw her alive on Oct. 21 1939.

Immediate cause of death: generalized Carcinomatosis — Duration: 6 Months

Due to Primary Carcinoma of Left Breast — 2 yrs?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wilton Lenn M. D.
Address 2341 Eutaw Pl Date signed 10-24-39

F 62256

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

34-F

F 62256
Registered No.

PLACE OF DEATH:
1. (a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2833 Reese st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Josiah Philips

(b) If veteran, name war World War

3 (c) Social Security Account No.

4. Sex male | 5. Color or race colored | 6 (a) Single, married, widowed, or divorced Single

(b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1886

AGE: Years 53 | Months | Days | If less than one day: hr. min.

8. Birthplace Elizabeth City N. C. (Town, county, and state)

9. Usual Occupation Stevedore

10. Industry or business

11. Name unknown

12. Birthplace unknown

13. Maiden Name unknown

14. Birthplace unknown

15. (a) Informant Hattie M White

(b) Address 308 N. Pearl st

16. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-26-39 (month) (day) (year)

(c) Cemetery or crematory Balti National Cem

Location Frederick Rd

17. (a) Funeral director William A Jackson

(b) Address 916 Pemberton

18. (a) Date received (month, day, year) (b) Huntington Hollingsworth Registrar

OCT 23 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 22, 1939 19 , at 5 40 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death Syphilis, Cardiovascular — **Duration**

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H & L Wallenweber M.D.
Asst Medical Examiner

Date signed

VS 6

F 62257

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a Registered No. F 62257

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4650 Park Heights ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4650 Park Heights ave (If rural give location)
If foreign born, how long in U. S. A.? — years

(a) FULL NAME Theresa R. Aaron
(b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single
(b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 9-20-1896

AGE: Years 43 | Months 1 | Days 2 | If less than one day — hr. — min.

8. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Nurse
11. Industry or business Hospital

12. Name Phillip Aaron
13. Birthplace Russia
14. Maiden Name Alice
15. Birthplace Russia

16 (a) Informant Samuel F. Aaron
(b) Address 3833 Bowman ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-23-29 (month) (day) (year)
(c) Cemetery or crematory Sharon Hill
Location Sadivi Camp

18 (a) Funeral director Jos. T. Lewis Inc
(b) Address 1439 E. Balto St.

19 (a) OCT 23 1929 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/22 1929, at 1 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from 9/29 1929, to 10/22 1929, and that I last saw her alive on 10/22 1929.

Immediate cause of death	Duration
Bronchopneumonia	10/20/29
Due to Hemorrhage into Cerebrum	9/29/29
Due to Hypertension	1926
Other Conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. J. Ginsberg M. D.
Address 2220 Edmondson Date signed 10/22/29

VS 3

F 62258

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107-a

F 62258

Registered No.

PLACE OF DEATH:

1. Baltimore City, Maryland
   Street address Belvidere & Dunphrey ave
   Hospital or institution Aged Home
   Length of stay in hospital or inst. (yrs., mos., or days) 9
   Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:

(a) State ... (b) County ...
(c) City or town ... (If outside city or town limits, write RURAL and give town)
(d) Street No. 115½ Broadway (If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3. (a) FULL NAME Rabbi Isaac Berman
(b) If veteran, name war ...
(c) Social Security Account No. ...

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married
(b) Name of husband or wife Mena Berman
6 (c) If alive, give age 75 years

Birth date of deceased (mo., day, yr.) 6-11-

AGE: Years 78 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Rabbi
11. Industry or business Baker
12. Name of father Hush Berman
13. Birthplace Russia
14. Maiden Name of mother Anna Berman
15. Birthplace Russia
16. (a) Informant Isadore Berman
(b) Address 115 N. Broadway
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-23-39 (month) (day) (year)
(c) Cemetery or crematory Wash. Rd.
Location Hanover & Lombard
18. (a) Funeral director Jack Louis Lore
(b) Address 1939 E. Baltimore St
19. (a) OCT 23 1939 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-23 1939, at 12 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-17 1939 to 10-23 1939, and that I last saw him alive on 10-22 1939.

Immediate cause of death Bronchopneumonia
Arterio sclerosis
Hypertension

Due to ...

Due to ...

Other Conditions ...
(Include pregnancy within 3 months of death)

Major findings:
Of operations ...
Of autopsy ...

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edmund Levin M. D.
Address Lewindale Date signed 10/23/39

VS 3

62259

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B F 62259
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1763 N. Gay St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Louise Ricketts
(b) If veteran, name war
3 (c) Social Security Account No.
4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced Widowed
(b) Name of husband or wife John Ricketts
(c) If alive, give age years
Birth date of deceased (mo., day, yr.) Oct 31st 1857
AGE: Years 82 Months 11 Days 17 If less than one day hr min.
9. Birthplace Germany (Town, county, and state)
10. Usual Occupation None.
11. Industry or business

12. Name Henry Zeigler
13. Birthplace Germany.
14. Maiden Name
15. Birthplace

16 (a) Informant Mrs Walters
(b) Address 1763 N Gay St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 23rd 1939 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem
Location Fredrick Road
18 (a) Funeral director Leo G. Crook
(b) Address 1701 N Patt Park Ave
19 (a) (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 20 1939. at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 16, 1939. to Oct. 20 1939.
and that I last saw h alive on Oct. 20, 1939.

Immediate cause of death: Arteriosclerotic Cardio-Vascular disease with cerebral arteriosclerosis — Duration ?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. R. Tennyson, M.D. M. D.
Address St. Josephs Hosp. (Date signed 10/21/39

VS 3

2260
369886

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 62260
Registered No. 92-a

PLACE OF DEATH:
(1) Baltimore City, Maryland
(2) Street address
Hospital or institution: JOHNS HOPKINS HOSPITAL
(3) Length of stay in hospital or inst. (yrs., mos., or days) 8 das
Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Dundalk (If outside city or town limits, write RURAL and give town)
(d) Street No. 6705 Bessemer Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(4) (a) FULL NAME Eleanore Doris Leggins
(b) If veteran, name war
3 (c) Social Security Account No.
Sex: female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
(b) Name of husband or wife
6 (c) If alive, give age years
Birth date of deceased (mo., day, yr.) Aug. 17, 1920
AGE: Years 19 Months 1 Days 3 If less than one day hr. min.
Birthplace Maryland (Town, county, and state)
Usual Occupation —
Industry or business —

12. Name George Leggins
13. Birthplace Maryland
14. Maiden Name Margaret Hawkins
15. Birthplace New York - Recorde
(a) Informant JOHNS HOPKINS HOSPITAL
(b) Address

(a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 24/39 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave Extd.
(a) Funeral director Kelly & Zeiler Inc.
(b) Address 1045 S. Wolfe st.

(a) (b) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 21, 1939, at 2.05 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 13, 1939 to Oct 21 1939 and that I last saw h er alive on Oct. 21 1939.

	Duration
Immediate cause of death: Sub-acute Bacterial Endocarditis	
Due to Rheumatic Heart Disease + aortic insufficiency and Chronic interstitial nephritis + insufficiency	
Other Conditions: Diffuse Glomerular Nephritis (include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. M. Welty M. D.
Address Johns Hopkins Hosp. Date signed 10-24-39

VS 3

Corfolillo

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

62261 ✓ B 62261

186-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 27-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? 33 yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Luca Corfolillo

(a) Residence: No. 2823 2822 B Aliceado Square St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or ~~divorced~~ (or) WIFE of LATE Tony Corfolillo

6b. DATE OF BIRTH (month, day, year) Dec 13 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68-67 68-	9 10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) October, 1939

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Alfonso Balsamo

14. BIRTHPLACE (city or town) (State or country) Italy.

MOTHER

15. MAIDEN NAME Anna Lucchesi

16. BIRTHPLACE (city or town) (State or country) Italy.

17. INFORMANT Nettie Guglielizza

(Address) 10 Deliget Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Oct 25 1939

19. UNDERTAKER Frank Della Rocca

(Address) 522 N. Paca St.

20. FILED OCT 23 1939 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 21, 10:30 AM 1939 to Oct. 21, 8:40 P.M. 1939.

I last saw her alive on October 21, 1939. Death is said to have occurred on the date stated above, at 8:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Vascular Accident Thrombosis	Oct. 21
Coronary Thrombosis	Sept 20
Other contributory causes of importance: Hypotension (from history)	?

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident? Date of injury Oct. 21, 1939

Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fall from 2nd floor window.

Nature of injury ?

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. H. Kammer M. D.

(Address) Mercy Hospital

H. L. Wollenweber, Md
Asst. Medical Examiner

62262

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B 62262

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 8-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Anna Curran

If U. S. Veteran specify WAR .....

(a) Residence: No. 2431 East Preston St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of William T. Curran

6. DATE OF BIRTH (month, day, year) March 25-1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83	6	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

MOTHER

13. NAME Jane Sheron

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Fitzpatrick

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date 10-24 1939

19. UNDERTAKER Leonard J. Funk

(Address) 5305 Harford Rd.

20. FILED OCT 23 1939 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/21 1939

22. I HEREBY CERTIFY, That I attended deceased from 10/15 1939 to 10/21 1939

I last saw h~~e~~r alive on 10/21 1939 Death is said to have occurred on the date stated above, at 7:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutrition	
Pulmonary edema	10/19
Other contributory causes of importance:	Unk

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) George Suire M. D.

(Address) Mercy Hospital

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B Registered No. F 62263

62263

PLACE OF DEATH:

1. Baltimore City, Maryland
2. Street address Wyman Park Drive and 31st St.
3. Hospital or institution: U. S. Marine Hospital, Baltimore, Md.
4. Length of stay in hospital or inst. (yrs., mos., or days) 1hr. 10min.
5. Length of stay in Baltimore (yrs., mos., or days) 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore, Maryland. (If outside city or town limits, write RURAL and give town)

(d) Street No. 3302 Ramona Avenue (If rural give location)

(e) If foreign born, how long in U. S. A.? 40 years years

(a) **FULL NAME** Ewald Werner

(b) If veteran, name war

3 (c) Social Security Account No.

Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

(b) Name of husband or wife Susanna Schauer

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Jan. 11, 1886

AGE: Years	Months	Days	If less than one day
53	9	12	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Chief Engineer

11. Industry or business Maritime

12. Name William Werner

13. Birthplace Germany

14. Maiden Name Catherine (Unknown)

15. Birthplace Germany

16 (a) Informant Records-U. S. Marine Hospital,

(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 26/1939 (month) (day) (year)

(c) Cemetery or crematory Lorraine Cemetery

Location Baltimore, Md.

18 (a) Funeral director Harry H. Simmons

(b) Address 4204 Edgewood ave

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 23, 1939, at 5:10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4:00AM Oct. 23, 1939, to Oct. 23 1939 5:10AM and that I last saw him alive on Oct. 23, 1939.

Immediate cause of death Cardiac disease, coronary thrombosis — **Duration** 7 mo.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No Autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature T. M. H., M. D.

Address U. S. Marine Hospital Baltimore, Md. Date signed 10/23/39

VS 2

62264

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 Registered No. F 62264

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4511 Keswick Road
(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4511 Keswick Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Mary M. Lewis

(b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

(b) Name of husband or wife Jesse T. Lewis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 20-1861

8. AGE: Years 78 | Months 8 | Days 1 | If less than one day hr. min.

9. Birthplace Carroll Co. Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

12. Name Israel T. Shuman

13. Birthplace Maryland

14. Maiden Name Susanna Shuman

15. Birthplace Maryland

16 (a) Informant Mrs. R. D. Tracy

(b) Address 4511 Keswick Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 24-1939 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Pikesville, Md.

18 (a) Funeral director Horace F. Burgee

(b) Address 3631 Falls Road

19 (a) (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 21- 1939, at 5:45 P. M.

21. I certify that death occurred on the date above stated, that I attended deceased from Sept 27 1939 to Oct 21 1939. and that I last saw her alive on Oct 21 1939.

Immediate cause of death: Arterio-sclerosis & Chronic nephritis — Duration about 10 years.

Due to

Due to

Other Conditions Myocarditis — 2 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Horace F. Burgee

Address 3631 Falls Road Date signed Oct 23/39.

VS 3

62265

HEALTH DEPARTMENT—CITY OF BALTIMORE

62265

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3110 Harford Avenue St., 9-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. 6 mos. 19 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Edmond O. Blase

(a) Residence: No. 3110 Harford Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) April 2, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Union Labor Insurance Co. of N. Y.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Otto Blase

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Adeline Benois

16. BIRTHPLACE (city or town) (State or country) Chile, South America

17. INFORMANT (Address) Anita L. Blase 3110 Harford Avenue

18. BURIAL, CREMATION, OR REMOVAL Place New National Cem'ty Date Oct. 24, 1939

19. UNDERTAKER (Address) John J. Mitchell & Sons, Inc. 1900 Eutaw Place, Baltimore

20. FILED OCT 23 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-21-1939

22. I HEREBY CERTIFY, That I attended deceased from 10-21-1939 to 10-21-1939

I last saw him alive about 9-15-1939 Death is said to have occurred on the date stated above, at 5:00 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	10-21-39
Other contributory causes of importance:	

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Howard B. Sylvester M. D.

(Address) 2802 Harford Ave

Howard J. Qualdis M.D. Asst. Med. Exam. pro B Sossman

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 62266

62266

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1007 McKean Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1007 McKean Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Bernard A Punte

(b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married
(b) Name of husband or wife Lillian Punte
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 9 1898

AGE: Years 41 | Months 3 | Days 11 | If less than one day hr min

8. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Saw paper hanger
11. Industry or business Paper Hanger
12. Name Edward Punte
13. Birthplace Baltimore
14. Maiden Name Anna Hupfer
15. Birthplace Baltimore
16 (a) Informant Lillian Punte
(b) Address 1007 McKean Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 24-39 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Edmondson Ave
18 (a) Funeral director Albert W Berezay
(b) Address 440 E North Ave
19 (a) OCT 23 1939 (Date received by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 20 1939, at 5 15 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to Sclerosis, Coronary

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H I Wallenmeyer M.D. Medical Examiner
Date signed Oct 23, 1939

VS 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

62267

CERTIFICATE OF DEATH

23 F 62267

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1243 E Lexington St., 5-1 Ward)

Length of residence in city or town where death occurred, 18 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Bertha Hunter

(a) Residence: No. 1243 E Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year): — 1920

8. AGE: Years 19 | Months — | Days — | If LESS than 1 day, ... hrs. or ... min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Accomac Co Va

13. NAME: Robert young

14. BIRTHPLACE (city or town) (State or country): Va

15. MAIDEN NAME: Lucy Savage

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Lucy Hunter

(Address) 1243 Lexington St

18. BURIAL, CREMATION, OR REMOVAL: Accomac Co, Va Oct 25 39

Place ... Date ... 19...

19. UNDERTAKER: Elroy Wilson

(Address) 1000 Pennsylvania

20. FILED ... 19...

Registrar.

OCT 23 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 21 1939

I HEREBY CERTIFY, That I attended deceased from Oct 15 1939 to Oct 21 1939

I last saw him alive on Oct 21 1939 Death is said to have occurred on the date stated above, at 7.00 p m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Phthisis — Date of onset About July 1 1939

Other contributory causes of importance: —

Was an operation performed? No Date of ...

For what disease or injury? —

Name of operation ...

What test confirmed diagnosis? Hist Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Geo S. Allen M. D.

(Address) 80 E Lexington St

622268 49401-M3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

Registered No. F 622268

PLACE OF DEATH:

1. Baltimore City, Maryland

Street address 4940 Western Ave.

Hospital or institution:

Balto. City Hospitals

Length of stay in hospital or inst. (yrs., mos., or days) 2 days

Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 823 N. Payson St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) **FULL NAME** Mollie Gregory

(b) If veteran, name war NO.

3 (c) Social Security Account No. NONE

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

(b) Name of husband or wife Unknown

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) ?? 10/14/1873

AGE: Years	Months	Days	If less than one day
66	0	8	hr. min.

Birthplace Md. (Town, county, and state)

Usual Occupation Unknown

Industry or business

12. Name KENDERSON Castle

13. Birthplace Md.

14. Maiden Name Elizabeth Slifer

15. Birthplace Md.

(a) Informant B.C.H. Records

(b) Address

(a) Cremation (Burial, cremation, or removal) (b) Date thereof 11-24-39 (month) (day) (year)

(c) Cemetery or crematory Greenmount

Location Baltimore Md.

(a) Funeral director Wilson Co.

(b) Address 1217 E. Fort Ave.

(a) (b) Registrar

(Date rec'd by registrar)

OCT 23 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-22- 1939, at 12 10 A M

21. I certify that death occurred on the date above stated, that I attended deceased from 10-20- 1939, to 10-22-1939 and that I last saw h alive on 10-22- 1939.

Immediate cause of death

Pulmonary Edema

Congestive Failure

Due to Hypertensive CVD

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Not done

Duration

?

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible]

Address Balto City Hosp. Date signed 10-23-39 M. D.

(OVER)

VS 3

62269

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 62269

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3017 ~~Hudson St~~ Hudson St
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3017 Hudson St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Sarah C Englehardt

(b) If veteran, name war (N)

3 (c) Social Security Account No. NONE

Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, ~~or divorced~~
Female	White	Widowed

(b) Name of husband or wife Charles Englehardt

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Mar 21st 1862

AGE: Years	Months	Days	If less than one day
77	7	1	hr. min.

Birthplace Howard Co. Md.
(Town, county, and state)

10. Usual Occupation At Home
11. Industry or business Self

12. Name Samuel Updegraff
13. Birthplace Howard Co. Md.

14. Maiden Name
15. Birthplace

16 (a) Informant Charles Engle Brandt
(b) Address 3017 Hudson St

17 (a) Burial (b) Date thereof 10/24/39
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mt. Carmel
Location Balto Md

18 (a) Funeral director William Bott
(b) Address 1217 St. Paul St

19 (a) (b)
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 22nd 1939, at 10:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 20 1939, to Oct. 22 1939, and that I last saw her alive on Oct. 22 1939.

Immediate cause of death	Duration
Broncho-pneumonia	3 days
Due to	
Due to	
Other Conditions Acute nephritis	1 day

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. B. Bromwell M.D.
Address 3037 O'Donnell St Date signed 10-23-39

VS 3

6227()

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59

Registered No. 6227()

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway & Fairmount
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 5 hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6516 Cleveland Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

26

(a) FULL NAME Baby Girl Clinedinst

(b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

(b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 20, 1939

8. AGE: Years | Months | Days | If less than one day: 5 hr. 55 min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

None

12. Name George Milton Clinedinst

13. Birthplace Edenburgh, Va.

14. Maiden Name Charlotte Rush

15. Birthplace Headlake, Va

16 (a) Informant George M. Clinedinst

(b) Address 6516 Cleveland Ave

17 (a) [Burial, cremation, or removal] Interment

(b) Date thereof (month) OCT (day) 23 (year) 1939

(c) Cemetery or crematory Westminster Burying Ground

Location Baltimore, Md

18 (a) Funeral director Commissioner of Health Per H. A. Moore

(b) Address —

19 (a) (Date rec'd by registrar) OCT 23 1939

(b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 20 1939, at 7:10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1:15 P M 10-20 1939, to 7:10 P M 10-20 1939, and that I last saw he/she alive on 10-20 1939.

Immediate cause of death: Prematurity — Duration: 5 hrs 55 min

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Isabella Harrison M. D.

Address Church Home & Infirmary Date signed 10-20-39

VS 3

62271

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

96

Registered No. F 62271

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street and No. 815 E. Pratt St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME John O'Brien

(b) If veteran, name war Unknown

3 (c) Social Security Account No. —

4. Sex M | 5. Color or race White | 6 (a) Single, married, widowed, or divorced

(b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

AGE: Years	Months	Days	If less than one day
60			hr. min

8. Birthplace (Town, county, and state)

10. Usual Occupation
11. Industry or business

12. Name
13. Birthplace
14. Maiden Name
15. Birthplace

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

18. (a) Funeral director
(b) Address

19. (a) OCT 23 1939 (Date received by registrar) Registrar
(b) F-1163

MEDICAL CERTIFICATION

20. DATE OF DEATH October 13th 1939, at 5:30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to death on the day stated above.

Immediate cause of death: Aneurysm, dissecting aorta, ruptured — Duration: 0017

Due to: Cardiac disease hypertension

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Aneurysm + hemorrhage

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H H L Wollenweber — M.D. Medical Examiner

Date signed Oct 13th, 1939

OCT 23 1939 Commissioner of Health

V8 6

-SD

62272

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B Registered No. 62272

PLACE OF DEATH:

1. (a) Baltimore City, Maryland
   (b) Street address 4940 Eastern Avenue
   (c) Hospital or institution: Baltimore City Hospitals
   (d) Length of stay in hospital or inst. (yrs., mos., or days) 8 yrs.
   (e) Length of stay in Baltimore (yrs., mos., or days) 34 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 527 Pennsylvania Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Andrew Moore

(b) If veteran, name war
(c) Social Security Account No.

4. Sex: M
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced: Widowed
(b) Name of husband or wife: Mary (d)
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873 ?

AGE: Years 66 ? | Months | Days | If less than one day: hr. min.

8. Birthplace Mississippi (Town, county, and state)
9. Usual Occupation Laborer
10. Industry or business 0040

11. Name Doubling
12. Birthplace Mississippi
13. Maiden Name Flora
14. Birthplace Mississippi
15. (a) Informant Records
(b) Address Baltimore City Hospitals
16. (a) (Burial, cremation, or removal)
(b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location
17. (a) Funeral director
(b) Address
18. (a) (Date rec'd by registrar) OCT 23 1939
(b) Registrar

UNIVERSITY MEDICAL SCHOOL OCT 23 1939
Commissioner of Health
Per H. A. Mackie, M.D.

5107

MEDICAL CERTIFICATION

20. DATE OF DEATH October 16 1939, at 3:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 14 1931 to Oct 16 1939, and that I last saw him alive on Oct 16 1939.

Immediate cause of death: Hypertensive Cardiovascular disease — Duration: unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 10-26-39

VS 3

62273

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 Registered No. 62273

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 mths. 3 days 10 yrs.

(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs. 17

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

Street No. 620 W. Mulberry St. (If rural give location)

(d) If foreign born, how long in U. S. A.? years

(a) **FULL NAME** Benjamin Maitland

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: widowed

(b) Name of husband or wife - unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/10/1858 ?

8. AGE: Years 81 ? Months ? 5 Days ? 6 If less than one day: hr. min.

9. Birthplace N. C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

MOTHER'S MAIDEN

12. Name Providence

13. Birthplace Baltimore

14. Maiden Name ?

15. Birthplace N. C.

16 (a) Informant: Records

(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Location

18 (a) Funeral director

(b) Address

19 (a) (Date received by registrar) (b) Registrar

UNIVERSITY MEDICAL SCHOOL OCT 23 1939

Commissioner of Health

Per H. A. Moore

OCT 23 1939

5103

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 16 1939, at 1.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 14 1932 to Oct 16 1939. and that I last saw him alive on Oct 16 1939.

Immediate cause of death: Arteriolar nephrosclerosis — Duration: unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. Nwaglelstein M. D.

Address Balto City Hosp Date signed 10-21-39

62274

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B

Registered No. F 62274

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St Paul Apts
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) All her life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. St Paul apts. St Paul & Mt Royal (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME (Mrs William Henry Dorsey) Mei-Rosa Lee Haylitt Dorsey

(b) If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) ~~Single, married, widowed, or divorced~~
Female	White	Widowed ~~Married~~

(b) Name of husband or wife Wm Henry Dorsey dead (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Sept 16, 1862

AGE: Years	Months	Days	If less than one day: hr.	min.
77	1	6		

Birthplace Elkwood, Talbot Co. Md. (Town, county, and state)

7. Usual Occupation None for 8
8. Industry or business

12. Name James Haylitt
13. Birthplace Warren Ohio
14. Maiden Name Amanda Sears
15. Birthplace Talbot Co.

(a) Informant Wm Dorsey Jr.
(b) Address St Paul Apts.

(a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 24/39 (month) (day) (year)
(c) Cemetery or crematory Fremount
Location Baltimore, Md.
(a) Funeral director Henry W. Jenkins Estate
(b) Address McCulloh & Orchard Sts

(a) OCT 23 1939 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 22 1939, at 9:15 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 24 1934 to October 22 1939, and that I last saw h~~er~~ alive on October 21 1939.

Immediate cause of death: coronary thrombosis
Due to thrombosis of femoral artery
Due to Cardiac arrhythmia (extra systoles)
Due to arteriosclerosis
Other Conditions renal glycosuria
(Include pregnancy within 3 months of death)

Duration: last 24 hrs; 5+ yrs; 5+ yrs

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank R. Smith, Jr. M. D.
Address 1014 St Paul St. Date signed 10/23/39

V 0250

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

62275 CERTIFICATE OF DEATH 157-B F 62275

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 931 W. Lombard St. 18-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry J. Sullivan

If U. S. Veteran specify WAR

(a) Residence: No. 931 W Lombard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Oct 9, 1939

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Clarence E. Sullivan

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Emma Friesen

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mr Clarence E. Sullivan
(Address) 931 W. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem. Date 10/24/1939

19. UNDERTAKER John Edwards & Son
(Address) 901 Hollins St.

20. FILED OCT 25 1939 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/24/1939

22. I HEREBY CERTIFY, That I attended deceased from 10-1939, 19..., to 10.24, 1939

I last saw him alive on 10.23 1939 Death is said to have occurred on the date stated above, at 11.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Spina Bifida	10-24
Sporin Pneumonia	10-24

Other contributory causes of importance:
Prematurity

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H Rasmussen M. D.
(Address) 206 S Ann St

HEALTH DEPARTMENT—CITY OF BALTIMORE

62276

CERTIFICATE OF DEATH

59 F 62276

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 949 Hollins St., 18-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma R. Ritter

If U. S. Veteran specify WAR .....

(a) Residence: No. 949 Hollins St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Late Clifton W Ritter

7. DATE OF BIRTH (month, day, year) Jan 14, 1883.

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56.	9	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME OF FATHER William Farring

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME OF MOTHER Virginia Gray

16. BIRTHPLACE (city or town) (State or country) Chicago Ill

17. INFORMANT Mrs Annie M Townsend

(Address) 949 Hollins St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date 10 24, 1939

19. UNDERTAKER John J Conway Son

(Address) 901 Fulton St

20. FILED ..... 19.....

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/21/1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1939 to Oct 21, 1939

I last saw h.e.r. alive on Oct 21, 1939. Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus.	
Chronic Nephritis.	9/1/39

Other contributory causes of importance:

None.

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation None.

What test confirmed diagnosis? Urinalysis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas Norton, M. D.

(Address) 1330 Linden Ave. Balto. Md

62277

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

(46) Registered No. F 62277

PLACE OF DEATH:
Baltimore City, Maryland
Street address 33 d Calvert
Hospital or institution:
Union Memorial Hospital
Length of stay in hospital or inst. (yrs., mos., or days) 22 days
Length of stay in Baltimore (yrs., mos., or days) 22 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Westminster, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years.

1. FULL NAME Sarsfield Hoyle
(b) If veteran, name war
3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	Married

(b) Name of husband or wife Alvina
6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Aug 21, 1872

AGE: Years	Months	Days	If less than one day
67	2	5	hr. min.

Birthplace Westminster Md (Town, county, and state)
Usual Occupation Retired
Industry or business Private family

12. Name Hugh
13. Birthplace Ireland
14. Maiden Name Sarah Beaver
15. Birthplace Maryland
(a) Informant Patient
(b) Address
(a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 26-1939 (month) (day) (year)
(c) Cemetery or crematory St. Johns Catholic Cemetery
Location Westminster, Maryland
(a) Funeral director H. Bankard Sons
(b) Address Westminster Maryland

(a) (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 24, 1939, at 1 1/2 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 6, 1939, to Oct 24 1939, and that I last saw h[im] alive on Oct 23, 1939, 10 a.m.

Immediate cause of death	Duration
Cardiac failure	
Due to Anemia	
Due to Prolapsed undiagnosed tumor.	
Other Conditions Rectal neoplasm	over

(Include pregnancy within 3 months of death)

Major findings:
Of operations Not Operation
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank W. Sutterlin M. D.
Address Union Memorial Hosp Date signed 10-24-39

VS 3

62278 39 0180

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

79-aF 62278

Registered No.

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 das

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ind. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1506 N. Strickland St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Jean Griffin

(b) If veteran, name war

(c) Social Security Account No.

3. Sex: Female

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced —

(b) Name of husband or wife —

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Feb 15 1936 2 10 38

AGE: Years 1 | Months 20 | Days 7 | If less than one day: hr. min.

Birthplace Maryland (Town, county, and state)

Usual Occupation —

Industry or business —

12. Name James Griffin

13. Birthplace Maryland

14. Maiden Name Cecilia Matthews

15. Birthplace Maryland

(a) Informant Records JOHNS HOPKINS HOSPITAL

(b) Address

(a) Burial (Burial, cremation, or removal) (b) Date thereof 10/24/39 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location —

(a) Funeral director Geo. C. Kelson

(b) Address 313 Preston St

(Date received by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 21, 1939 at 5:50 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 18 1939 to Oct. 21 1939 and that I last saw him alive on Oct. 21 1939.

Immediate cause of death: Meningitis Septicemia

Due to: Pneumococcus type 23

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Ethel Walker M. D.

Address Baltimore Date signed 10/22/39

62279

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 131

F 62279
Registered No.

PLACE OF DEATH:
1. Baltimore City, Maryland
Street address 2520 Harford Road
Hospital or institution:

Length of stay in hospital or inst. (yrs., mos., or days)
Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2520 Harford Road. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Frederick W. Loos

(b) If veteran, name war — nil
3 (c) Social Security Account No. no.

Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
(b) Name of husband or wife Anna E. Loos
6 (c) If alive, give age 48 years

Birth date of deceased (mo., day, yr.) Feb 9, 1879

AGE: Years 60 Months 8 Days 13 If less than one day: hr. min.

Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Private Garages Owner
11. Industry or business own

12. Name ?
13. Birthplace ?
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Anna E. Loos
(b) Address 2520 Harford Road.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-25-39 (month) (day) (year)
(c) Cemetery or crematory Moreland Memorial
Location Balto Md.

18 (a) Funeral director Jno. Jno. W. Geisler Son
(b) Address 801 W. Fayette St.

10 21 1939 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 22. 1939. at 10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-4 1939. to 10-22 1939. and that I last saw him alive on 10-22 1939.

Immediate cause of death Uraemia — Duration

Due to Hypertension

Due to Cardio-vascular renal Disease.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. L. Ewald M. D.
Address Calvert Court Apts Date signed 10-23-39

VS 3

62280 44399-FS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-13 Registered No. F 62280

PLACE OF DEATH:

1. Baltimore City, Maryland
2. Street address 4940 Eastern Ave.
3. Hospital or institution: Belto. City Hospitals
4. Length of stay in hospital or inst. (yrs., mos., or days) 5mo. 17dys
5. Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County
(c) City or town Belto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 123 N. Decker Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Charles Mathaney

(b) If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

(b) Name of husband or wife Edith
6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) 8-25-1878

AGE: Years	Months	Days	If less than one day
61	1	25	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation worked in store
11. Industry or business

12. Name Daniel
13. Birthplace Md.
14. Maiden Name Mary ?
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 22 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem
Location Baltimore Md

18 (a) Funeral director John Ullrich
(b) Address 20 of Orleans St

19 (a) (Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-20 1937. at 10 55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-3 1937. to 10-20 1937. and that I last saw h/er alive on 10-20 1937.

Immediate cause of death	Duration
Coronary occlusion	fourteen ?
Due to Arteriosclerotic cardio vascular disease and early	
Due to gangrene toes	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations nothing.
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L.A. Wadenwerth M. D.
Address Belto City Hosp. Date signed 10-21-37

(Registered by registrar)

VS 8

62281

HEALTH DEPARTMENT—CITY OF BALTIMORE

62281

CERTIFICATE OF DEATH

127

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 Harriet Home Infirmary St., 8-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. 10 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Annie Kleiber

(a) Residence: No. 1600 N. Wolfe St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: (Husband) (or) WIFE of Mr. George A. Kleiber

6. DATE OF BIRTH (month, day, year): Dec. 2, 1865

7. AGE: Years 74; Months 10; Days 1; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own home

10. Date deceased last worked at this occupation (month and year): Oct. 1934

11. Total time (years) spent in this occupation: 55

12. BIRTHPLACE (city or town) (State or country): Baltimore, Maryland U.S.A.

13. NAME: August Roebstitz

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Maria Blatter

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Hospital record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Oak Hill Cem. Date: Oct 25, 1939

19. UNDERTAKER: Jackson Ellicott

(Address): 2608 Ellerslie Ave

20. FILED, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): October 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from October 14, 1939, to October 22, 1939.

I last saw her alive on October 21, 1939. Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cholecystitis	10/14/39
Hepatitis	
Other contributory causes of importance:	
Bronchopneumonia	10/14/39
Heart Failure	

Was an operation performed? yes Date of? Oct. 17, 1939

For what disease or injury? Acute Cholecystitis

Name of operation: Cholecystectomy

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lawrence Jones, M. D.

(Address) Church Home & Infirmary

OCT 21 1939

62282

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-a

F 62282
Registered No.

PLACE OF DEATH:

a) Baltimore City, Maryland

b) Street address 716 N Broadway

c) Hospital or institution

d) Length of stay in hospital or inst. (yrs., mos., or days) 17

e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 716 N Broadway (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Lottie Bates Bregel

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female 5. Color or race White 6 (a) Single, married, widowed, or divorced. Married

(b) Name of husband or wife Chas Bregel (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 22-1872

AGE: Years 67 Months 7 Days If less than one day hr. min.

8. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

12. Name James H. Hubbard

13. Birthplace Baltimore

14. Maiden Name Sarah Collins

15. Birthplace Baltimore

16 (a) Informant Chas Bregel

(b) Address 716 N Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 26 39 (month) (day) (year)

(c) Cemetery or crematory Baltimore Cem

Location Baltimore Md

18 (a) Funeral director John Ulrich

(b) Address 2065 Orleans St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 22 1939 at 3 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1939 to 10/20/39 19 . and that I last saw her alive on 10/22/39 19 .

Immediate cause of death Ventricular Heart Disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Chas Bregel M. D.

Address 716 N Broadway Date signed 10/24/39

VS 2

62283

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 23

F 62283
Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5103 Elmer Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 yrs 8 mos
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 5103 Elmer Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. (a) FULL NAME Auguste D. Mahone
(b) If veteran, name war —
3. (c) Social Security Account No. —

4. Sex female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married
(b) Name of husband or wife Thomas J. Mahone
6 (c) If alive, give age 44 years
7. Birth date of deceased (mo., day, yr.) Dec. 23, 1904

8. AGE: Years 34 | Months 10 | Days | If less than one day hr. min.

9. Birthplace Balto. City Md. (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

12. Name Henry Ditzel
13. Birthplace Germany
14. Maiden Name Edith Allen
15. Birthplace Balto. City Md.

16. (a) Informant Thomas J. Mahone
(b) Address 5103 Elmer Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 26 39 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto. City Md.

18. (a) Funeral director F. Lansdale
(b) Address 7401 Belair Rd.

19. (a) (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 23 1939, at 12 25 AM

21. I certify that death occurred on the date above stated, that I attended deceased from Jan 1939, to Oct 23 1939, and that I last saw h[illegible] alive on Oct 22 1939.

Immediate cause of death	Duration
Pulmonary Tuberculosis	3-4 years
Due to	
Due to Gastro Int. Tuberculosis	8-9 mos
Other Conditions Laryngeal Tuberculosis	3 mos

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alex D Weinstock M. D.
Address 713 Augusta St Date signed 10/23/39

VS 8

F 62284

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62284 Registered No. 94-B

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 5617 Govane Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 5617 Govane Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) **FULL NAME** Harry E. Numbers

(b) If veteran, name war No

3 (c) Social Security Account No. 217-01-9445

Sex	5. Color or race	6 (a) Single, married, ~~widowed, or divorced~~
Male	White	Married

(b) Name of ~~husband or~~ wife Rose E. Numbers

6 (c) If alive, give age 39 years

Birth date of deceased (mo., day, yr.) Jan 24 1881

AGE: Years	Months	Days	If less than one day hr.	min.
58	8	24		

Birthplace Balto. Co. Md. (Town, county, and state)

10. Usual Occupation Painter

11. Industry or business Shipbuilding Co

12. Name Benjamin F. Numbers

13. Birthplace Unknown

14. Maiden Name Catherine L Holland

15. Birthplace

16 (a) Informant Rose E. Numbers

(b) Address 5617 Govane Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 10/26/39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Prospect Hill

Location Towson Md

18 (a) Funeral director William Cook

(b) Address 217 St. Paul St.

19 (a) (b)

(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 23rd 1939, at 7:20 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from October 1 1939 to October 23 1939, and that I last saw him alive on October 21 1939.

Immediate cause of death Coronary occlusion — Duration 7 days

Due to arteriosclerosis — 5 years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature A. E. Chalkant M. D.

Address 610 York Road Date signed Oct 24 39

62285

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48

F 62285

Registered No.

PLACE OF DEATH:

1. Baltimore City, Maryland
2. Street address 512 Poplar Grove St
3. Hospital or institution

4. Length of stay in hospital or inst. (yrs., mos., or days)
5. Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 512 Poplar Grove St (If rural give location)

20

If foreign born, how long in U. S. A? years

(a) FULL NAME Florence M. Kraemer

(b) If veteran, name war No

3 (c) Social Security Account No. None

Sex Female

5. Color or race White

6 (a) ~~Single, married~~, widowed, ~~or divorced~~. Widowed

(b) Name of husband ~~or wife~~ John F. Kraemer

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Jan 5th 1879

AGE: Years 60 | Months 1 | Days 17 | If less than one day hr. min.

Birthplace Balto Md (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business None

12. Name John F. Leitz

13. Birthplace Balto Md.

14. Maiden Name Amelia Vogel

15. Birthplace Germany

16 (a) Informant Anna Weidel

(b) Address 506 Poplar Grove St

17 (a) Burial (Burial, ~~cremation, or removal~~)

(b) Date thereof 10/25/39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Western

Location Balto, Md

18 (a) Funeral director William Rod

(b) Address 1217 St. Paul St

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 22nd 1939, at 6:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1939, to Oct 22 1939, and that I last saw h[illegible] alive on Oct 22 1939.

Immediate cause of death	Duration
generalized carcinoma -	6 months
Due to Cancer of uterus	3 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations Hysterectomy June 1939 Frozen section Pathologist

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible] M. D.

Address 2901 Edmondson Ave Date signed 3-[illegible]-39

6 62286 Day F 62286

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3213 Dudley Ave St. 26-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Mary Elizabeth Day
(a) Residence: No. 3213 Dudley Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 15. 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75.	10	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Spool Winder Tube Tapes
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Box Factory 286
10. Date deceased last worked at this occupation (month and year) 1935
11. Total time (years) spent in this occupation (?)

12. BIRTHPLACE (city or town) (State or country) Beaufort North Carolina

FATHER
13. NAME Benjamin Day
14. BIRTHPLACE (city or town) (State or country) Beaufort N.C.

MOTHER
15. MAIDEN NAME Rebecca Day
16. BIRTHPLACE (city or town) (State or country) Beaufort NC.

17. INFORMANT Mrs Howard Strong (Niece)
(Address) 3213 Dudley Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Oct 25. 1939
19. UNDERTAKER H. Howard Strong
(Address) 715 Light St.

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22. 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 12. 1939. to Oct 22. 1939.
I last saw h[illegible] alive on Oct 22. 1939. Death is said to have occurred on the date stated above, at 6.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1938
Angina Pectoris Oct 22	1939.

Other contributory causes of importance:
Chr. Interstitial Nephritis

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...
(Signed) James F Kavanagh M. D.
(Address) 3328 Mc Elderry St

F 62287

62287

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 723

PLACE OF DEATH:

1. Baltimore City, Maryland
   Street address 4940 Eastern Ave.
   Hospital or institution: Balto. City Hospitals
2. Length of stay in hospital or inst. (yrs., mos., or days) 151 da.
3. Length of stay in Baltimore (yrs., mos., or days) 26 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1429 Webb St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

4. (a) FULL NAME Daniel Clark (45038)
(b) If veteran, name war
3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Separated

(b) Name of husband or wife Viola
6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) July 29, 1889

AGE: Years	Months	Days	If less than one day
50	2	23	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

12. Name Henry Clark
13. Birthplace Va.
14. Maiden Name Mildred Hamlet
15. Birthplace Va.
16. (a) Informant Hospital Records
(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/25/39 (month) (day) (year)
(c) Cemetery or crematory Balto. Nat. Cem.
Location Catonsville Md
18. (a) Funeral director Joseph S. Locke, Jr.
(b) Address 304 N. Central Ave.
19. (a) OA 1939 (b) (Date filed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 22, 1939, at 12:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 24, 1939, to Oct. 22, 1939, and that I last saw him alive on Oct. 22, 1939.

Immediate cause of death	Duration
Tuberculosis Lungs	July 1938
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of Place)
(e) Means of injury

23. Signature [signature] M. D.
Address Balto. City Hospitals Date signed 10-23-39

VS 3

62288

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C

F 62288
Registered No.

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 824 Light st.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto City (If outside city or town limits, write RURAL and give town)

(d) Street No. 824 Light st (If rural give location)

(e) If foreign born, how long in U. S. A.? 40 years

(a) FULL NAME Salvatore Di Pietro

(b) If veteran, name war

3 (c) Social Security Account No.

Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

(b) Name of husband or wife Concetta Giglio Di Pietro

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 26 1859

AGE: Years 80 79 | Months 10 | Days 26 | If less than one day hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Confectioner ft 14

11. Industry or business Candy

12. Name Joseph Di Pietro

13. Birthplace Italy

14. Maiden Name Rosa Di Stefano

15. Birthplace Italy

16 (a) Informant Son Joseph Di Pietro

(b) Address 824 Light st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 25, 1939 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Frederick Road

18 (a) Funeral director Frank V. Lipitone

(b) Address 2818 E. Balto st

19 (a) OCT 24 1939 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 22 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 22, 1939, to Oct. 22, 1939. and that I last saw him alive on Oct. 21, 1939.

Immediate cause of death: Myocarditis (chronic) — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Eugene L. Passano M. D.

Address 514 Dewey Ln Date signed 10-23-

VS 8

3/4

2289 47400-FS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-C

F 62289 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution:

Balto. City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mo. 9da.

(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 1837 Eagle St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME William Corcoran

(b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

(b) Name of husband or wife

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Sept. 28 1884

AGE: Years 55 | Months 0 | Days 23 | If less than one day: hr. min.

Birthplace Penn. (Town, county, and state)

10. Usual Occupation laborer

11. Industry or business pipefitting

12. Name William (d)

13. Birthplace Penn.

14. Maiden Name Catherine McDonald (d)

15. Birthplace Ireland

16 (a) Informant B.C.H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/25/39 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Baltimore, Md.

18 (a) Funeral director John J. Cowan & Son

(b) Address 901 Hollins St.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-21 1939, at 10 35 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-12 1939, to 10-21 1939, and that I last saw h[illegible] alive on 10-21 1939.

Duration

Immediate cause of death: Carcinoma ascending colon with metastasis

Due to

Due to

Other Conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations same

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature L. Woodward M. D.

Address Balto City Hosp. Date signed 10-22-39

VS 3

F 62290 ✓ F 62290

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

35-C Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 924 Jordan alley
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 924 Jordan Alley (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1 1

(a) FULL NAME Margaret Carter

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex female

5. Color or race Colored

6 (a) Single, married, widowed, or divorced Married

(b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1907

AGE: Years	Months	Days	If less than one day hr.	min.
32				

8. Birthplace St. Mary's Co. Md. (town, county, and state)

9. Usual Occupation Housewife
10. Industry or business

11. Name Henry Bennett
12. Birthplace Md.
13. Maiden Name Lizzie Butler
14. Birthplace Md.

15 (a) Informant Mitchel Bennett
(b) Address 139 Delaware. Wash. D.C.

16 (a) (Burial, cremation, or removal) (b) Date thereof 10-24-39 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn
Location Westport

17 (a) Funeral director Adolphus Halstead
(b) Address 91 Sd and Hillsdale.

18 (Date rec'd by registrar) OCT 24 1939 Registrar

V8 8

MEDICAL CERTIFICATION

20. DATE OF DEATH October 21 19 , at 10 a.m.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquest) thereon and from the evidence obtained by said autopsy (Autopsy or Inquest) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Hepatitis, acute toxic	
Due to Cause undetermined ? erythroleukemia (?)	
Due to	
Other Conditions Lymphogranuloma venereum (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H L Wallenmeyer M.D. Medical Examiner
Date signed Oct 22, 1939

✓ F 62291

62291

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95-B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Green Sts.
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) ½ hr.
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ~~Baltimore~~
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 916 Druid Hill Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Copers Mead
(b) If veteran, name war Unknown
(c) Social Security Account No. Unknown
4. Sex male
5. Color or race black
6. (a) Single, married, widowed, or divorced. ~~Single~~
(b) Name of husband or wife
(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct. 29 1904
AGE: Years approx. 34 Months Days If less than one day hr. min.
8. Birthplace Virginia (Town, county, and state)
9. Usual Occupation ~~Unknown~~ Laborer
10. Industry or business Unknown
11. Name of father Everd Mead
12. Birthplace Va
13. Maiden Name of mother Rosa Featherstone
14. Birthplace Va
15. (a) Informant Junius Mead
(b) Address 421 Little George st.

MEDICAL CERTIFICATION

20. DATE OF DEATH October 20th 1939, at 11 30 AM
21. I certify that death occurred on the date above stated; that I attended deceased from Oct 20 1939 to Oct 20 1939 and that I last saw h ~~in~~alive on Oct. 20 1939.

Immediate cause of death: Cerebral Hemorrage — Duration: 1 hour
Due to
Due to
Other Conditions: Hypertension C. V. D.
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Louis C. Gorcas M. D.
Address University Hosp Date signed 10-20-39

(a) (Burial, cremation, or removal) (b) Date thereof 10-24-39 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Brooklyn
(a) Funeral director Adolphus Polstead
(b) Address 916 Druid Hill ave.

(Date rec'd by registrar) Registrar

OCT 24 1939

VS 2

702 F 62292

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

181 Registered No. F 62292

PLACE OF DEATH:
Baltimore City, Maryland
Street address
Hospital or institution: JOHNS HOPKINS HOSPITAL
Length of stay in hospital or inst. (yrs., mos., or days)
Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 815 E. Cold Spring Lane (If rural, give location)
(c) If foreign born, how long in U. S. A.? years

1 (a) FULL NAME Grace Taylor
(b) If veteran, name war
3 (c) Social Security Account No.
Sex Female
5. Color or race Black
6 (a) Single, married, widowed, or divorced. ✓
(b) Name of husband or wife
6 (c) If alive, give age years
Birth date of deceased (mo., day, yr.) 1934
AGE: Years 5 Months Days If less than one day hr. min.
Birthplace Md (Town, county, and state)
Usual Occupation ✓
Industry or business

12. Name Henry Taylor
13. Birthplace Md
14. Maiden Name Grace ?
15. Birthplace Md
(a) Informant Ricardo.
(b) Address JOHNS HOPKINS HOSPITAL

(a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 24 39 (month) (day) (year)
(c) Cemetery or crematory Pleasant Hill
Location Towson Balto Co. Md.
(a) Funeral director Dysart Mamie H. Knight
(b) Address 218 N. Eldersly St.

(a) (b) Registrar
(Date rec'd by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 21 1939 at 7 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 20 1939, to Oct. 21 1939, and that I last saw h alive on Oct. 21 1939.

Immediate cause of death Shock from 2nd + 3rd degree burns — Duration 16 hrs.
Due to
Due to
Other Conditions none
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident -
(b) Date of occurrence 10/20/39
(c) Where did injury occur? Balto, Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? no
(e) Means of injury Clothes caught on fire
23. Signature Robert C. Abrams M. D.
Address Hopkins Hospital Date signed 10/21/39
H. J. Riddle M. D. Med. Exam.
D. Brownell

HEALTH DEPARTMENT—CITY OF BALTIMORE 62293

2293

CERTIFICATE OF DEATH

93-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 513 E. Green St., 7th Ward)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Wm. Williams

(a) Residence: No. 513 E. Green St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Laura Williams

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Westminster Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Lizzie Clarke

16. BIRTHPLACE (city or town) (State or country) Westminster Md.

17. INFORMANT Laura Williams

(Address) 513 E. Green St

18. BURIAL, CREMATION, OR REMOVAL

Place ..... Date Oct 24 1929

19. UNDERTAKER .....

(Address) .....

20. FILED Oct 24 1929, 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20 1929

22. I HEREBY CERTIFY, That I attended deceased from Oct 8, 1929 to Oct 20, 1929.

I last saw him alive on Oct 20, 1929. Death is said to have occurred on the date stated above, at 8.05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis.	Oct 8 1929
Probably from asthma (?) attack.	

Other contributory causes of importance: none

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Louis Gaines M. D.

(Address) 513 E. Green St

49215-FS
62294

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

59 ✓

Registered No. F 62294

PLACE OF DEATH:
1. Baltimore City, Maryland
2. Street address 4940 Eastern Ave.
3. Hospital or institution: Balto. City Hospitals
4. Length of stay in hospital or inst. (yrs., mos., or days) 6 days
5. Length of stay in Baltimore (yrs., mos., or days) 43 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 610 Arlington Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. (a) FULL NAME Sadie Parker
(b) If veteran, name war
3. (c) Social Security Account No.
4. Sex: Female
5. Color or race: Black
6. (a) Single, married, widowed, or divorced: Married
(b) Name of husband or wife: Moses
6. (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 9-18-1889

AGE: Years	Months	Days	If less than one day
50	1	2	hr. min.

8. Birthplace: Va. (Town, county, and state)
10. Usual Occupation: cooking
11. Industry or business:
12. Name: Dandridge Riggins (d)
13. Birthplace: Va.
14. Maiden Name: Sara Bromlic (d)
15. Birthplace: Va.
16. (a) Informant: B.C.H. Records
(b) Address:
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 25-39 (month) (day) (year)
(c) Cemetery or crematory: Heathville, Va.
Location: Heathville, Va.
18. (a) Funeral director: Mrs. Roger L. Holland
(b) Address: 631 Druid Hill Ave
19. (a) OCT 24 1939 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-20 1939, at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-14 1939, to 10-20 1939, and that I last saw her alive on 10 20 1939.

	Duration
Immediate cause of death: Gas gangrene upper L thigh	1 day
Due to Arterio sclerotic gangrene foot	?
Due to Diabetes mellitus	?
Other Conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Arterio sclerotic gangrene foot & gas gangrene upper L thigh	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 10-21-39

VS 2

7:6413
7:2295

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 69

Registered No. F 7:2295

PLACE OF DEATH:
1. Baltimore City, Maryland
Street address
Hospital or institution: JOHNS HOPKINS HOSPITAL
Length of stay in hospital or inst. (yrs., mos., or days)
Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 806 Eastern Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME HAROLD WILLIAMS
(b) If veteran, name war
3 (c) Social Security Account No.
Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: INFANT
(b) Name of husband or wife
6 (c) If alive, give age years
Birth date of deceased (mo., day, yr.) 10/23/39
AGE: Years Months Days 9 wk 1d If less than one day hr min
Birthplace MD (Town, county, and state)
Usual Occupation Child
Industry or business
12. Name HAROLD WILLIAMS
13. Birthplace Mass.
14. Maiden Name ELVIDA RATTINI
15. Birthplace MD
(a) Informant Records - JOHNS HOPKINS HOSPITAL
(b) Address
(a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 24 1939 (month) (day) (year)
(c) Cemetery or crematory Mem. Cathedral
Location Old Frederick Rd
(a) Funeral director Martin K. E. Dippel
(b) Address 31 S. Ann St.
(a) Registered (b) Registrar
Data rec'd by registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 23 1939, at 11:30 P M
21. I certify that death occurred on the date above stated, that I attended deceased from 10/23 1939 to 10/23 1939 and that I last saw him alive on 10/23 1939.

Immediate cause of death (Acidosis) ? Septicemia — Duration 24 hrs
Due to
Due to
Other Conditions acidosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature H. P. Goldberg M. D.
Address John Hopkins Hosp. Date signed 10-24-39

VS 3

62296

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 | Registered No. 62296

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1100 E. Lexington St.

(c) Hospital or institution: - - - -

(d) Length of stay in hospital or inst. (yrs., mos., or days) -

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County - - -

(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)

(d) Street No. 1100 E. Lexington St. (If rural give location)

(e) If foreign born, how long in U. S. A.? Life years

(a) FULL NAME GEORGE WILLIAM CRONHARDT

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

(b) Name of husband or wife: Laura R. Cronhardt

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 11. 1883

8. AGE: Years 55 | Months 11 | Days 13 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Tavern Keeper

11. Industry or business

12. Name John Henry Cronhardt

13. Birthplace Germany

14. Maiden Name Rosa Brueggman

15. Birthplace Baltimore

16 (a) Informant Mrs. Emma L. Kraeger (Sister)

(b) Address 2802 Northern Parkway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 23. 1939 (month) (day) (year)

(c) Cemetery or crematory Baltimore

Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS. INC.

(b) Address Baltimore & Broadway.

19 (a) OCT 24 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 23. 1939 19 at 10.30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 10/39 to Oct. 23/39 and that I last saw h in alive on Oct. 10/39.

Immediate cause of death	Duration
5 min. Acute Cardiac Dilitation.	
Due to Cardiac Enlargement.	10 yrs.
Due to Mitral Regurgitation.	20 yrs.
Other Conditions Chronic Bright's Disease. (Include pregnancy within 3 months of death)	

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Henry Kraeger Schmidt M. D.

Address 933 Hanover St. Date signed Oct. 24 39.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

62297

CERTIFICATE OF DEATH

82-a F 62297

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1130 Harford Ave. St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary A. Herdel

(a) Residence: No. 1130 Harford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) April-14-1865

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74Yrs.	6Mo.	8Days	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME John Herdel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Kunigunda Loessel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mollie Herdel
(Address) 1130 Harford Ave.

18. BURIAL, CREMATION, OR REMOVAL Holy Cross Cem. Brooklyn Oct. 25 1939
Place Date 19

19. UNDERTAKER Henry Haecke & Sons Inc.
(Address) 1301 E. Eager St.

20. FILED OCT 21 1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct.-22-1939

22. I HEREBY CERTIFY, That I attended deceased from 10/20 19 39 to 10/22 19 39.

I last saw her alive on 10/22 19 39. Death is said to have occurred on the date stated above, at 11.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10/20/39
Other contributory causes of importance: Senile Cardiac Dilatation	1927

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no. If so, specify

(Signed) Sigel Fittman M. D.

(Address) 1304 E. Fayette St.

62298

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-P

Registered No. F 62298

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Gilmor & Caton Aves.

(c) Hospital or institution: St. Agnes' Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5-

(e) Length of stay in Baltimore (yrs., mos., or days) 5-

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Baltimore Catonsville (If outside city or town limits, write RURAL and give town)

(d) Street No. Gilmor Ave Extended (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

(a) FULL NAME Mrs. Matilda Hoffer

(b) If veteran, name war

3 (c) Social Security Account No.

Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

(b) Name of husband or wife Charles Hoffer

6 (c) If alive, give age ____ years

Birth date of deceased (mo., day, yr.) 2-2-1878

AGE: Years 61 | Months 8 | Days 20 | If less than one day ____ hr. ____ min.

Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

12. Name Jacob Eyer

13. Birthplace Germany

14. Maiden Name Mary Felber

15. Birthplace Germany

16 (a) Informant Mrs. Charles Hoffer

(b) Address Gilmor & Regan Ave Catons

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 25 39 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location 3801 Frederick Ave City

18 (a) Funeral director P. J. Hepper & Son

(b) Address 300 Eutaw & Pratt

19 (a) ____ (b) ____ Registrar

(Date rec'd by registrar)

OCT 24 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-22 1939 at 4:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-26 1939 to 10-22 1939 and that I last saw her alive on 10-22 1939.

	Duration
Immediate cause of death (a) Pneumonia	
c-v disease c Hypostatic	
(b) Pulmonary thrombosis c-	
(c) Cardiac insufficiency c-	
Due to Left side hemiplegia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Jas. M. Cianos M. D.

Address St Agnes Hospital Date signed 10/22/39

JAS. M. CIANOS, M.D.

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 62299

62299

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore City Hospitals

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1615 Holbrook St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) **FULL NAME** Mary V (Mollie) Davis

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Fe | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. widow

(b) Name of husband ~~or wife~~ Richard

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 2-1858

AGE: Years 81 | Months 5 | Days 21 | If less than one day hr. min.

8. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

12. Name Enoch F Jenkins

13. Birthplace Balto Md

14. Maiden Name Martha Coleman

15. Birthplace Balto Md

16 (a) Informant Gertrude Lenox

(b) Address 1615 Holbrook St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-26-39 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location Balto Md

18 (a) Funeral director William Cook

(b) Address 1217 St Paul St.

19 (a) OCT 21 1939 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION 835a.

20. DATE OF DEATH October 23 1939, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to h death on the day stated above.

Immediate cause of death	Duration
Fracture left femur	
Cerebral thrombosis	
Due to Bronchopneumonia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Accident

(b) Date of occurrence 10/23/39

(c) Where did injury occur? 1615 Holbrook St (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? no

(e) Means of injury Fell in home on floor

23. Signature [illegible] M.D. Medical Examiner

Date signed 10/27/39

VS 6

2300 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 62300

CERTIFICATE OF DEATH

1. PLACE OF DEATH Provident Hospital — Registered No. ____

CITY OF BALTIMORE: (No. 1514 Division St. 7th Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ da. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.

2. FULL NAME Milton Harris — If U. S. Veteran specify WAR ____

(a) Residence: No. 709 Eye St. Sparrows Pt. Md. S.S. 213-07-7446
(Usual place of abode) St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret Harris

6. DATE OF BIRTH (month, day, year) Aug 16th 1910.

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	29	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Beth Steel Co

10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Sharon Twp Maryland

FATHER

13. NAME Joseph Hart

14. BIRTHPLACE (city or town) (State or country) Eastern Shore Maryland

MOTHER

15. MAIDEN NAME Ellen Hall

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Margaret Harris (Address) 709 E. Eye St. Sparrows Pt.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Carmel Cemetery Date Oct 25, 1939

19. UNDERTAKER Cockrell & Geddis (Address) 2100 Eastern Ave.

20. FILED ____, 19____ Registrar.

OCT 25 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-22-39. 19

22. I HEREBY CERTIFY, That I attended deceased from 10-6-39, 19____, to 10-22-39, 19____

I last saw him alive on 10-22-39, 19____. Death is said to have occurred on the date stated above, at 7.15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Addison's Disease Etiology Undetermined	?
Other contributory causes of importance:	

Was an operation performed? ____ Date of ____

For what disease or injury? ____

Name of operation ____

What test confirmed diagnosis? Clinical. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) L. F. Maloney. M. D.

(Address) Provident Hospital.

F 62301

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 Registered No. F 62301

PLACE OF DEATH:

1. Baltimore City, Maryland
   Street address 422 S. Cornwall St.
   Hospital or institution:
2. Length of stay in hospital or inst. (yrs., mos., or days)
3. Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 422 S. Cornwall St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) **FULL NAME** Vernon Lester Law

(b) If veteran, name war

3 (c) Social Security Account No. 218-01-6551

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

(b) Name of husband or wife

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Feb. 23, 1904

AGE: Years	Months	Days	If less than one day hr.	min.
35	8			

Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Electrician
11. Industry or business

12. Name John C. Law
13. Birthplace Baltimore Md.
14. Maiden Name Katherine Roth
15. Birthplace Baltimore Md.

16 (a) Informant Elva E. Law
(b) Address 422 S. Cornwall St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 25, 1939 (month) (day) (year)
(c) Cemetery or crematory First Evangelical
Location ODonnell Street

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 2723 E. Preston St.

19 (a) (b) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 23 1939, at 5 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 20 1939, to Oct 23 1939, and that I last saw him alive on Oct 23 1939.

Immediate cause of death Acute Cardiac Failure — Duration About 2 hours

Due to Cardio Vascular Renal Disease — Duration Awaiting autopsy several months

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. E. Rutschmann
Address 2939 Eastern Ave Date signed 10/24/39 M. D.

VS 3

F 62302

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

Registered No. F 62302

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wyman Park Drive and 31st St.

(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo8da

(e) Length of stay in Baltimore (yrs., mos., or days) 43 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore, Maryland (If outside city or town limits, write RURAL and give town)

(d) Street No. 614 Sarah Ann St., Balto. Md. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME John T. Jones

(b) If veteran, name war WW

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced: Widowed

(b) Name of husband or wife Eva Pollock

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 16, 1887

AGE: Years 52 | Months 9 | Days 7 | If less than one day: hr. min.

8. Birthplace Calvert County, Maryland (Town, county, and state)

10. Usual Occupation Stevedore

11. Industry or business Labor

12. Name John Jones

13. Birthplace Calvert County, Md.

14. Maiden Name Hester Green,

15. Birthplace Calvert County, Md.

16 (a) Informant Records-U. S. Marine Hospital,

(b) Address Baltimore, Maryland.

17 (a) (Burial, cremation, or removal)

(b) Date thereof 10-26-39 (month) (day) (year)

(c) Cemetery or crematory U. S. National

Location Frederick rd.

18 (a) Funeral director Adolphus Halstead

(b) Address 918 Druid Hill ave.

19 (a) (Date received by registrar)

(b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 23, 1939 at 7:30AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 15, 1939, to Oct. 23, 1939, and that I last saw him alive on Oct. 23, 1939.

	Duration
Immediate cause of death: Uremia Chronic	Unknown
Due to: Cardiac disease, cardiorenal vascular	Unknown
Due to:	
Other Conditions: Hemiplegia	3-4 days

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature M. D.

Address U. S. Marine Hospital, Baltimore, Md.

Date signed 10-24-39

62303

UCK

48251

BALTIMORE CITY HEALTH DEPARTMENT

Registered 62303

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1056 Pennsylvania Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Ulysses Allen
(b) If veteran, name war
(c) Social Security Account No.
4. Sex Male
5. Color or race Colored
6. (a) Single, married, widowed, or divorced. Single
(b) Name of husband or wife
6 (c) If alive, give age years
Birth date of deceased (mo., day, yr.) Oct. 14, 1897
AGE: Years 42 Months 0 Days 7 If less than one day hr. min.
Birthplace N.C. (Town, county, and state)
9. Usual Occupation Painter
10. Industry or business Self.
12. Name James
13. Birthplace N.C.
14. Maiden Name Mary
15. Birthplace Unknown
16. (a) Informant Records
(b) Address Baltimore City Hospitals
17. (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year) Oct 25-39
(c) Cemetery or crematory Mt Calvery
Location a a. Co. Md
18. (a) Funeral director James Adams
(b) Address 142 W Lies St
19. (a) (b)
Date rec'd by registrar Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 21 1939, at 9:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 11 1939, to Oct 21 1939, and that I last saw him alive on Oct 21 1939.

Immediate cause of death: Arteriolar nephrosclerosis — Duration: unknown.
Due to
Due to
Other Conditions: Lead poisoning — unknown.
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. M. Wagle Lebkeicher M. D.
Address Balto City Hosp. Date signed 10-21-39

V8 6

62304

F 62304

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3105 Gibbons Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3105 Gibbons Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME William J. Rae
(b) If veteran, name war
(c) Social Security Account No.

4. Sex M.
5. Color or race W.
6 (a) Single, married, widowed, or divorced. married
(b) Name of husband or wife Mary A. Rae
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 9 - 1870

AGE: Years 68 | Months | Days 15 | If less than one day hr. min.

8. Birthplace Balto Md. (Town, county, and state)
9. Usual Occupation Retired
10. Industry or business

12. Name Robert Rae
13. Birthplace Va.
14. Maiden Name Mary Vastag
15. Birthplace Germany

16 (a) Informant Mary A. Rae
(b) Address 3105 Gibbons Ave

17 (a) Burial (burial, cremation, or removal) (b) Date thereof 10-27-39 (month) (day) (year)
(c) Cemetery or crematory Moreland Pk.
Location

18 (a) Funeral director Leonard J Ruck
(b) Address 5305 Harford Rd

19 (a) (b) (Date rec'd by registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 24 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1937, to Oct 24 1939, and that I last saw him alive on Oct 24 1939.

Immediate cause of death Uremia - | Duration

Due to Chronic Nephritis - cystitis arteriosclerosis. (Measles)

Due to Hypertension - arteriosclerotic heart disease -

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. B. Boyle M. D.
Address 5304 Harford Rd Date signed 10/20/39

F 62305

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157-aF 62305
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 38 days
(e) Length of stay in Baltimore (yrs., mos., or days) 38 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard
(c) City or town Elkridge (If outside city or town limits, write RURAL and give town)
(d) Street No. Washington, Boul (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Donna Marie Brown

(b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced dufant

(b) Name of husband or wife ----

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) Jan 10th, 1939

AGE: Years | Months 9 | Days 14 | If less than one day: hr. min.

8. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation ---

11. Industry or business ----

12. Name Lorin J. Brown

13. Birthplace Bennington, Kan.

14. Maiden Name Eunice M. Ramey

15. Birthplace Natoma, Kan.

16 (a) Informant Hospital Records.

(b) Address

17 (a) Burial (burial, cremation, or removal) (b) Date thereof Oct 27 1939 (month) (day) (year)

(c) Cemetery or crematory Salina, Kan.

Location Salina, Kan.

18 (a) Funeral director Wm. J. Tickner & Sons.

(b) Address North & Penna Aves.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 24 1939, at 3:30 AM.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 16 1939, to Oct 23 1939, and that I last saw her alive on Oct 23 1939.

Immediate cause of death: Brain Stem Hemorrhage Following operation.
Duration: 3 days

Due to: Internal Hydrocephalus

Due to: Central Birth injury

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Internal Hydrocephalus
Of autopsy

PHYSICIAN
(Underline the cause to which death should be charged statistically.)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. B. Nuttall M. D.
Address University Hosp. Date signed 10/27/39

VS 3

F 62306 | OGK | F 62306

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

84-B

Registered No.

PLACE OF DEATH:

1. Baltimore City, Maryland
2. Street address Baltimore Maryland
3. Hospital or institution: Baltimore City Hospitals
4. Length of stay in hospital or inst. (yrs., mos., or days) 3 Mos.
5. Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2329 E. Fayette St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

1. (a) FULL NAME Baby Girl Uttenriether

(b) If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

(b) Name of husband or wife

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) July 17, 1939

AGE: Years	Months	Days	If less than one day
	3	7	hr. min.

Birthplace Md. Balto. City Hospital (Town, county, and state)

9. Usual Occupation None

10. Industry or business

12. Name Charles Uttenriether

13. Birthplace Md. Baltimore, Md.

14. Maiden Name Alma Armstrong

15. Birthplace Md. Baltimore, Md.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 26, 39. (month) (day) (year)

(c) Cemetery or crematory Woodlawn Cemetery

Location Woodlawn, Md.

18 (a) Funeral director Wm. J. Tickner & Sons.

(b) Address North & Penna. Aves.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 24 1937, at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 11 1937, to Oct 24 1937, and that I last saw h alive on Oct 24 1937.

Immediate cause of death: Cardiac Failure — Duration: 24 hours.

Due to Anemia, metastatic thrombosis to pelvic purpura — Duration: 21 days.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature David L. Fitzer M. D.

Address Balto. City Hosp. Date signed 10/24/37

VS 3

F 62307

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F-62307 Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 355+ Buena Vista Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 355+ Buena Vista (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Harry James Grove
(b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single
(b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) July - 23 - 1901

AGE: Years 38 | Months 2 | Days 29 | If less than one day hrs. min.

8. Birthplace Balto Md (Town, county and state)

10. Usual Occupation Unemployed
11. Industry or business

12. Name Harry O. Grove
13. Birthplace Carroll Co. Md
14. Maiden Name Maggie McClelland
15. Birthplace Balto Md

16 (a) Informant Harry W. Grove
(b) Address 355+ Buena Vista Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-25-39 (month) (day) (year)
(c) Cemetery or crematory Lakewood
Location Taylor Ave & Miller Lane

18 (a) Funeral director John E. Oliver
(b) Address 2+25 E Oliver St

19 (a) (b) Registrar
Date rec'd by registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 22 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1936 to Oct. 22 1939.
and that I last saw h alive on Oct. 19 1939.

Immediate cause of death — Duration

Pulmonary Tuberculosis — 3 yr.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David Jenne M. D.
Address 101 W. Read St Date signed 10/25/39

VS 3

F 62308

62308

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124-B

Registered No.

PLACE OF DEATH:

1. Baltimore City, Maryland
2. Street address 814 Lyndhurst St
3. Hospital or institution:

4. Length of stay in hospital or inst. (yrs., mos., or days)
5. Length of stay in Baltimore (yrs., mos., or days) 56 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 814 Lyndhurst St (If rural give location)

(e) If foreign born, how long in U. S. A? 56 years

(a) FULL NAME Selma Geiger

(b) If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W.	Married

(b) Name of husband or wife Geo. Geiger Sr

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) May 4, 1866

AGE: Years	Months	Days	If less than one day hr.	min.
73	5	19		

Birthplace Germany (Town, county, and state)

10. Usual Occupation H.W.

11. Industry or business

12. Name Edward Hoensch

13. Birthplace Germany

14. Maiden Name Amelia

15. Birthplace Germany

16. (a) Informant Geo. Geiger Sr.

(b) Address 814 S Lyndhurst St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/26/39 (month) (day) (year)

(c) Cemetery or crematory Westerne

Location Edmondson Ave & Longwood St

18. (a) Funeral director Harry K. Tuttle

(b) Address 401 E Edmondson Ave

19. (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 23, 1939 at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10, 13, 1939 to 10, 23, 1939 and that I last saw h alive on 10, 23, 1939

Immediate cause of death Hypostatic Pneumonia.

Due to Cerebral Hemorrhage.

Due to

Other Conditions H.B.P.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration	
	24 hrs
	6 mos.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Martin Lee Shook M. D.

Address 806 N Fulton Ave Date signed 10/24/39

VS 3

62309

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

F 62309

Registered No.

PLACE OF DEATH:

1) Baltimore City, Maryland

2) Street address Baltimore Maryland

3) Hospital or institution:
Baltimore City Hospitals

4) Length of stay in hospital or inst. (yrs., mos., or days)

5) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1425 E. Baltimore St.
(If rural give location)

3-1

(e) If foreign born, how long in U. S. A.? years

(a) **FULL NAME** Baby Richard Allen Pagen

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

(b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-15-39

8. AGE: Years | Months | Days | If less than one day: 4 hr. 5 min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

12. Name William Pagen

13. Birthplace Mich.

14. Maiden Name Lydia Marshall

15. Birthplace Mich.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Balto. City Hospital (Burial, cremation, or removal) (b) Date thereof 10-18-39 (month) (day) (year)

(c) Cemetery or crematory

Location

18 (a) Funeral director

(b) Address

19 (a) (Date rec'd by registrar) (b) Registrar

Oct 23 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 15 1939 at 10 7/8 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 15 1939 to Sept 15 1939 and that I last saw him alive on Sept 15 1939.

Immediate cause of death: 24 weeks Spontaneous abortion — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature D. Lewis Dann M. D.

Address Balto. City Hosp Date signed 10-24-39

F 62310 • 4862 SD F 62310

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

135a Registered No.

PLACE OF DEATH:

1. Baltimore City, Maryland
   Street address 4940 Eastern Avenue
   Hospital or institution: Baltimore City Hospitals
   Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
   Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1730 Baker Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) **FULL NAME** Baby Girl Davis

(b) If veteran, name war

3 (c) Social Security Account No.

Sex F | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Single

(b) Name of husband or wife

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) 9/25/39

AGE: Years	Months	Days	If less than one day
		25	hr. min.

Birthplace Baltimore (Town, county, and state)

7. Usual Occupation (Infant)
8. Industry or business

12. Name Rayond Davis
13. Birthplace Virginia

14. Maiden Name Thelma Lee
15. Birthplace Virginia

(a) Informant Records
(b) Address Baltimore City Hospitals

17. (a) Balto City Hospital (Burial, cremation, or removal) (b) Date thereof 10-22-39 (month) (day) (year)
(c) Cemetery or crematory Crematory
Location Baltimore City Hospitals

18. (a) Funeral director
(b) Address Baltimore City Hospitals

19. (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. **DATE OF DEATH** 10-22-39 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 6 1939, to Oct. 21 1939, and that I last saw her alive on 10/21 1939.

Immediate cause of death Dehydration & sinus thrombosis — Duration 1 day

Due to

Due to

Other Conditions Bronchial asthma — 12 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Sinus thrombosis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. C. Goodwin M. D.
Address Balt City Hosp Date signed

VS 3

62311 95-FS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a

F 62311 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution:

Balto. City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 1217 E. Preston St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) **FULL NAME** Viola Munchow

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex female

5. Color or race white

6 (a) Single, married, widowed, or divorced. widowed

(b) Name of husband or wife William

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years 55 yrs 11 mos about | Months | Days | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation saleslady

11. Industry or business

12. Name John Schriefer

13. Birthplace ?Balto. Md.

14. Maiden Name ? Ella Pruett

15. Birthplace ? Balto. Md.

16 (a) Informant B.C.H. Records

(b) Address

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 10 26 39 (month) (day) (year)

(c) Cemetery or crematory Baltimore Cem.

Location Pulaski Hwy & Belair Rd

18 (a) Funeral director Geo. J. Smith & Son.

(b) Address 1300 E. Baltimore St.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 24 1939, at 1:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 22 1939, to Oct 24 1939, and that I last saw h er alive on Oct 24 1939.

Immediate cause of death: Cerebral Hemorrhage — Duration: 7 days

Due to

Due to

Other Conditions Hypertension — unknown

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. M. Waghelstein M. D.

Address Balto City Hosp Date signed 10-24-39

62312

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

23

Registered No. F 62312

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1220 Greenmount Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME William L. Mooney (48834)
(b) If veteran, name war
(c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
(b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 6, 1873

8. AGE: Years 65 | Months 11 | Days 17 | If less than one day: hr. min.

9. Birthplace XXXX Md.
(Town, county, and state)

10. Usual Occupation None
11. Industry or business

12. Name Thomas L.
13. Birthplace Ireland

14. Maiden Name Jane Mexfort
15. Birthplace Ireland

16 (a) Informant Hospital Records
(b) Address

17 (a) burial (b) Date thereof Oct. 26 - 1939
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Cross Harford Rd.
Location Harford Road

18 (a) Funeral director Henry Strauch & Son Inc
(b) Address 1301 E. Eager St.

19 (a) OCT 25 1939 (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 23, 1939, at 2:35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 9, 1939 to Oct. 23, 1939. and that I last saw him alive on Oct. 23, 1939.

Immediate cause of death: Tuberculosis of lungs — Duration: 1 month?

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature]
Address Balto. City Hospitals M. D.
Date signed 10-23-39

VS 3

62313 6028-FS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 95-B F 62313

PLACE OF DEATH:

) Baltimore City, Maryland

) Street address 4940 Eastern Ave.

) Hospital or institution: Balto. City Hospitals

) Length of stay in hospital or inst. (yrs., mos., or days) 14 yrs

) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

8 13 (d) Street No. 800 W. Lombard St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) **FULL NAME** James E McKenna

(b) If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

(b) Name of husband or wife Unknown

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) ? 1865

AGE: Years	Months	Days	If less than one day hr.	min.
74				

Birthplace Balto., Md. (Town, county, and state)

0. Usual Occupation Laborer

1. Industry or business 4940

12. Name James McKenna

13. Birthplace Ireland

14. Maiden Name Annie Lind

15. Birthplace Ireland

16 (a) Informant B.C.H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 27-39 (month) (day) (year)

(c) Cemetery or crematory Baltimore

Location E. North ave

18 (a) Funeral director Henry Lutz

(b) Address 1203 N. Broadway

19 (a) OCT 25 1939 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 23 1939, at 10:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 16 1926, to Oct 23 1939, and that I last saw him alive on Oct 23 1939.

Immediate cause of death: Bronchopneumonia — Duration: 10 days

Due to

Due to

Other Conditions Arteriosclerotic Heart disease unknown.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature M. Weinglestein M. D.

Address Balto City Hosp. Date signed 10-24-39.

VS 8

2314

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53-B F 62314 Registered No.

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 313 S. Clinton St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 313 S. Clinton St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

26 10

(a) **FULL NAME** Carrie Corcoran

(b) If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	Widow

(b) Name of husband or wife John Corcoran

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Feb 7, 1891

AGE: Years	Months	Days	If less than one day hr.	min.
48	8	18		

Birthplace Baltimore (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

12. Name Michael Fondron

13. Birthplace Baltimore

14. Maiden Name Elizabeth Bauer

15. Birthplace Baltimore

16 (a) Informant Wm. Smith

(b) Address 2-328 Fleet St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 28-39 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Road

18 (a) Funeral director Ellert Curran

(b) Address 440 E North Ave

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 25 - 1939, at 7:50 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1939, to Oct 25 1939, and that I last saw h[er] alive on Oct 25 1939.

Immediate cause of death	Duration
Carcinoma of Bladder (Primary)	1937
Due to Uremia - Aug-29-	1939
Due to	
Other Conditions (Include pregnancy within 3 months of death)	

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Thos A Beckwall M. D.

Address 350 Fidelity Bldg Date signed Oct 25-39

VS 3

F 62315

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119

F 62315 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1024 Druid Hill Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1024 Druid Hill Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Anglin Countess
(b) If veteran, name war
(c) Social Security Account No.

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced —
(b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/3/29

8. AGE: Years | Months 7 | Days 10 | If less than one day hr. min

9. Birthplace md (Town, county, and state)

10. Usual Occupation Infant
11. Industry or business

12. Name Anglin Talbert
13. Birthplace Florida
14. Maiden Name Edith Countess
15. Birthplace N. J.

16. (a) Informant Edith Countess
(b) Address 1034 Druid Hill Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/25/29 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18. (a) Funeral director Geo. S. Kelson
(b) Address 1303 Presstman St

19. OCT 25 1929 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 23 1929, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death — Duration
Acute Intestinal Disease — about
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm D Lamdreth M.D. Medical Examiner
Date signed 10/27/29

VS 6

UCK

62316

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

49428

Registered No. F 62316

PLACE OF DEATH:

1. Baltimore City, Maryland
2. Street address Baltimore Maryland
3. Hospital or institution: Baltimore City Hospitals
4. Length of stay in hospital or inst. (yrs., mos., or days) 2 days
5. Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2025 E. Hoffman St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Mary Lightner

(b) If veteran, name war

(c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

(b) Name of husband or wife William

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Nov. 5, 1873

AGE: Years	Months	Days	If less than one day
65 65	11	18	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

12. Name Daniel Birmingham

13. Birthplace Md.

14. Maiden Name Ellen Quinn

15. Birthplace Md.

16. (a) Informant Records

(b) Address Baltimore City Hospitals

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-26-39 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Balto Md

18. (a) Funeral director Jno A Feeley

(b) Address Fulton Ave & Lafayette

19. (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 23 1939, at 12 35 P M

21. I certify that death occurred on the date above stated, that I attended deceased from Oct 21 1939, to Oct 23 1939, and that I last saw her alive on Oct 23 1939.

Immediate cause of death: Hypertensive Cardiovascular Disease — Duration unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible] M. D.

Address Balto City Hosp Date signed 10-23-39

VS 3

62317

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-a

Registered No. 62317

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 33 W. Calvert

(c) Hospital or institution: Union Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days

(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2756 Tivoly St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) **FULL NAME** Maurice Henry Weinreich Junior

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W.

6 (a) Single, married, widowed, or divorced.

(b) Name of husband or wife Grace Weinreich (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Oct. 6, 1907

AGE: Years 32 Months 0 Days 17 If less than one day hr. min.

Birthplace Baltimore - Md. (Town, county, and state)

10. Usual Occupation Marine Engineer

11. Industry or business "

12. Name Maurice H. Weinreich Sr.

13. Birthplace Md.

14. Maiden Name Gazella Fong

15. Birthplace Md.

16 (a) Informant Mrs Grace Weinreich

(b) Address 2756 Tivoli Ave - City.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 27/39 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Balto. Md

18 (a) Funeral director A. Bernard Evans

(b) Address 1402 S. Charles St

19 (a) [illegible] Registrar

(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 23 1939. at 8:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 15 1939. to Oct 23 1939. and that I last saw h im alive on Oct 23 1939.

Immediate cause of death	Duration
Circulatory Failure	3 hrs
Due to Pulmonary oedema	5 days
Due to Mitral Stenosis	many years
" " Rheumatic heart disease	"

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature S. D. Sunday

Address Union Memorial Date signed 10/23/39

62318

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 86429 F 62318

PLACE OF DEATH: St. Agnes Hospital
1. (a) Baltimore City, Maryland
(b) Street address Caton + Wilkens Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 wks
(e) Length of stay in Baltimore (yrs., mos., or days) 5 wks

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Halethorpe, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 261 Poplar + Woodside Area. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) **FULL NAME** Miss Elizabeth Rest

(b) If veteran, name war

3. (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

(b) Name of husband or wife

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Jan. 23rd 1874

AGE: Years	Months	Days	If less than one day hr.	min.
65	9	1		

Birthplace City (Town, county, and state)

10. Usual Occupation House Keeper

11. Industry or business

12. Name Joseph Rest

13. Birthplace Not Known

14. Maiden Name Not Known

15. Birthplace

16. (a) Informant Mrs. M. S. Back

(b) Address 513 Chapel Gate Lane

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/26/39 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Balto.

18. (a) Funeral director C. J. Fanning + Son

(b) Address 1936 E. Lafayette Ave.

19. (a) (b) Registrar

(Date received by registrar)

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 24 1939. at 2:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 2 1939. to Oct 24 1939. and that I last saw h[illegible] alive on Oct 23 1939.

Immediate cause of death Carcinoma of abd, brain etc. — Duration: over

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Metastatic Ca
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence No
(c) Where did injury occur? No (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] Sadove M. D.

Address St Agnes Hosp Date signed Oct 27/39

F 62319

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 62319

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 529 S. Charles St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME James Greeley
(b) If veteran, name war
3. (c) Social Security Account No.
4. Sex male
5. Color or race white
6. (a) Single, married, widowed, or divorced Single
(b) Name of husband or wife
6. (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept 21. 1870
AGE: Years 69 Months 1 Days 3 If less than one day hr. min.
8. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business
12. Name Patrick Greeley
13. Birthplace Ireland
14. Maiden Name Ella Floyle
15. Birthplace Ireland
16. (a) Informant Dept of welfare
(b) Address St Paul Place
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 26 39 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto., Md.
18. (a) Funeral director Margaret A. Flynn
(b) Address 1422 Light St.
19. (a) OCT 25 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 24th 1939, at 3.50 P.M.
21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Cerebral concussion	
Due to fall on street	
Due to Coronary occlusion	
Due to arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 10-23-39 at 4.25 PM
(c) Where did injury occur? 529 South Charles St. Balto. Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? street (Specify type of place) While at work? —
(e) Means of injury fell on street
23. Signature H. L. Wolkenmeler — M.D. Medical Examiner
Date signed Oct 25th 1939

V8-6

F 62320

Niner

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

F 62320

Registered No.

PLACE OF DEATH:

1. (a) Baltimore City, Maryland
   (b) Street address 914 N Fulton Ave
   (c) Hospital or institution:

2. Length of stay in hospital or inst. (yrs., mos., or days)

3. Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 914 N Fulton Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

4. (a) FULL NAME Alice A Niner

(b) If veteran, name war None

3. (c) Social Security Account No. None

5. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced. Widowed

(b) Name of husband ~~of wife~~ John L Niner

6. (b) If alive, give age years

Birth date of deceased (mo., day, yr.) Dec 22, 1862

AGE: Years	Months	Days	If less than one day: hr.	min.
76	10	3		

7. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Home

12. Name John L. Niner Sand

13. Birthplace Baltimore Md

14. Maiden Name Widdemer

15. Birthplace Baltimore

16. (a) Informant Florence L Kenna

(b) Address 914 N Fulton Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 29/39 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet

Location Baltimore Md

18. (a) Funeral director Wellington Keech

(b) Address 127 St Paul St

19. (a) Oct 26 1939 (Date received by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 26 1939 at 6:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 9/22 1939 to 10/25 1939 and that I last saw her alive on 10/25 1939.

Immediate cause of death Chronic nephritis

Due to Hypertension

Due to

Other Conditions acute uremia (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration 2 years

2 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Benjamin Miller M. D.

Address 2030 Wilkens Ave Date signed 10/27/39

VS 2

62321

Kuskey

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 62321

186-a

PLACE OF DEATH:

1. (a) Baltimore City, Maryland
   (b) Street address
   (c) Hospital or institution: St. Joseph's Hospital
2. Length of stay in hospital or inst. (yrs., mos., or days) 20 days
   Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 638 Abbot St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) **FULL NAME** Mrs Mary Kuskey

(b) If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~.
F	W	Widowed

(b) Name of husband or wife William Kuskey

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) April 7th 1853

AGE: Years	Months	Days	If less than one day
86	0	18	hr. min.

Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation At Home
11. Industry or business Retd

12. Name Wilhelmina Diffenderfer
13. Birthplace Germany
14. Maiden Name Unknown
15. Birthplace "

16. (a) Informant Kristina Smith
    (b) Address 815 N. Cross St 10/28/39

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof (month) (day) (year)
    (c) Cemetery or ~~crematory~~ Balto
    Location Balto Md

18. (a) Funeral director William Cook
    (b) Address 1217 St. Paul St

19. (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. **DATE OF DEATH** October 25 1939, at 6:4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 4 1939, to Oct 25 1939, and that I last saw h er alive on Oct 25 1939.

Immediate cause of death Pneumonia, Hypostatic — **Duration**

Due to

Due to following

Other Conditions Fracture of neck of femur (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 10/3/39
(c) Where did injury occur? 638 Abbott St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? (Specify type of place)
(e) Means of injury Patient fell walking in her room

23. Signature M. R. Lumpkin, M.D. M. D.
Address St. Joseph's Hosp Date signed 10/25/39

M. B. Vaught Supt M.D. Med. Exam.
per D. T. Bozeman

VS 3

F 62322

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 C Registered No.

62322

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address [illegible]

(c) Hospital or institution: Md. Gen. Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 28

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)

(d) Street No. 4025 N. Rogers Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Edith E. Steigerwald

(b) If veteran, name war

3 (c) Social Security Account No.

Sex Fe. | 5. Color or race white | 6 (a) Single, married, widowed, or divorced married

(b) Name of husband or wife Henry Steigerwald

6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Nov 28 1887

AGE	Years	Months	Days	If less than one day
	51	10	26	hr. min.

8. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business At Home

12. Name William H. Hurt

13. Birthplace Balto Md

14. Maiden Name Amelia England

15. Birthplace Balto Md

16 (a) Informant Henry Steigerwald

(b) Address 4025 N. Rogers Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/27/39 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location Balto Co. Md

18 (a) Funeral director William Hurt

(b) Address 1217 St Paul St

19 (a) (b) Registrar

Date received by registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-25 1939, at 12 03/4 M

21. I certify that death occurred on the date above stated, that I attended deceased from 10-24 1939. to 10-25 1939. and that I last saw her alive on 10-25 1939.

Immediate cause of death: Massive cerebral hemorrhage — Duration: 1 day

Due to Hypertension C-R. Disease — Several years

Due to Ch myocarditis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature W. H. Mansfield M. D.

Address Md Gen Hosp Date signed 10-25-39

F 62323

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 62323

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 829 Montpelier Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 829 Montpelier Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Irene A Talbott

(b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

(b) Name of husband or wife Edward

6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) Jan 26 1891

8. AGE: Years 48 | Months 9 | Days 27 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business none

12. Name Edward J Mason

13. Birthplace Baltimore Md

14. Maiden Name of wife Mary A Finn

15. Birthplace Baltimore Md

16 (a) Informant Mrs E Talbott

(b) Address 829 Montpelier Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 27 1939 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Baltimore Md

18 (a) Funeral director

(b) Address 1217 Park Ave

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 25 1939, at 11:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/24 1939 to 10/25 1939.
and that I last saw her alive on 10/25 1939.

Immediate cause of death Lobar Pneumonia — Duration 4 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature Joseph D Bruesova M. D.

Address 1537 N. Stricker Date signed 10/25/39

VS 3

F 62324

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-P F 62324 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 424 W. Camden St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 424 W. Camden St (If rural give location)
(e) If foreign born, how long in U. S. A.? 32 yr. years

(a) FULL NAME Victor Cohen

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

(b) Name of husband or wife Sarah

6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.)

AGE: Years 58 Months Days If less than one day hr. min.

9. Birthplace Russia (Town, county and state)

10. Usual Occupation Tobacco Business Retd

11. Industry or business

12. Name Not Known

13. Birthplace Russia

14. Maiden Name Not Known

15. Birthplace Russia

16 (a) Informant Isador Cohen - Son

(b) Address 424 W. Camden St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-26-39 (month) (day) (year)

(c) Cemetery or crematory Rosedale

Location Phil Rd. & Hamilton Ave

18 (a) Funeral director Jack Sand. Inc

(b) Address 1439 E. Balto St.

19 (a) (Data received by registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 25, 1939. at 1:30 PM

21. I certify that death occurred on the date above stated, that I attended deceased from May 1939. to Oct 25 1939. and that I last saw h alive on Sept 26 1939.

Immediate cause of death Coronary thrombosis — Duration 8 yrs.

Due to Arteriosclerotic and hypertensive cardio-

Due to vascular disease

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Leonard J. Abramowitz M. D.

Address 1205 E. Baltimore St Date signed 10/25/39.

62325

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B

F 62325 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St Joseph Hospital
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 33 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 180 Baker St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 38 years

3. (a) FULL NAME Isaac Beyer
(b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. Married
(b) Name of husband or wife Millie
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) 1879

AGE: Years 60 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business Bus. for self 1880

12. Name Not known
13. Birthplace Russia
14. Maiden Name Not known
15. Birthplace Russia

16. (a) Informant Morris Schneider
(b) Address 180 Baker St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-26-39 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location O'Donnell St.

18. (a) Funeral director Jack Levin Inc.
(b) Address 1439 E. Balto. St

19. (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-25-39 19 , at 10.30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1939 to Oct. 25 1939.
and that I last saw h[illegible] alive on Oct. 25 19 39.

Immediate cause of death Coronary Thrombosis — Duration 6 Months.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature I. Levy, Sanitarian
Address 2128 W. North Ave. Date signed 10/25/39

VS 8

62326

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1882 - aF 62326

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1001 Valley St.
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1001 Valley St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 51 years

(a) FULL NAME Mary A. Maguire

(b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

(b) Name of husband or wife Patrick J. Maguire

6 (c) If alive, give age / years

7. Birth date of deceased (mo., day, yr) Mar. 10, 1873

8. AGE: Years 66 | Months 7 | Days 14 | If less than one day hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation House work at Home

11. Industry or business Home

12. Name James Black

13. Birthplace Ireland

14. Maiden Name Mary A Mc Call

15. Birthplace Ireland

16 (a) Informant Miss Catherine Maguire

(b) Address 1001 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 28, 1939 (month) (day) (year)

(c) Cemetery or crematory Holy Cathedral Cem

Location 4300 Old Frederick Road

18 (a) Funeral director Elmer W. Conklin Son

(b) Address 924 E. Eager St.

19 (a) (Date rec'd by registrar) (b) [illegible] Registrar

OCT 26 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 24th. 1939. at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1 1939. to Oct 24 1939. and that I last saw her alive on Oct 24 1939.

	Duration
Immediate cause of death: cerebral haemorrhage	2 days
Due to: arteriosclerosis	?
Due to:	
Other Conditions: cerebral thrombosis	Sept 1

(Include pregnancy within 3 months of death.)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature Samuel Silverpet M. D.

Address 718 E Fayette Date signed

F 62327

F 62327 8199-FS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 131

PLACE OF DEATH:

1. Baltimore City, Maryland
2. Street address 4940 Eastern Ave.
3. Hospital or institution: Balto. City Hospitals
4. Length of stay in hospital or inst. (yrs., mos., or days) 1mo. 14 days.
5. Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 939 Madison Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) **FULL NAME** Jessie Mitchell

(b) If veteran, name war | 3 (c) Social Security Account No.

Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married-seperated

(b) Name of husband or wife: Arthur | 6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) 5-5-1900

AGE: Years	Months	Days	If less than one day hr.	min.
39	4	28		

Birthplace Ga. (Town, county, and state)

Usual Occupation Domestic

Industry or business

12. Name Willie Williams (d)
13. Birthplace Ga.
14. Maiden Name Amelie Jones
15. Birthplace Ga.
16. (a) Informant B.C.H. Records
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof 10-27-39 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Westport
18. (a) Funeral director Adolphus Halstead
(b) Address 918 Linwood Ave.
19. (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 23 1939, at 6.50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 9 1939, to Oct 23 1939, and that I last saw h in alive on Oct 23 1939.

Immediate cause of death: Arteriolar nephrosclerosis — Duration unknown.

Due to

Due to

Other Conditions Hypertension — unknown.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature I. M. Wagenheim M. D.
Address Balto. City Hosp. Date signed 10-23-39

62328

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

F 62328
Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 441 Eversham Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 441 Eversham Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME William E Schul
(b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married
(b) Name of husband or wife Ida V. Schul
6 (c) If alive, give age 70 years

Birth date of deceased (mo., day, yr.) Oct 29 1872

AGE: Years 66 | Months 11 | Days 25 | If less than one day: hr. min.

Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Commissioner of Deeds
11. Industry or business

MOTHER'S MAIDEN NAME
12. Name Fanny Schul
13. Birthplace Germany
14. Maiden Name Regina Bellinger
15. Birthplace Baltimore Md

16 (a) Informant: Edward J. Schul
(b) Address Norfolk (Virginia)

17 (a) Burial (Burial, cremation, or removal)
(b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Sandow Park
Location Baltimore Md

18 (a) Funeral director Charles G. Black
(b) Address 742 N. north Ave

19 (a) Date received by registrar
(b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 24 1939, at 5P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 21 1939, to Oct 24 1939. and that I last saw h[illegible] alive on Oct 24 1939.

Immediate cause of death: Uraemia — Duration: 2 days
Due to: Dropsy
Due to: Cardio Renal disease — Duration: over
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harlan L. Frelis M. D.
Address 5276 Park Hgts Date signed Oct 25 39

62329

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 95-B-62329

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1045 S. Ridgley St
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1045 S. Ridgley St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Albert Hoffler
(b) If veteran, name war
3 (c) Social Security Account No. —

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Single
(b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 4, 1859

8. AGE: Years 80 | Months 2 | Days 20 | If less than one day: hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Retired
11. Industry or business

12. Name Michael Hoffler
13. Birthplace Germany
14. Maiden Name Margaret Helmstadter
15. Birthplace Germany

16. (a) Informant Charles F. Hoffler
(b) Address 1631 Thomas Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/27/39 (month) (day) (year)
(c) Cemetery or crematory Western
Location

18. (a) Funeral director Frederick A. Cole
(b) Address 1300 W. Lombard St

OCT 26 1939 (Date received by Registrar) Registered

MEDICAL CERTIFICATION

20. DATE OF DEATH October 24, 1939, at 4 10 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Cardiac glycosis
Due to hypertension
Due to Arteriosclerosis, general
Other Conditions senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. F. Wallenmeyer M.D. Medical Examiner
Date signed Oct 24, 1939

VS 6

62330

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-a F 62330
Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Saint Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2009 E. Preston St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Mr Joseph Quinn
(b) If veteran, name war
3 (c) Social Security Account No. 216-07-7820

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single.
(b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 24th. 1889

8. AGE: Years 49 | Months 11 | Days 1 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Packer.
11. Industry or business Drugs. Sharpe & Dohme

MOTHER'S MAIDEN NAME
12. Name Peter Quinn.
13. Birthplace Ireland.
14. Maiden Name Brigget McCarthy.
15. Birthplace Ireland.

16 (a) Informant Miss. May Quinn
(b) Address #2009 E. Preston St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 28.39 (month) (day) (year)
(c) Cemetery or crematory New Cathredral. Location Frederick Rd.

18 (a) Funeral director Geo. M. Fink & Son.
(b) Address 811 N. Wolfe St.

19 (a) Received by registrar OCT 28 1939 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 25 1939, at 2.22 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 18 1939, to Oct 25 1939, and that I last saw h alive on Oct 25 1939.

Immediate cause of death: Pulmonary Embolus — Duration
Due to Pulmonary Thrombosis (10-19-39)
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Left inguinal hernia
Of autopsy Pulmonary embolus

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. P. Tompt, M.D. M. D.
Address St. Josephs Hosp Date signed 10/25/39

62331

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a 1939 F 62331

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore Maryland

(c) Hospital or institution:
Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days

(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1426 Marshall St.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) **FULL NAME** John Meyers

(b) If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

(b) Name of husband or wife Elizabeth

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Dec. 28, 1869

AGE: Years	Months	Days	If less than one day
69	9	27	hr. min.

Birthplace Eastern Shore, Md.
(Town, county, and state)

10 Usual Occupation Unk

11. Industry or business

12. Name Henry

13. Birthplace Germany

14. Maiden Name Mary Watkinson

15. Birthplace England

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Buried (b) Date thereof Oct 28, 1939
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location Balto

18 (a) Funeral director A. Howard Evans

(b) Address 1400-02 E. Baltimore

19 (a) (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH October 25 1939, at 1.32 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 23 1939, to Oct 25 1939, and that I last saw h im alive on Oct 25 1939.

Immediate cause of death	Duration
Cerebral hemorrhage	5 days
Due to	
Due to	
Other Conditions Hypertension	unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature J. Murray Steele M. D.

Address Balto City Hosp Date signed N-25-39

VS 3

F 62332

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194-B

F 62332 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2401 Chelsea Ter
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
548 Street No. 2401 Chelsea Ter (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Edward James Starr

(b) If veteran, name war World War

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

(b) Name of husband or wife Elizabeth Virginia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 30 1870

AGE: Years 69 Months 1 Days 25 If less than one day hr. min.

8. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation U. S. A.
11. Industry or business Retired

12. Name Edward Varden Starr
13. Birthplace Baltimore Md.
14. Maiden Name Alice Frame
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Elizabeth Starr
(b) Address 2401 Chelsea Ter.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/27/39 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Co.

18 (a) Funeral director Wm J. Zeltner & Sons
(b) Address North & Pa Aves.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 25, 1939, at M

21. I certify that death occurred on the date above stated, that I attended deceased from Oct. 1938 to Oct 1939. and that I last saw h in alive on Oct. 25 1939.

Immediate cause of death: Coronary Thrombosis — Duration: 2

Due to arteriosclerosis

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul E. Carpenter M. D.
Address 2511 Garrison Date signed 10/26/39

VS 3

F 62333

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-C

Registered No. F 62333

1. PLACE OF DEATH: Church Home & Infirmary
(a) Baltimore City, Maryland
(b) Street address 66 Broadway
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Lansdowne. (If outside city or town limits, write RURAL and give town)
(d) Street No. Charleston Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME John Lindquist (J. E. Walter Lindquist)
(b) If veteran, name war
(c) Social Security Account No. 217-03-2360

4. Sex Male. 5. Color or race White 6 (a) Single, married, widowed, or divorced married
(b) Name of husband or wife Rosalie Lindquist
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 17, 1877

AGE: Years 62 Months 9 Days 8 If less than one day hr. min.

8. Birthplace New York, Mayville (Town, county, and state)

10. Usual Occupation Salesman.
11. Industry or business Kelly Buick

12. Name John Lindquist
13. Birthplace New York
14. Maiden Name Johanna Aspengren
15. Birthplace Sweden.

16. (a) Informant Mrs. Rosalie Lindquist
(b) Address Charleston Ave., & 5th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/28/39 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18. (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pennsylvania Aves. Huntington Williams, M.D.

19. (a) (Date received by registrar) OCT 28 1939 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-25-39 19 . at 2 P M

21. I certify that death occurred on the date above stated, that I attended deceased from 10-21 1939 to 10-25 1939.
and that I last saw h living on 10-25 1939.

Immediate cause of death: Carcinoma of prostate with metastases to bladder & bone — Duration 1 yr.
Due to
Due to
Other Conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Church Home & Inf. Date signed 10-25-39

VS 2

F 62334

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 62334

95-B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) one day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street 1954 West Mulberry St (If rural give location)
(d) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Mary A. Shaeffer
(b) If veteran, name war
3 (c) Social Security Account No.
4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Widowed
(b) Name of husband ~~xxxx~~ S. Tilden Shaeffer
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug 29 1873
8. AGE: Years 66 Months 2 Days 5 If less than one day hr. min.
9. Birthplace Westminister, Maryland (Town, county, and state)
10. Usual Occupation none.
11. Industry or business

MOTHER FATHER
12. Name Leander Hall
13. Birthplace Westminster, Md.
14. Maiden Name Mary Lucabaugh
15. Birthplace Manchester, Md

16 (a) Informant Mrs Louis Krueger (daughter)
(b) Address 915 W. Mulberry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/28/39 (month) (day) (year)
(c) Cemetery or crematory Kriders
Location Westminister, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Aves., Balto., Md.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-25 1939, at 2 45 M

21. I certify that death occurred on the date above stated, that I attended deceased from 10-24 1939, to 10-25 1939, and that I last saw h-e alive on 10-25 1939.

Immediate cause of death Acute cardiac dilatation — Duration 10 minutes

Due to Hypertensive Cardiovascular disease. — years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A K Mansfield M. D.
Address Md Gen Hosp Date signed 10-25 39

V8 3

F 62335

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62335 Registered No. 94-B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1013 N. Stricker St
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balt. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1013 N. Stricker St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Ada M Powell
(b) If veteran, name war
(c) Social Security Account No.

4. Sex F | 5. Color or race Col | 6. (a) Single, married, widowed, or divorced Single
(b) Name of husband or wife
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 15 - 1903

8. AGE: Years 36 | Months | Days | If less than one day: hr. min.

9. Birthplace Eastern Shore Md (Town, county, and state)

10. Usual Occupation Laundress
11. Industry or business

FATHER
12. Name Billy Rainer
13. Birthplace Md

MOTHER
14. Maiden Name Mary Brandy
15. Birthplace Md

16. (a) Informant Mary Lloyd
(b) Address 1000 N. Brookfield St

17. (a) Interment Mt Auburn (b) Date thereof 10-28-39 (month) (day) (year)
(burial, cremation, or removal)
(c) Cemetery or crematory Mt Auburn Cem
Location Balto. City

18. (a) Funeral director Jas. M. Ehrmer
(b) Address 927 N. Mount St

19. 10-26-1939 (Date received by registrar) [illegible] Registrar

MEDICAL CERTIFICATION 3P

20. DATE OF DEATH October 25 1939, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary occlusion

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. T. Ward Jr. M.D.
Medical Examiner.
Date signed 10/25/39

V8 4

62336 45396-MS BALTIMORE CITY HEALTH DEPARTMENT F 62336

CERTIFICATE OF DEATH

51-a Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4910 Eastern Ave.

(c) Hospital or institution: Balto. City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4½ mo.

(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 4018 Boarman Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? 35 years

(a) FULL NAME Maria Greenberg (Jacob Blum)

(b) If veteran, name war V V V

3 (c) Social Security Account No. 215-08-0648

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

(b) Name of husband or wife Leah

6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) 6-1-83

AGE: Years	Months	Days	If less than one day
56	4	24	hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Peddler

11. Industry or business

12. Name Naftol Greenberg

13. Birthplace Russia

14. Maiden Name Taupe weinstein

15. Birthplace Russia

16 (a) Informant B.C.H. Records

(b) Address

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 10-26-39 (month) (day) (year)

(c) Cemetery or crematory Mikro-Kodesh

Location Herring Run

18 (a) Funeral director Joseph Levine Inc

(b) Address 1429 E. Balto St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-25 1939, at 8:20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-6 1939, to 10-25 1939, and that I last saw h/er alive on 10-25 1939.

Immediate cause of death: Hypernephroma, left, with metastasis

Duration: ? corr

Due to

Due to

Other Conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature L. K. Woodward M. D.

Address Balto city Hosp. Date signed 10-26-39

VS 3

Spec. 9-30—A. & Co.—250 Bks.

F 62337

HEALTH DEPARTMENT—CITY OF BALTIMORE

2337

CERTIFICATE OF DEATH.

95-B

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No 6309 Weidner Ave ST. 27 WARD 8)

2 FULL NAME William Henry Hancock

(a) RESIDENCE NO. 6309 Weidner Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

6 If married, ~~widowed, or divorced~~
HUSBAND of
(or ~~WIFE of~~) Sallie R. Hancock

7 DATE OF BIRTH (month, day, and year) May 20th 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	2	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stenographer

(b) General nature of Industry, business, or establishment in which employed (or employer): Office

(c) Name of employer: City of Norfolk

9 BIRTHPLACE (city or town) (State or country): Liverpool England

10 NAME OF FATHER: Wm H. Hancock

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

14 Interment (Address): Mrs Ruth N. Norman 6309 Weidner Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 25th 1939

17
I HEREBY CERTIFY, That I attended deceased from September 1st, 1939, to October 25th 1939
that I last saw him alive on October 25th, 1939
and that death occurred, on the date stated above, at 5-30 p. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic heart disease

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical findings

(Signed) A. L. Chalfant M. D.

(Address) 5210 York Rd.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Norfolk Norfolk Va.

DATE OF BURIAL: Oct 28 1939

20 UNDERTAKER: William Cook

ADDRESS: 1217 St Paul St

CGK ✓ 48175

62338

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 124-a

Registered No. F 62338

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore Maryland

(c) Hospital or institution:
Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1229 Harford Ave. 104
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) **FULL NAME** Margaret Wilson Keene

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Divorced

(b) Name of husband or wife Clarence

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-1-73

AGE: Years	Months	Days	If less than one day: hr.	min.
66	3	21		

8. Birthplace Md.
(Town, county, and state)

9. Usual Occupation None

10. Industry or business

11. Name James Waldman

12. Birthplace Md.

13. Maiden Name Fannie York

14. Birthplace Unknown

15 (a) Informant Records

(b) Address Baltimore City Hospitals

16 (a) Burial (b) Date thereof 10/26/39
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Carmel Cem.

Location O'Donnell St.

17 (a) Funeral director John J Faber & Son

(b) Address 1318 Light St.

18 (a) [illegible] (b) [illegible]
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 22 1939, at 2:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 8 1939, to Oct. 22 1939, and that I last saw her alive on Oct 22 1939.

Immediate cause of death: Subacute bacterial endocarditis — Duration: 2 months

Due to

Due to

Other Conditions cirrhosis of liver (alcoholic) unknown.

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy cirrhosis and endocarditis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Murray Weber M. D.

Address Balto City Hosp. Date signed 10-22-39

VS 3

(6233?)

49365 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a

Registered No. 6233?

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days

(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

82-1

(d) Street No. 6317 Belair Road (If rural give location)

(e) If foreign born, how long in U. S. A.? 50 yrs. years

(a) **FULL NAME** Gottlieb Scheerer

(b) If veteran, name war

3 (c) Social Security Account No.

Sex M

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

(b) Name of husband or wife Elizabath

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) July 17 1879

If less than one day

AGE: Years	Months	Days	hr.	min.
60 ?	3	8		

Birthplace Germany (Town, county, and state)

10. Usual Occupation Baker

11. Industry or business

12. Name ?

13. Birthplace ?

14. Maiden Name ?

15. Birthplace ?

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 10/27/39 (month) (day) (year)

(c) Cemetery or crematory Parkwood Mem

Location Taylor ave.

18 (a) Funeral director Martin H.G. Dippel

(b) Address 7110 Belair Rd.

19 (a) OCT 26 1939 (Date rec'd by registrar) Registrar

(b) Filed

MEDICAL CERTIFICATION

20. DATE OF DEATH October 25 1939, at 1 37 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 19 1939, to Oct 25 1939, and that I last saw h[illegible] alive on Oct 25 1939.

Immediate cause of death: Cerebral hemorrhage — Duration: 1 week

Due to

Due to

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy enlarged heart, arteriosclerosis

unknown.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Irving Goldstein M. D.

Address Balto City Hosp. Date signed 10-25-39

VS 3

62340

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 62340

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Rosedale (If outside city or town limits, write RURAL and give town)
(d) Street No. 22 Glenmore ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Edgar Greaves
(b) If veteran, name war
(c) Social Security Account No. 216-05-0201

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
(b) Name of husband or wife: Florence
6 (c) If alive, give age: 59 years

7. Birth date of deceased (mo., day, yr.): Sept 11 1883

AGE: Years 56 | Months 1 | Days 15 | If less than one day: hr. min.

8. Birthplace: England. (town, county, and state) 0086

10. Usual Occupation: Bompondey
11. Industry or business: Emerson Drug Co.

12. Name: Maurice Greaves
13. Birthplace: England

14. Maiden Name: Laura Hartley
15. Birthplace: England

16. (a) Informant: George R. Greaves
(b) Address: 22 Glenmore ave

17. (a) (Burial, cremation, or removal)
(b) Date thereof: 10/27/39 (month) (day) (year)
(c) Cemetery or crematory: Moreland Park
Location: Taylor ave
18. (a) Funeral director: Martin W. E. Dippel
(b) Address: 7110 Belair Rd.

19. (a) (Date received by registrar) OCT 26 1939 (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 26 1939, at 2 ^ M

21. I certify that death occurred on the date above stated, that I attended deceased from Oct. 21 1939 to Oct. 26 1939, and that I last saw h/m alive on Oct. 26 1939.

Immediate cause of death: Respiratory failure — Duration: 2 days
Due to: Pulmonary Edema — 2 months
Due to: Uremia — 2 days
Due to: Cardiac failure — months over
Due to: Renal failure
Other Conditions: Hyperthermia — 2 days.

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Sclerosis of neck of bladder
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Raymond M. Cunningham M. D.
Address: University Hosp. Date signed: 10-26-39

VS 5

62341

Zito

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a F 62341 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2428 Pensterstown Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 42

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 2428 Pensterstown Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME Giuseppe Zito
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Maria Mortillaro
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 23 1877

8. AGE: Years 62 | Months | Days | If less than one day hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Shoe Repair
11. Industry or business Shoe Business Self

FATHER
12. Name Longido
13. Birthplace Italy

MOTHER
14. Maiden Name Concetta Giglio
15. Birthplace Italy

16 (a) Informant Giuseppe Zito
(b) Address 2428 Pensterstown

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Oct 27 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd

18 (a) Funeral director Frank V. Petrone
(b) Address 2515 E. Balto

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 24 1939, at 9:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 22 1939. to Oct 24 1939. and that I last saw him alive on Oct 24 1939.

Immediate cause of death: Cerebral Hemorrhage — Duration: 2 days
Due to: Hypertension + Arteriosclerosis — Duration: Several Years
Due to:
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. W. Keenan M. D.
Address 1938 Linden Ave Date signed Oct 26/39

62342

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-a

Registered No. F 62342

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1120 N. Lakewood Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 36 Yrs.

2. USUAL RESIDENCE OF DECEASED: 1180 N. Lakewood Av
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? 36 years

3. (a) FULL NAME Gaetano Di Salvo
(b) If veteran, name war none
(c) Social Security Account No. None
4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced. Widowed
(b) Name of husband or wife Gaetano Di Salvo (If alive, give age) years
7. Birth date of deceased (mo., day, yr.) Feb. 16 1852
8. AGE: Years 87 Months 8 Days 9 If less than one day hr. min.
9. Birthplace Calascibetta (Italy) (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Antonio Di Salvo
13. Birthplace Italy

MOTHER
14. Maiden Name Paola Lapdato
15. Birthplace Italy

16. (a) Informant Mrs. D. Caprarola Daughter
(b) Address 1120 N. Lakewood Ave

17. (a) Holy Redeemer (Burial, cremation, or removal) (b) Date thereof Oct. 28-39 (month) (day) (year)
(c) Cemetery or crematory Location Belair Rd. Balt. Md.

18. (a) Funeral director Frank Della Rocca
(b) Address 52 N. Morley St.

19. (a) OCT 26 1939 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 25 1939, at 7.05 AM

21. I certify that death occurred on the date above stated, that I attended deceased from Oct 21 1939 to Oct 25 1939 and that I last saw him alive on Oct 25 1939.

Immediate cause of death Chronic Valvular Heart Disease — Duration Several years

Due to

Due to

Other Conditions S Lambert

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Manuel Sodaro M. D.
Address 4624 York Road Date signed 10-26-39

VS 3

62343

Queen

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

Registered No. F 62343

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1145 W Stricker St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 63 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1145 W. Stricker (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Allen Queen
(b) If veteran, name war
(c) Social Security Account No.

4. Sex male | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced. Widower

(b) Name of ~~husband~~ or wife Minnie Queen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 5 1877

AGE: Years	Months	Days	If less than one day hr.	min.
62	12	25		

8. Birthplace Balto. md. (Town, county, and state)
9. Usual Occupation None
10. Industry or business

11. Name
12. Birthplace Germany
13. Maiden Name
14. Birthplace

15. (a) Informant Minnie Lomantis
(b) Address 1145 W. Stricker St

16. (a) (Burial, cremation, or removal) (b) Date thereof 10 28 34 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

17. (a) Funeral director George G Kelson
(b) Address 1303 Pressotman St

18. (a) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/25 1934, at 6.00 A M

21. I certify that death occurred on the date above stated, that I attended deceased from 9/1 1934, to 10-25 1934, and that I last saw h alive on 10-25 1934.

Immediate cause of death	Duration
Minnie Queen	1 day
Due to Postpartum sepsis Wound Round	
Due to Chronic nephritis Endocarditis	
Other Conditions Cerebral Sclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature M. D.
Address 845 W Fremont Date signed 10-26

VS 3

62344

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 62344

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Washington D.C.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1535 Eutaw Place
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Hershal A Leatherman
(b) If veteran, name war
(c) Social Security Account No. 579-01-7334

4. Sex: M
5. Color or race: White
6. (a) Single, married, widowed, or divorced: married
(b) Name of husband or wife: Amanda Leatherman
(c) If alive, give age: 46 years

7. Birth date of deceased (mo., day, yr.): July 17, 1895

8. AGE: Years: 44 Months: 3 Days: 18 If less than one day: hr. min.

9. Birthplace: Williamsport W. Va. (Town, county, and state)
10. Usual Occupation: Construction Worker
11. Industry or business: Bethlehem Steel Co.

12. Name of informant: Athens Leatherman
13. Birthplace: Williamsport W. Va.
14. Maiden Name: Magdalene Serrefee
15. Birthplace: Antioch W. Va.
16. (a) Informant: Josephine Bobo.
(b) Address: 1535 Eutaw Place.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/27/39 (month) (day) (year)
(c) Cemetery or crematory: Knobley Cem. W. Va.
Location
18. (a) Funeral director: Walter P. McNamee
(b) Address: 4814 Gale Road.
19. OCT 26 1939 Washington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 26 1939, at 10 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy (Autopsy or Inquest) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fractures multiple skull — Duration:
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence October 25, 1939
(c) Where did injury occur? Lafayette & McCulloh St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? street (Specify type of place) While at work?
(e) Means of injury Automobile hit & run

23. Signature H. L. Wollenmeier M.D. Medical Examiner
Date signed Oct 26, 1939

VS 4

62345

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

Registered No. 62345

1. PLACE OF DEATH:
(a) Baltimore City, Maryland K. of C. Club
(b) Street address Madison at Cathedral St.
(c) Hospital or institution: --
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County --
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 22 S. Augusta Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? -- years

3. (a) FULL NAME LEO D. WARD
(b) If veteran, name war
(c) Social Security Account No. None

4. Sex Male
5. Color or race white
6. (a) Single, married, widowed, or divorced Single
(b) Name of husband or wife
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 1, 1887

8. AGE: Years 51 Months 11 Days 25 If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Sheet metal business
11. Industry or business self

MOTHER'S MAIDEN NAME
12. Name James A. Ward
13. Birthplace Maryland
14. Maiden Name Eliza Catherine Driscoll
15. Birthplace Maryland

16. (a) Informant William A. Codd
(b) Address 3510 Clifton Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 30/39 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location

18. (a) Funeral director Chas. F. Sauerhoefer Inc.
(b) Address 118 W. Mt. Royal Ave

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 26 1939, at A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/21 1937 to 10/26 1939.
and that I last saw him alive on 10/25 1939.

Immediate cause of death Hypostatic Crisis with Pulmonary edema
Due to Hypertensive heart disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
8 hrs.
2 yrs. +

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert A. Ritter M. D.
Address 3408 W. Tudor Ave Date signed 10/26/39

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 93-C F 62346

F 62346

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1205 argonne Drive
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1430 Hanover St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Rose Cullen
(b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced Single
(b) Name of husband or wife
6 (c) If alive, give age 186 years

7. Birth date of deceased (mo., day, yr.) March 31. 1866

AGE: Years 73 | Months 6 | Days 27 | If less than one day: hr. min.

8. Birthplace Balto., Md. (Town, county, and state)
9. 0 0 0
10. Usual Occupation none
11. Industry or business

12. Name Michael Cullen
13. Birthplace Ireland
14. Maiden Name Mary Doyle
15. Birthplace Ireland

16. (a) Informant Victor Lentz
(b) Address 1205 argonne Drive

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 27. 1939 (month) (day) (year)
(c) Cemetery Cathedral
Location Balto., Md.

18. (a) Funeral director Margaret E. Flynn
(b) Address 1422 Light St.

19. (a) (Date received by registrar) (b) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 24 1939. at 9P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 12th 1939 to Oct 24 1939. and that I last saw h[illegible] alive on Oct 24 1939.

Immediate cause of death Myocardial Insufficiency — Duration

Due to

Due to

Other Conditions Arteriosclerosis Myocarditis
(Include pregnancy within 3 months of death)

Major findings of operations —

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A. Schenuch
Address 1337 S. Charles St. Date signed 10/25/39.

OCT 26 1939

VS 8

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160-B

Registered No. F 62317

62317

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St Joseph's Hosp.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1925 Kennedy Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Patricia Ann Melancon
(b) If veteran, name war
(c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced.
(b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/25/1939

AGE: Years | Months | Days 1 | If less than one day hr. min.

8. Birthplace St Joseph's Hosp. Balto. (Town, county, and state)
9. Usual Occupation None
11. Industry or business

12. Name of father Lester Anthony Melancon
13. Birthplace Louisiana
14. Maiden Name of mother Grace M. Babin
15. Birthplace Louisiana
16. (a) Informant Lester A. Melancon.
(b) Address 925 Kennedy Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/27/39 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Edmondson Ave.
18. (a) Funeral director Mary M. Hatchfield
(b) Address 2320 Edmondson Ave
19. (a) Filed OCT 26 1939 (b) Number 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/26/1939 19 . at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/25 1939. to 10/26 1939.
and that I last saw h[illegible] alive on 9 AM 10/10/1939.

Immediate cause of death Intracranial Haemorrhage ??
Due to Cesarian Section
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Bernard J. Kleman M.D.
Address St Joseph's Hosp. Date signed 10/26/39

VS 3

3703 81 F 62348

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 122-A F 62348 Registered No.

PLACE OF DEATH:

1. Baltimore City, Maryland
   Street address
   Hospital or institution: JOHNS HOPKINS HOSPITAL
   Length of stay in hospital or inst. (yrs., mos., or days)
   Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto.
(c) City or town York. (If outside city or town limits, write RURAL and give town)
(d) Street No. 115 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Fulton Wiley
(b) If veteran, name war
(c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

(b) Name of husband or wife
6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) 5-21-80

AGE: Years	Months	Days	If less than one day hr.	min.
58	5	5		

Birthplace Md. (Town, county, and state)
Usual Occupation Woodworker
Industry or business

12. Name Dallas Wiley
13. Birthplace Md
14. Maiden Name Lydia Payne
15. Birthplace

(a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

(a) (Burial, cremation, or removal) (b) Date thereof 10-28-39 (month) (day) (year)
(c) Cemetery or crematory Mowrisville
Location Mowrisville Md
(a) Funeral director H Howard Webb
(b) Address Fawn Grove York Co Pa

(a) (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 26 1939 at 2 50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 23 1939 to Oct 26 1939 and that I last saw him alive on Oct 26 1939.

	Duration
Immediate cause of death Pulmonary edema resulting from heart failure	2 days
Due to Hypertension and arteriosclerosis	—
Due to	—
Other Conditions Intestinal obstruction (Include pregnancy within 3 months of death)	5 days
Major findings: Of operations Intestinal Obstruction	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. Richard Ferguson M. D.
Address Johns Hopkins Hosp. Date signed 10/28/39

VS 8

62349

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B Registered No. F 62349

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 123 N. Fulton Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 46

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 123 N. Fulton Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Jane Burnham

(b) If veteran, name war —

3 (c) Social Security Account No. [illegible]

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Divorced

(b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 27 1868

AGE: Years 70 | Months 9 | Days 28 | If less than one day hr. min.

9. Birthplace At Sea – Atlantic Ocean (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business Self

12. Name Patrick Gillen

13. Birthplace Ireland

14. Maiden Name Gault

15. Birthplace Ireland

16 (a) Informant Wesley Burnham

(b) Address 716 Hollen Rd

17 (a) Burial (Burial, ~~cremation, or removal~~)

(b) Date thereof 10/28/39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Mt Olivet

Location Roslyn, Balto. Co. Md

18 (a) Funeral director William Cook

(b) Address 1217 St Paul St

19 (a) [illegible] (Date received by local registrar) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 25th 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from August 1937 to Oct. 25 1939 and that I last saw her alive on Oct 25 1939.

Immediate cause of death: Arteria-sclerotic cardiovascular disease.

Duration: ?

Due to

Due to

Other Conditions Senility

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Wm Lee Langhan M. D.

Address 400 N. Payson St Date signed 10/26/39

62350

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-W Registered No. F 62350

PLACE OF DEATH:

1. Baltimore City, Maryland
2. Street address 809 N. Belnord ave
3. Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., ~~mos. or days~~) 55

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Baltimore

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 809 N Belnord ave (If rural give location)

(e) If foreign born, how long in U. S. A.? 55 years

(a) **FULL NAME** Josica Slader

(b) If veteran, name war

3 (c) Social Security Account No. 220-07-4497

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widow

(b) Name of husband or wife Emanuel Slader

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 4 - 1864

8. AGE: Years 75 | Months 7 | Days 22 | If less than one day hr. min.

9. Birthplace Czechoslovakia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

12. Name Sluka

13. Birthplace Czechoslovakia

14. Maiden Name unknown

15. Birthplace Czechoslovakia

16 (a) Informant Mrs Frances Slader

(b) Address 809 N Belnord Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Baltimore Md

18 (a) Funeral director William Goo

(b) Address 1217 St Paul St

19 (a) (b) Registrar

(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 26 1939, at 11 30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 20 1939 Oct 26 1939; and that I last saw her alive on Oct 26 1939.

Immediate cause of death Pat. Tabular Head Fracture — Duration 6-1-1939

Due to

Due to Bron's Sclerosis — 1929

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature William F. Geyer M. D.

Address 801 N Kenwood Ave Date signed 10-27-39

62351

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

45-E

F 62351 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos. or days~~) 12 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 729 Highwood Drive (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louis A. Herrlich

(b) If veteran, name war

3 (c) Social Security Account No. 215-03-5501

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
(b) Name of ~~husband or~~ wife Annie Herrlich
6 (c) If alive, give age 52 years
7. Birth date of deceased (mo., day, yr.) Dec 19th 1876
8. AGE: Years 62 Months 10 Days 7 If less than one day hr. min.
9. Birthplace New York N.Y. (Town, county, and state)
10. Usual Occupation Clerk - Buyer Nuts
11. Industry or business Fish Brokerage & Packing

FATHER
12. Name Henry Herrlich
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Kinney
15. Birthplace New York N.Y.

16 (a) Informant Annie Herrlich
(b) Address 729 Highwood Drive

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 10 30 39 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Parkwood
Location Balto. Co. Md.

18 (a) Funeral director William Cook
(b) Address 127 E. Paul St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 26 1939, at 4 26 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-6 1939, to 10-26 1939, and that I last saw h~~im~~er alive on 10-26 1939.

Immediate cause of death Bronchopneumonia — Duration 5 days.

Due to Carcinoma right Tonsil — Duration ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John M. Scott M. D.
Address Maryland Gen. Hosp. Date signed 10-26-39

VS 3

F 62352

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a

40563 MD

Registered No. F 62352

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 920 N. Calhoun Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Ida Madre

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Widowed

(b) Name of husband or wife Jerry (d)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/7/1871 (58 Sept)

8. AGE: Years ~~68~~ 55 | Months 1 | Days 19 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Housewife (Housework)

11. Industry or business

12. Name Louis Ames (d)

13. Birthplace ?

14. Maiden Name Hannah Parker (d)

15. Birthplace ?

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Keller, Va (Burial, cremation, or removal) (b) Date thereof Oct. 29, 1939 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Redhill
Location Near Keller, Va

18 (a) Funeral director J. Edgar Thomas.

(b) Address Accomac, Va

19 (a) (Date received by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 26 1939, at 1:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 25 1939, to Oct 26 1939, and that I last saw her alive on Oct. 26 1939.

Immediate cause of death: cerebral hemorrhage — Duration: 1 week

Due to

Due to

Other Conditions Hypertension — Duration: unknown.

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. Wagebrenner M. D.
Address Balto City Hosp. Date signed 10-26-39.

62353

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

4686 F 62353 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1053 W. Fayette St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Mary E. Cole
(b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
(b) Name of husband or wife Clara
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-11-51

8. AGE: Years 88 Months 88 Days 0 If less than one day hr. 14 min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Contractor 0016
11. Industry or business

12. Name James Cole
13. Birthplace Va.

14. Maiden Name Mary
15. Birthplace Unknown

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal)
(b) Date thereof 10/27/39 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location 2930 Frederick Road
18 (a) Funeral director Harry H. Leitch
(b) Address 4101 E. Monument ave.
19 (a) (Date rec'd by registrar)
(b) Registrar

OCT 27 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH October 25 1939, at 10 55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 26 1939, to Oct 25 1939, and that I last saw h im alive on Oct 25 1939.

Immediate cause of death Broncho pneumonia — Duration unknown.
Due to
Due to
Other Conditions Generalized arteriosclerosis — unknown.
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Murray Lebaten M. D.
Address Balto City Hosp Date signed 10-26-39

62351

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

F 62351
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton and Wilkins ave
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 Hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 6 Hr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 6 S Fremont Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Baby girl Armstrong
(b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

(b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct. 26 1939

8. AGE: Years	Months	Days	If less than one day
6 hrs			6 hr. min.

9. Birthplace 6 S. Fremont Ave Balt. Md (town, county and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Thomas Theodore Armstrong
13. Birthplace Raggy Canada

MOTHER
14. Maiden Name Pauline Elizabeth Dawson
15. Birthplace Baltimore Md

16 (a) Informant Mrs. Pauline E. Armstrong
(b) Address 6 S Fremont Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/27/39. (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Greenmount Ave. & Oliver Pl
18 (a) Funeral director Harry A. Little
(b) Address 1016 Edmondson ave

19 (a) (Date received by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 26 1939, at 8.36 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 26 1939, to Oct 26 1939, and that I last saw her alive on Oct 26 1939.

Immediate cause of death	Duration
Premature Birth	6 Hours
Due to Uterine Bleeding	2 Hours
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Elliot W. Jackman M. D.
Address 3432 Druid Hill Ave Date signed 10/30/39

F 62355

F 62355

BALTIMORE CITY HEALTH DEPARTMENT

Registered No.

CERTIFICATE OF DEATH

34c-168

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town TOWSON (If outside city or town limits, write RURAL and give town)
(d) Street No. 407 Pen Na. Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME George Williams
(b) If veteran, name war: World's War
(c) Social Security Account No.
4. Sex: Male
5. Color or race: Black
6. (a) Single, married, widowed, or divorced: Single
(b) Name of husband or wife
6. (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb 7 1891
8. AGE: Years 48 Months 8 Days 17 If less than one day hr. min.
9. Birthplace: Maryland (Town, county, and state)
10. Usual Occupation: Laborer
11. Industry or business

MOTHER, FATHER
12. Name: Sam. Williams
13. Birthplace: Md.
14. Maiden Name: Margaret Myers
15. Birthplace:

16. (a) Informant: Records
(b) Address: JOHNS HOPKINS HOSPITAL

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-27-39 (month) (day) (year)
(c) Cemetery or crematory Pleasant View
Location Towson Md
18. (a) Funeral director: Chas. Manley Wright
(b) Address 121 W. Lexington St

19. (a) Date rec'd by registrar: OCT 27 1939
(b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 24 1939, at 8.35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 24 1939, to Oct 24 1939, and that I last saw him alive on Oct. 24 1939.

	Duration
Immediate cause of death: Peripheral vasomotor collapse	
Due to: Lobar pneumonia	6 days
Due to:	
Other Conditions: Syphilitic aortitis	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Consolidation of lung

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C W Doleman M. D.
Address Johns Hopkins Hosp Date signed Oct 25/39

F 62356

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-a

Registered No. 62356

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2031 Frederick Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2031 Frederick Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Caroline G. Meushaw.
(b) If veteran, name war None.
(c) Social Security Account No. None.

4. Sex Female
5. Color or race White.
6. (a) Single, married, widowed, or divorced. Widowed.
(b) Name of husband or wife Wm. A. Meushaw.
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 29-1865

8. AGE: Years 74 Months 6 Days 26 If less than one day hr. min.

9. Birthplace Penna. (Town, county, and state)
10. Usual Occupation Housewife.
11. Industry or business "At home."

FATHER
12. Name John Heidger.
13. Birthplace Unknown.

MOTHER
14. Maiden Name Catherine Vogt.
15. Birthplace Penna.

16. (a) Informant Mrs. Annabelle Stolzenbach.
(b) Address 2031 Frederick Ave.

17. (a) Burial. (Burial, cremation, or removal)
(b) Date thereof 10/28-39. (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location Baltimore - Md.

18. (a) Funeral director Charles J. Schwab
(b) Address 505 N. Mosher St.

19. (a) Date received by registrar OCT 27 1939 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 25 1939, at 5:20 P. M.

21. I certify that death occurred on the date above stated, that I attended deceased from October 25 1939 to October 25 1939 and that I last saw her alive on October 25 1939

Immediate cause of death: Cerebral Embolism. — Duration: 1 week

Due to: Endocarditis with vegetation of aortic Valve. — Duration: Years (?).

Due to:

Other Conditions (Include pregnancy within 3 months of death)

Major findings: 0
Of operations
Of autopsy 0

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide 0
(b) Date of occurrence 0
(c) Where did injury occur? 0 (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? 0 (Specify type of place) While at work?
(e) Means of injury

23. Signature V. Lloyd Johnson M. D.
Address Catonsville Md. Date signed 10-26-39

62357 F 62357

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 431

1. PLACE OF DEATH Mercy Hospital
CITY OF BALTIMORE: (No. Baltimore Md. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Wilmer Sewell

(a) Residence: No. Linthicum Heights St., Ward Maryland
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Mary M Sewell

6. DATE OF BIRTH (month, day, year) Aug 22 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	1	30 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher 03

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. A 013

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Robert Sewell

14. BIRTHPLACE (city or town) (State or country) Eastern Shore Maryland

MOTHER

15. MAIDEN NAME Mary Lomax

16. BIRTHPLACE (city or town) (State or country) Eastern Shore Maryland

17. INFORMANT Mrs. Mary M. Sewell
(Address) Ernengville, Md

18. BURIAL, CREMATION, OR REMOVAL
Place SHERWOOD Co. Md Date Oct. 29, 1939

19. UNDERTAKER William M. Mareck
(Address) 715 Light St.

20. FILED 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 11, 1939, to Oct. 26, 1939

I last saw him alive on Oct 26, 1939 Death is said to have occurred on the date stated above, at 3.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Cardiac decompensation	
Nephritis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. McG. Beck M. D.

(Address) Mercy Hospital

B 62358

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √50

47-1062358 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days

(e) Length of stay in Baltimore (yrs., mos., or days) 26 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1014 West Lafayette Avenue (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Bessie Franklin

(b) If veteran, name war

(c) Social Security Account No.

4. Sex F

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Widowed

(b) Name of husband or wife Henry (d)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 29, 1890

8. AGE: Years 49 | Months 3 | Days 26 | If less than one day: hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation Dressmaker

11. Industry or business

12. Name Wm. C. Bowser (d)

13. Birthplace North Carolina

14. Maiden Name Littie Cobb (d)

15. Birthplace North Carolina

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/27/39 (month) (day) (year)

(c) Cemetery or crematory Arlington Memorial Park

Location

18 (a) Funeral director Peter L. Young

(b) Address 804 W. Carrollton Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-25 1939, at 1351 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-21 1939, to 10-25 1939, and that I last saw her alive on 10 24 1939.

Immediate cause of death: Carcinoma of Breast with metastasis — Duration: 2

Due to

Due to

Other Conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations Same

Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature L K. Woodward Jr. M. D.

Address Baltimore City Hosp. Date signed 10-25-39

F 62359

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

Registered No. F 62359

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1823 Orleans St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1823 Orleans St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Sophie Johnson (Sophie)
(b) If veteran, name war
(c) Social Security Account No.

4. Sex Female | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced Widow

(b) Name of husband or wife William H. Johnson
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 17 1873

8. AGE: Years 66 | Months 2 | Days 7 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

MOTHER'S MAIDEN NAME
12. Name Unknown
13. Birthplace "
14. Maiden Name Unknown
15. Birthplace "

16. (a) Informant Etta Brown
(b) Address 1823 Orleans St.

17. (a) Burial (Burial, cremation, or removal)
(b) Date thereof 10/29/39 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial Park
Location

18. (a) Funeral director Robert L. Young
(b) Address 804 W. Caroline St.

19. (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 24 1939, at 11:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1939, to Oct 24 1939.
and that I last saw him alive on Oct 20 1939.

Immediate cause of death Chronic Nephritis. 2 uremia — Duration Complicant.
Due to
Due to
Other Conditions Chr. Pleurisy. 5 mo.
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. L. Young M. D.
Address 1424 E Monument Date signed Oct 25

VS 3

62360

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 62360

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 48 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 48 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Pennsylvania County
(c) City or town Collingdale, Pa. (If outside city or town limits, write RURAL and give town)
(d) Street No. 725 Bartram Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME John Samuel Smyth
(b) If veteran, name war
(c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Single
(b) Name of husband or wife
(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov. 21, 1914
8. AGE: Years 24 Months 11 Days 5 If less than one day hr. min.
9. Birthplace Philadelphia, Pa. (Town, county, and state)
10. Usual Occupation 2nd Cook and Messman
11. Industry or business Maritime

MOTHER / FATHER

12. Name John Smyth
13. Birthplace Ireland
14. Maiden Name Agnes Speers
15. Birthplace Ireland

16. (a) Informant Records-U. S. Marine Hospital,
(b) Address Baltimore, Maryland.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 31 39 (month) (day) (year)
(c) Cemetery or crematory Mt Zion Collingdale, Pa
Location (County or town) (State)

18. (a) Funeral director William Cook
(b) Address 1217 St Paul Street

19. (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 26, 1939, at 11:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 7, 1939, to Oct. 26. 1939, and that I last saw him alive on Oct. 26, 1939.

Immediate cause of death	Duration
Uremia Coma	4 days
Due to Chronic nephritis	20 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. B. N. Andrews, M. D.
Address U. S. Marine Hospital, Baltimore, Maryland. Date signed 10-27-39

VS 2

F 62361

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a Registered No. F 62361

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 weeks
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 522 N. Hawkins St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rose Wedel

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race Wh | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife George Wedel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1858

8. AGE: Years 8 | Months | Days | If less than one day hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation Home

11. Industry or business

FATHER 12. Name Mathew Mertz

13. Birthplace Germany

MOTHER 14. Maiden Name Anna Smith

15. Birthplace

16 (a) Informant Mrs Mertz

(b) Address 522 N Hawkins

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 28 (month) (day) (year)

(c) Cemetery or crematory Balto Cem

Location

18 (a) Funeral director Jos J Stevenson

(b) Address 3001 Kentucky Ave

19 (a) 27 1939 (Date received by registrar) (b) Huntington W. Va. Registrar

VS 8

MEDICAL CERTIFICATION

35a

20. DATE OF DEATH October 26 1939 at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said / (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Fracture L. femur — Duration

Due to Cerebral Pulmonary

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 9/26/39
(c) Where did injury occur? 522 N Hawkins St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home Kitchen While at work? No (Specify type of place)
(e) Means of injury Fall on floor

23. Signature [illegible] M.D. (Medical Examiner)

Date signed 10/26/39 for Dr. Wollenweber

F 62362

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 F 62362 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fulton + Catan Ave
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Howard.
(c) City or town Elkridge (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr Grafton Thuler

(b) If veteran, name war

(c) Social Security Account No.

4. Sex: male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Sallie Thuler

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 22. 1860

8. AGE: Years 78 | Months 10 | Days 27 | If less than one day: hr. min.

9. Birthplace Baltimore County, Md. (Town, county, and state)

10. Usual Occupation Retired Farmer

11. Industry or business Farmer

MOTHER'S MAIDEN NAME

12. Name Charles Thuler

13. Birthplace Baltimore, Md

14. Maiden Name Mary Gill

15. Birthplace Maryland

16 (a) Informant Hosp Records.

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 27, 1939. (month) (day) (year)

(c) Cemetery or crematory Old Quaker Cem. Location Cockeysville.

18 (a) Funeral director Easton Sons

(b) Address Ellicott City.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-25-39 at 2.46 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-24 1939 to 10-25 1939, and that I last saw him alive on 10-25 1939.

Immediate cause of death arteriosclerosis
C-V disease. Cerebral arteriosclerosis
chronic nephritis. Senile psychosis

Duration

Due to Emaciation.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy marked arteriosclerosis C-V disease. Cerebral hemorrhage. Pleurisy adhesions, chronic nephritis

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. H. Evans M. D.
Address St. Agnes Hospital Date signed 10/25/39

PHYSICIAN

Underline the cause to which death should be charged statistically.

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62363 ✓ F 62363 Registered No.

95-B

F 62363

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2047 410 N. Loudon Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME ALLAN Mrs Allen Ehlen
(b) If veteran, name war
(c) Social Security Account No. 212-03-8347

4. Sex M
5. Color or race W
6. (a) Single, married, widowed, or divorced M
(b) Name of husband or wife Mrs Jessie Ehlen
(c) If alive, give age 39 years
7. Birth date of deceased (mo., day, yr.) Oct 28 1904
8. AGE: Years 38 Months 5 Days If less than one day hr. min.
9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Clerical.
11. Industry or business Eastern Rolling Mills

MOTHER'S FAMILY
12. Name George C. Ehlen.
13. Birthplace Balto Md.
14. Maiden Name Johanna B. Zieher
15. Birthplace Germany.

16. (a) Informant Mrs. Jessie C. Ehlen.
(b) Address 410 N. Loudon Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 30, 1939 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Location Baltimore Md.
18. (a) Funeral director Easton Sons
(b) Address Ellicott City
19. (a) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-26 1939, at 9:40 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-12 1939, to 10-26 1939, and that I last saw h/m alive on 10-26 1939.

Immediate cause of death
Congestive Heart Failure
c Cirrhosis of bilateral hydrothorax
Due to Rheumatic Heart Disease

Duration 14 days.

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Cardiac enlargement, aortic, tricusp, hydrothorax, renal edema, passive congestion liver & spleen

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. M. Collins M. D.
Address Bon Secours Hospital Date signed 10-26-39

VS 3

F 62364 ✓ F 62364

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 943

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2518 Wilkens Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1y
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2518 WILKE S AVE (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward J Farley
(b) If veteran, name war
(c) Social Security Account No.

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married
(b) Name of husband or wife: Margaret Farley
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb. 17 1895
8. AGE: Years 44 | Months 8 | Days 8 | If less than one day: hr. min.
9. Birthplace: Baltimore Md (Town, county, and state)
10. Usual Occupation: Police
11. Industry or business: Balto Police Dept
12. Name of father: William N Farley
13. Birthplace: Baltimore Md
14. Maiden Name of mother: Catherine McGOvern
15. Birthplace: Baltimore Md
16 (a) Informant: William Mc Cormick
(b) Address: 2518 Wilkens Ave
17 (a) BYRIAL (Burial, cremation, or removal) (b) Date thereof OCT 29/39 (month) (day) (year)
(c) Cemetery or crematory NEW CATHEDRAL
Location FREDRICK RT.
18 (a) Funeral director Lilly & Zeiler Inc
(b) Address 403 S. Carrollton Av
19 (a) (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 25 1939 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1939 to Oct 25 1939. and that I last saw h— alive on Oct 24 1939

Immediate cause of death: Abscess of Pelvis — Duration

Due to

Due to

Other Conditions Coronary Thrombosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C Ritchie MD
Address 2151 Wilkens Av Date signed Oct 26/39

VS 3

37084 F 62365 ✓ F 62365

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 729 S. Curley St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Luther Josiah Wilson
(b) If veteran, name war (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed
(b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-18-71

AGE: Years 67 | Months 10 | Days 6 | If less than one day: hr. min.

8. Birthplace Md. (Town, county and state)
9. Usual Occupation Watchman
10. Industry or business at #3 Elevator

11. Name unknown
12. Birthplace Baltimore Md.
13. Maiden Name unknown
14. Birthplace Baltimore Md.
15. Informant Records
16. (a) Address JOHNS HOPKINS HOSPITAL
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-27-39 (month) (day) (year)
(c) Cemetery or crematory Trinity
Location Edmondson Ave
18. (a) Funeral director Lilly & Zeiler Inc.
(b) Address 403 N. Wolfe St.
19. (a) OCT 27 1939 (Date received by registrar) (b) Thurston Tom Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 24 1939 at 8 40 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 17 1939 to Oct 24 1939. and that I last saw him alive on Oct 24 1939.

Immediate cause of death: ? Carcinoma of Lung
Due to: ? Carcinoma of oesophagus
Due to:
Other Conditions
(Include pregnancy within 3 months of death)

Duration: 1938

Major findings:
Of operations
Of autopsy None

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James H. Hartzell M. D.
Address Johns Hopkins Hosp Date signed X-24-39

VS 3

F 62366

F 62366

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3713 Springdale Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3713 Springdale Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry E. Boyd

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex male

5. Color or race White

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Lelia B Boyd

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 17 - 1861

8. AGE: Years 78 Months 1 Days 9 If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Retired Pilot - Steamships

11. Industry or business Chesapeake Bay

MOTHER / FATHER

12. Name William Henry Boyd

13. Birthplace Baltimore, Md

14. Maiden Name Sarah E. Jackson

15. Birthplace Baltimore, Md

16 (a) Informant Mrs H. Edwin Boyd

(b) Address 3713 Springdale Ave

17 (a) Burial (Burial, cremation, or removal)

(b) Date thereof Oct 28-1939 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Baltimore County, Md

18 (a) Funeral director Wm J Archer & Sons

(b) Address North Ave

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 26 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 12 1939, to Oct 26 1939

and that I last saw h alive on Oct 25 1939

Immediate cause of death 1. Mitral insufficiency Duration

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Joseph J Nuttall M. D.

Address 1033 St Paul St Date signed Oct 26

VS 3

F 62367

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 62367
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1536 N. Patterson Park Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town, state, write RURAL and give town)
(d) Street No. 1536 N. Patterson Park (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nellie B. Euler
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow
6 (b) Name of husband or wife Fredk. Chas. Euler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 18, 1862
If less than one day hr. min.

8. AGE: Years 77 | Months 0 | Days 8

9. Birthplace Balto. Co. Md.
(State or foreign country)

10. Usual Occupation None
11. Industry or business

MOTHER
12. Name Eleanor Hite
13. Birthplace Ireland

FATHER
14. Name John Thomas Morgan
15. Birthplace Balto Co. Md.

16 (a) Informant Miss Elsie A. Euler
(b) Address 1536 N. Patterson Park Ave

17 (a) Burial (Burial, cremation, or removal)
(b) Date thereof Oct. 28, 39 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md.

18 (a) Funeral director Wm. H. Kuhl & Sons
(b) Address North & Pa Aves.

19 (a) OCT 27 1939 (Date rec'd by registrar)
(b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 26 1939. at 1030 AM

21. I certify that death occurred on the date above stated, that I attended deceased from Apr. 1939, to Oct 1939.
and that I last saw h er alive on Oct 26 1939.

Immediate cause of death
Carcinoma left breast
Arteriosclerosis

Duration 2 yrs +

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operation Amputation of breast 1927

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George E. Pfahler M. D.
Address 111 S. Patterson Park Ave Date signed 10/27/39

VS 3

F 62368

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131

F 62368
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 727 N. Patterson Park Ave
(c) Hospital or institution: Emerson

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1727 N Patterson Pk Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry Henry Depkin

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-01-5315

4. Sex M
5. Color or race White
6 (a) ~~Single~~, married, widowed, or divorced Married
6 (b) Name of husband or wife Agusta Depkin
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Sept 13th 1879

8. AGE: Years 60 Months 1 Days 12 If less than one day hr. min.

9. Birthplace Fredrick Md (Town, county, and state)

10. Usual Occupation Retired Upholster
11. Industry or business

MOTHER FATHER
12. Name John Depkin
13. Birthplace Md.
14. Maiden Name Mollie Loise
15. Birthplace

16 (a) Informant Mrs Augusta Depkin
(b) Address 1727 Patterson Park Ave

17 (a) Burial (Burial, cremation, or removal)
(b) Date thereof Oct 28th 1939 (month) (day) (year)
(c) Cemetery or crematory Laudon Park Ave
Location Frederick Road

18 (a) Funeral director Leo D. Cook
(b) Address 1701-03 Patt Park Ave

19 (a) Date received by Registrar OCT 27 1939 (b) Registrar's signature for Williams H.F.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH October 25 1939, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death
Uraemia
Hypertension
Due to Cerebral Hemorrhage

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Winder Gref M.D.
Medical Examiner
Date signed 10-27-39

F 62369

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48

F 62369
Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3414 Devonshire Drive

(c) Hospital or institution —

(d) Length of stay in hospital or inst. (yrs., mos., or days) 39 26

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town Balto. Md.
(If outside city or town limits, write RURAL and give town)

(d) Street No. 3414 Devonshire Drive
(If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Fannie Elizabeth Fraley

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife William Howard Fraley

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Sept 17-1883

8. AGE: Years	Months	Days	If less than one day: hr.	min.
56	1	9		

9. Birthplace Baltimore County Md.
(Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER 12. Name Edward Lincoln

13. Birthplace Lewisburg Pa

MOTHER 14. Maiden Name Eliza Jane Klinefelter

15. Birthplace Lewisburg Pa

16 (a) Informant Mrs Sue S Brickhart

(b) Address Cockeysville Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 30-1939 (month) (day) (year)

(c) Cemetery or crematory Lorraine Cem

Location Baltimore Md.

18 (a) Funeral director Charles G. Black

(b) Address 742 West North Ave.

OCT 24 1939 (b) 3

(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 26 1939, at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 22 1939 to Oct 26 1939, and that I last saw her alive on Oct 26 1939.

Immediate cause of death: Carcinoma of intestines — Duration: 6 mos

Due to: metastasis from Carcinoma of uterus — Duration: 12 mos

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of uterus
Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature E E Nichols M. D.

Address Pikesville Md Date signed 10/27/39

VS 3

F 62370

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 62370

CERTIFICATE OF DEATH

46-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital, or Ward)

Length of residence in city or town where death occurred 2 yrs 6 mos ds. How long in U. S. If of foreign birth? yrs 3 mos ds.

If U. S. Veteran specify WAR

2. FULL NAME Esther Lenglass

(a) Residence: No. 517 N. Callington St. or Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph Lenglass

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (5 037)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Jake Birnbaum

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rika Birnbaum

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT David Lenglass

(Address) 517 N. Callington

18. BURIAL, CREMATION, OR REMOVAL Mt Wilson Rd

North Sta. + Cemy Date 10-29 1939

19. UNDERTAKER Jack Lewis Inc

(Address) 1212 E. Baltimore St

20. FILED OCT 27 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-27 1939

22. I HEREBY CERTIFY, That I attended deceased from 9-1-39 to 10-27 1939.

I last saw her alive on 10-27 1939 Death is said to have occurred on the date stated above, at 8 30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach.	
2 Generalized Metastasis.	
Other contributory causes of importance:	

Was an operation performed? no. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E Nicholson MD M. D.

(Address) Sinai Hosp.

F 62371

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-13

F 62371 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Belvidere ave
(c) Hospital or institution: Aged Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 m
(e) Length of stay in Baltimore (yrs., mos., or days) 60

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 27 12 Aged Home (If rural give location)
(e) If foreign born, how long in U. S. A.? 60 years

3. (a) FULL NAME Fannie Sluenberg
(b) If veteran, name war ✓ 3 (c) Social Security Account No. ✓

4. Sex Female 5. Color or race W 6 (a) Single, married, widowed, or divorced Widow

(b) Name of husband or wife Bernard 6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 85 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Home Wife

11. Industry or business

MOTHER, MAIDEN
12. Name Wittraun
13. Birthplace Russia
14. Maiden Name Wittraun
15. Birthplace Russia

16 (a) Informant Fanny Charles
(b) Address 612 N Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-27-39 (month) (day) (year)
(c) Cemetery Mount Auburn
Location Balto Md

18 (a) Funeral director Earl L. Turner
(b) Address 1737 E. Balto St

19 (a) (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 27 1939 at 2:30 A M

21. I certify that death occurred on the date above stated, that I attended deceased from 8-23 1939, to 10-27 1939, and that I last saw h alive on 10-26 1939.

Immediate cause of death: Hypertensive cardio-vascular disease - Arteriosclerosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M D Edmund Levin

Address Lewndale Date signed 10/27/39

VS 3

Montiani

F 62372

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C

Registered No. F 62372

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves.
(c) Hospital or institution: St. Agnes' Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State New York (b) County
(c) City or town Brooklyn (If outside city or town limits, write RURAL and give town)
(d) Street No. St John's College (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Reverend Peter Mantiani, C. M.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years 62 | Months | Days | If less than one day: hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Vincentian Priest

11. Industry or business

FATHER 12. Name Pietro

13. Birthplace Italy

MOTHER 14. Maiden Name

15. Birthplace Italy

16 (a) Informant St. Agnes Hospital

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 10-28-39. (month) (day) (year)

(c) Cemetery or crematory Location Phila Pa

18 (a) Funeral director Frank V. Ritzstone

(b) Address 2818 E. Baltimore

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-26 1939 at 2 32 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-2 1938. to 10-26 1939. and that I last saw him alive on 10-26 1939.

Immediate cause of death: Cardiac Failure — Duration

Due to Diffuse myocardial disease

Due to Coronary thrombosis & infarction.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles V. Kavanagh M. D.

Address St Agnes Hosp Date signed 10-26-39

62373

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C Registered No. F 62373

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1604-N. Broadway
(c) Hospital or institution: --
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1604-N. Broadway (If rural give location)
(e) If foreign born, how long in U. S. A.? -- years

3 (a) FULL NAME Annie E. Utermohle

3 (b) If veteran, name war --
3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife --
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) 11/9/1865

8. AGE: Years	Months	Days	If less than one day
73	11	17	Hr. xxxx xx min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

MOTHER / FATHER
12. Name August Utermohle
13. Birthplace Germany
14. Maiden Name Catherine E. Utermohle
15. Birthplace Germany

16 (a) Informant Charles E. Utermohle
(b) Address 1604-N. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/28/39 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Md
18 (a) Funeral director Geo. J. Ruth, Inc.
(b) Address 1735-Harford Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 24 1939. at 12 M

21. I certify that death occurred on the date above stated, that I attended deceased from Oct 16 1939, to Oct 24 1939 and that I last saw her alive on Oct. 24 1939.

Immediate cause of death Cerebral Hemorrhage. — Duration 10 dys.
Due to Arteriosclerosis.
Due to.
Other Conditions Myocarditis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 1817 N. Broadway Date signed

62374

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

Registered No. F 62374

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2023 W Saratoga St.
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County City Balto
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2023 W. Saratoga St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna May Bartholow

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Fem.

5. Color or race White

6 (a) Single, married, widowed, or divorced Married.

6 (b) Name of husband or wife Jacob M. Bartholow

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Nov 26 1867

8. AGE: Years 71 | Months 11 | Days 1 | If less than one day hr. min.

9. Birthplace Washington D.C.
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business at home

FATHER
12. Name James Mc Gurvey
13. Birthplace Wash. D C.

MOTHER
14. Maiden Name Adelade Grace
15. Birthplace Wash. D C

16 (a) Informant Jacob M Bartholow
(b) Address 2023 W Saratoga St.

17 (a) Burial (Burial, cremation, or removal)
(b) Date thereof 10-30-39 (month) (day) (year)
(c) Cemetery or crematory Western Cem
Location Balto Md.

18 (a) Funeral director Mrs Chas A. G. Rohde
(b) Address 2327 Edmondson Ave

19 (a) [illegible] (b) [illegible]
(Date received by registrar)
OCT 27 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH October 27 1939, at 3 15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from January 1939 to Oct. 27 1939, and that I last saw h[illegible] alive on Oct. 27 1939.

Immediate cause of death: Bronchial pneumonia — Duration: 3 days

Due to Common Cold

Due to

Other Conditions Anemia - pernicious
Cardio-vascular disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature O'Meara Laughlin M. D.
Address 400 N. Payson St Date signed 10/29/39

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 62375

F 62375

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore Maryland

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1173 McElderry St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Willis Tilghman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-4-1885

8. AGE: Years	Months	Days	If less than one day
54 54	5	21	hr. min.

9. Birthplace N.C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER

12. Name Wm. Tilghman

13. Birthplace N.C.

MOTHER

14. Maiden Name Cornelia ?

15. Birthplace N.C.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Location

18 (a) Funeral director

(b) Address Per H. R. Moore

19 (a) OCT 27 1939 (Date rec'd by registrar) (b)

MEDICAL CERTIFICATION

20. DATE OF DEATH October 25 1939, at 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 10 1928, to Oct 25 1939, and that I last saw h alive on Oct 25 1939.

Immediate cause of death Bronchopneumonia — Duration 3 days.

Due to

Due to

Other Conditions Arteriosclerosis, generalized — uncertain.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Howard Lebkeucher M. D.

Address Balto City Hosp Date signed 10-26-39

OCT 27 1939 Commissioner of Health

VS 8

62376

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

34-E-107-C

40099 Registered No. F 62376

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore Maryland

(c) Hospital or institution Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1722 Barnes St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Samuel Harris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 47 | Months | Days | If less than one day: hr. min. 47

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Stevedore

11. Industry or business

FATHER 12. Name Samuel Harris

13. Birthplace Md.

MOTHER 14. Maiden Name Lizzie ?

15. Birthplace Unknown

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Location

UNIVERSITY MEDICAL SCHOOL OCT 27 1939

18 (a) Funeral director Commissioner of Health

(b) Address Per H. A. Moore

19 (a) (Signature of registrar) Registrar

OCT 27 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH October 21 1939, at 8 30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 19 1938, to Oct 21 1939, and that I last saw h im alive on Oct 21 1939.

Immediate cause of death: Bronchopneumonia — Duration: 3 days.

Due to

Due to

Other Conditions: Syphilis of the central nervous system — unknown.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. Nevada Lebherz M. D.

Address Balto City Hosp. Date signed 10-21-39

VS 3

F 62377

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62377 Registered No. 181

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 216 Emory St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thelma Whetmore

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Col.

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 12 1935

8. AGE: Years 4 | Months 6 | Days 13 | If less than one day: hr min

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

MOTHER FATHER

12. Name Robert Wilmore

13. Birthplace Baltimore Maryland

14. Maiden Name Bertha Howe

15. Birthplace Baltimore Md

16 (a) Informant Robert Wilmore

(b) Address 216 Emory st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 28 1939 (month) (day) (year)

(c) Cemetery or crematory Mount Auburn

Location West

18 (a) Funeral director Joseph A. Lively

(b) Address 1921 Mount ave ft

19 (a) (Date rec'd by registrar) (b) Registered number

MEDICAL CERTIFICATION

20. DATE OF DEATH October 25 1939 at 2 15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Extensive burns on body — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 10 25 39 — 10 am
(c) Where did injury occur? 216 Emory St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Kitchen of home While at work? (Specify type of place)
(e) Means of injury Burns caught on fire from stove

23. Signature W Blanden Griffith M.D. Medical Examiner

Date signed 10 25 39

VS 6

F 62378

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V 34 f

F 62378 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 917 North Calvert St
(c) Hospital or institution —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 917 N Calvert St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lois B. Cole

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Fem.

5. Color or race white

6 (a) Single, married, widowed, or divorced single

6 (b) Name of husband or wife no

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Oct 7 th 1899

8. AGE: Years 40? Months 0 Days 19 If less than one day hr min

9. Birthplace Blackstone Va.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

MOTHER FATHER

12. Name Chas T Cole

13. Birthplace Virginia

14. Maiden Name Cora L Wolfe

15. Birthplace Virginia

16 (a) Informant Cora L Cole

(b) Address 917 North Calvert St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 28 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location

18 (a) Funeral director Charles P Sowells

(b) Address 2427 Edmondson Ave

19 (Date received by registrar) Registrar

OCT 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 26th, 1939, at 7 30 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Autopsy or Inquest) find that said deceased came to her death on the day stated above.

Immediate cause of death: Syphilis, cardiovascular

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H I Wollenweber M.D. Medical Examiner

Date signed Oct 26th, 1939

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 62379 — CERTIFICATE OF DEATH — 161-a — F 62379

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. S. Balto Gen'l Hosp. 24-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Lee Youngmann

(a) Residence: No. 1403 E. Clement St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	

8a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 26, 1939

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			1 day	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. Balto Gen'l Hosp Balto Md

FATHER

13. NAME George Youngmann

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Lillian Wilhelm

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Lillian Youngmann
(Address) 1403 E. Clement St

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Oct 27 1939

19. UNDERTAKER Margaret A. Flynn
(Address) 1422 Light St.

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 26, 1939, to Oct 27, 1939.

I last saw h[illegible] alive on Oct 27, 1939. Death is said to have occurred on the date stated above, at 3 20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Atelectasis	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Samuel L. Lop, M. D.

(Address) S. Balto Gen'l Hosp.

62380

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

F 62380 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution St Josephs Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 da
(e) Length of stay in Baltimore (yrs., mos., or days) 5 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
Ward 26 Street No. 1714 N. Port (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME John J. Malia

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr)

8. AGE: Years 67 Months Days If less than one day hr. min.

9. Birthplace Balto., Md. (town, county, and state)

10. Usual Occupation Watchman

11. Industry or business Balto City

MOTHER / FATHER

12. Name Patrick Malia

13. Birthplace Ireland

14. Maiden Name Margaret Curran

15. Birthplace Ireland

16 (a) Informant Mrs. Cecilia Muffly

(b) Address 1519 E. Fort Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 25 39 (month) (day) (year)

(c) Cemetery or crematory Cathedral Cem.

Location Balto., Md

18 (a) Funeral director Margaret E. Flynn

(b) Address 1422 Light St.

19 (a) (b) (Date received by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 10 26 39 19 at 4 50 a M

21. I certify that death occurred on the date above stated, that I attended deceased from 10 22 1939 to 10 26 1939, and that I last saw h up alive on 10 26 1939.

Immediate cause of death Broncho-pneumonia

Due to Arteriosclerotic Cerebral Thrombosis

Due to Arteriosclerotic Cardiovascular Disease

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

Duration
10-22-39
10-8-39?
?

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Kelmenson M. D.

Address St. Joseph Hosp. Date signed 10-26-39

VS 3

F 62381

32561 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 62381

34-9-82-8

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 mo.

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1441 530 N. Vincent Street (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: Alian Giles

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Grace (d)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 13, ?

8. AGE: Years 64 ? Months 4 Days 9 If less than one day hr. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual Occupation: None

11. Industry or business

FATHER 12. Name: Rufus

13. Birthplace: Maryland

MOTHER 14. Maiden Name: Sarah

15. Birthplace: Maryland

16 (a) Informant: Records

(b) Address: Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location

UNIVERSITY MEDICAL SCHOOL OCT 27 1939

18 (a) Funeral director: Commissioner of Health

(b) Address: Per H. A. Moore

19 (a) OCT 27 1939 Date rec'd by registrar

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 21 1939, at 3:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 14 1938 to Oct. 21 1939, and that I last saw h[im] alive on Oct 21 1939.

Immediate cause of death: Cerebral thrombosis — Duration: 3 days.

Due to

Due to

Other Conditions: Syphilitic Heart disease — Duration: unknown.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature: J. Murgatroyd Stein M. D.

Address: Balto City Hosp. Date signed 10-26-39

VS 3

62382

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B Registered No. F 62382

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N Caroline St.
(c) Hospital or institution: J. Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4626 York Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? 70 years

3 (a) FULL NAME Barbara Mattes
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F
5. Color or race W
6 (a) Single, married, widowed, or divorced. Widow
6 (b) Name of husband or wife Mattes
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb 26 1853
8. AGE: Years 86 Months 8 Days If less than one day hr. min.
9. Birthplace Germany (Town, county, and state)
10. Usual Occupation At home
11. Industry or business Housekeeper

MOTHER / FATHER
12. Name John Seeberger
13. Birthplace Germany
14. Maiden Name Dorothea Bauer
15. Birthplace Germany

16 (a) Informant P. Mattes
(b) Address 4626 York Rd.
17 (a) Burial, cremation, or removal Burial (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location City
18 (a) Funeral director H. Moran
(b) Address 300 E Balto St.
19 (a) OCT 27 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 26 1939, at 6 52 A M

21. I certify that death occurred on the date above stated, that I attended deceased from Oct 18 1939, to Oct 26 1939, and that I last saw h[illegible] alive on Oct 26 1939.

Immediate cause of death: Cardiac Asthma — Duration: 9 days
Due to: Coronary sclerosis
Due to:
Other Conditions: Hypertension — 5 years

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Arteriosclerosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Bernard J. Clemens M. D.
Address 1 Hopkins Hosp. Date signed 10/26/39

VS 3

62383

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

Registered No. F 62383

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wyman Park Drive and 31st St.,

(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 32 da.

(e) Length of stay in Baltimore (yrs., mos., or days) 32 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Talbot

(c) City or town Newitt, Maryland

(If outside city or town limits, write RURAL and give town)

(d) Street No. 12-b (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clarence William Freeman

3 (b) If veteran, name war WW

3 (c) Social Security Account No. 217-07-9531

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Minnie E. Cooper

6 (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) Aug. 14, 1896

8. AGE: Years	Months	Days	If less than one day
43	2	13	hr. min.

9. Birthplace Baltimore, Maryland. (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business Baking Company

FATHER 12. Name Charles F. Freeman

13. Birthplace Scotland

MOTHER 14. Maiden Name Minnie (Unknown)

15. Birthplace Ireland

16 (a) Informant Records-U. S. Marine Hospital,

(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 30/39 (month) (day) (year)

(c) Cemetery or crematory Cemetery Newitt Talbot Co. Md.

Location

18 (a) Funeral director John Ornitzbee Sons

(b) Address 1900 Eutaw Place

19 (a) OCT 27 1939 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 27, 1939, at 11:00 am

21. I certify that death occurred on the date above stated, that I attended deceased from Oct. 25, 1939, to Oct. 27, 1939, and that I last saw him alive on Oct. 27, 1939.

Immediate cause of death	Duration
Cerebral hemorrhage	3 da.
Due to Arteriosclerosis and hypertrophy of heart	Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy Same as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature T. M. H. Andrus. M. D.

Address U. S. Marine Hospital, Baltimore, Maryland.

Date signed 10-28-39

V8 3

62381

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

Registered No. F 62381

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Maryland Gen. Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 27

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2825 Brookland Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Susan R Hobbs

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Fe

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: James E

6 (c) If alive, give age 82 years

7. Birth date of deceased (mo., day, yr.) Sept 14, 1855

8. AGE: Years 84 Months 1 Days 13 If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

MOTHER / FATHER

12. Name Joseph T. Yates

13. Birthplace Maryland

14. Maiden Name Susan Rawlings

15. Birthplace Mary Land

16 (a) Informant Mrs. Thos. S. Hobbs

(b) Address 2825 Brookland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 30 1939 (month) (day) (year)

(c) Cemetery or crematory St. Johns

Location Howard Co

18 (a) Funeral director Easton Sons

(b) Address Elliott City

19 (a) OCT 27 1939 (Date rec'd by registrar) (b) Huntingtown Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-27 1939 at 1 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-20 1939 to 10-27 1939 and that I last saw h[illegible] alive on 10-27 1939

Immediate cause of death	Duration
Cerebral accident	9-20-39
Fract. R. femur	9-20-39
Due to	
Bronchopneumonia	10-23-39
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Accident

(b) Date of occurrence 10-27-39

(c) Where did injury occur? Balto (City or town) Md (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?

(e) Means of injury Fell on floor

23. Signature W F Mansfield M. D.

Address Md Gen Hosp Date signed 10-27-39

W F Wallace member Med Exam Council per A M Beach [illegible]

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 62385

~~36956~~ 62385

~~46-E~~

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 W
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 246 S Exeter (If rural give location)
(d) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Beatrice Landino

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-4-14

8. AGE: Years 25 Months 5 Days 22 If less than one day hr. min

9. Birthplace Md (Town, county, and state)

10. Usual Occupation none

11. Industry or business

MOTHER / FATHER

12. Name Joseph Landino

13. Birthplace Italy

14. Maiden Name Angeline

15. Birthplace Italy

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal)

(b) Date thereof 10/28/39 (month) (day) (year)

(c) Cemetery or crematory Most Holy Redeemer

Location Belair Road

18 (a) Funeral director Kendall & Hopkins

(b) Address 1405 Eutaw St.

19 (a) OCT 27 1939 (Date rec'd by registrar)

Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 26 1939, at 4 PM

21. I certify that death occurred on the date above stated, that I attended deceased from Oct 9 1939, to Oct 26 1939. and that I last saw her alive on Oct 26 1939.

Immediate cause of death Carcinoma of liver — Duration History of 5 weeks Hospital 17 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operation Primary Ca of liver by biopsy
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. F. Jonas Jr.

Address The Johns Hopkins Hospital Date signed 10 26

F 62386

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-D

Registered No. F 62386

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Calvert & 33rd St.

(c) Hospital or institution: Union Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 30

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Carroll

(c) City or town Rural - Westminster Md.
(If outside city or town limits, write RURAL and give town)

(d) Street No. [illegible]
(If rural give location)

(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME W. Harry Stunkle.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 1a 1896

8. AGE: Years 43 | Months 8 | Days 26 | If less than one day hr. min.

9. Birthplace Maryland.
(Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER 12. Name George W. Stunkle

13. Birthplace Maryland

MOTHER 14. Maiden Name Edna E. Wright

15. Birthplace Virginia Union Mary[illegible]

16 (a) Informant Mrs. W. Harry Stunkle

(b) Address Westminster Maryland

17 (a) (Burial, cremation, or removal) (b) Date thereof 10-36-39 (month) (day) (year)

(c) Cemetery or crematory John Miller Memorial Cem.

Location Westminster Md. R 2

18 (a) Funeral director M. R. Eckenrode

(b) Address Frederick, Md.

19 (a) OCT 27 1939 (Date received by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/27/ 1939. at 11:30 A M

21. I certify that death occurred on the date above stated, that I attended deceased from 1/29/1939. to 10/27 1939.
and that I last saw him alive on 10/27 1939.

Immediate cause of death — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Right Cerebral tumor
Autopsy [illegible]

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Wm. F. Pearce M. D.

Address Union Memorial Hop Date signed 10/27/39

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

62387

CERTIFICATE OF DEATH

95-a F 62387

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 117 S. Payson St. 20-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Mrs. Annie M. Gladden

If U. S. Veteran specify WAR .....

(a) Residence: No. 117 S. Payson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Gladden

6. DATE OF BIRTH (month, day, year) July 4-1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Crisfield Md.

FATHER

13. NAME Silas Tyler

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Bessie L. Taylor

(Address) 117 S. Payson St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date Oct 28 39

19. UNDERTAKER George K. Lehnert

(Address) 2101 Frederick Ave.

20. DEAD OCT 27 1939 Registered Filed

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1939 to Oct 25, 1939

I last saw her alive on Oct 25, 1939. Death is said to have occurred on the date stated above, at 10:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Auricular Fibrillation	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Daniel L. Shanahan M. D.

(Address) 1945 W. Balto St.

V8 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 Registered No. 62388

62388

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address or Hospital or institution: Edgewood Nursing Home

(c) Length of stay in hospital or inst. (yrs., mos., or days)

(d) Length of stay in Baltimore (yrs., mos., or days) 2 mos

2. USUAL RESIDENCE OF DECEASED:

(a) State N.J. (b) County

(c) City or town Beverly (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Amelia L. Lane

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband Peter Lane Jr.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 4 1860

8. AGE: Years 78 Months 11 Days 23 If less than one day hr. min.

9. Birthplace Phila Penna (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Jacob Frear

13. Birthplace

MOTHER 14. Maiden Name Amelia D Daulth

15. Birthplace Germany

16 (a) Informant Louis V. Lane

(b) Address 10 Bellgrove Rd Catonsville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 30/39 (month) (day) (year)

(c) Cemetery or crematory Eastern Lawn Mem. Park Phila

Location Philadelphia

18 (a) Funeral director William Cook

(b) Address 1217 St Paul Street

19 (Date received by registrar) OCT 27 1939 Huntingtown Calvert Co. Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 27 1939, at 2:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 31 1939 to Oct. 27 1939. and that I last saw h[illegible] alive on Oct. 25 1939.

Immediate cause of death Chr. nephritis & heart failure — Duration

Due to Generalized Arteriosclerosis

Due to Cardiac hypertrophy & degeneration

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Sheldon Eastland M. D.

Address Md. Calvert Co. Date signed 10/27/39

VS 3

(62389)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

Registered No. (62389)

1. PLACE OF DEATH: St Agnes Hospital
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves.
(c) Hospital or institution St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Pr. Georges Co.
(c) City or town Laurel (If outside city or town limits, write RURAL and give town)
(d) Street No. 605 Montgomery St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Susan Hinkes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years 54 | Months | Days | If less than one day hr. min.

9. Birthplace West Virginia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Eastman

13. Birthplace Poland

MOTHER 14. Maiden Name Unknown

15. Birthplace

16 (a) Informant Mrs Norman Harrison

(b) Address Laurel Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof 10/30/39 (month) (day) (year)

(c) Cemetery or crematory Laurel Md

Location

18 (a) Funeral director Floyd Kassig

(b) Address Laurel Md.

19 (a) OCT 27 1939 (Date rec'd by registrar) (b) Waiting for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/27/1939. at 330A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/26/1939. to 10/27/1939. and that I last saw him alive on 10/27/1939.

	Duration
Immediate cause of death Atherosclerotic C-V disease & congestive failure. Chronic	
Due to bronchitis. Emphysema.	
Due to	
Other Conditions Partial edentia.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James N. Cemos M. D.
Address St. Agnes Hospital Date signed 10/27/39

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 62390 — 45-872-a — F 62390

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2405 Roslyn Ave. St., 45 (Ward)

Length of residence in city or town where death occurred 53 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles C. Sheehan

(a) Residence: No. 2405 Roslyn Ave. St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of *******

6. DATE OF BIRTH (month, day, year) July 8, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auditor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Cornelius Sheehan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Rose Corrigan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss May Sheehan
(Address) 2405 Roslyn Ave.

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Cathedral Cemetery 10/30/39

19. UNDERTAKER Henry H. Mears, Jr. Son
(Address) 805 N. Calvert St.

20. FILED OCT 27 1939 21. Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1938 to Oct 26, 1939

I last saw her alive on Oct 26, 1939 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic lymphatic leukemia	
Asthenia	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward H. Kahn M. D.

(Address) 1735 Poplar Grove St.

V0 9

F 62391

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

72-a

Registered No. F 62391

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Maryland General

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mos

(e) Length of stay in Baltimore (yrs., mos., or days) 58 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

Street No. 4326 Pimlico Road (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John G. Lohmann

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-05-09[illegible]

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Sadie O. Lohmann

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 21, 1880

8. AGE: Years	Months	Days	If less than one day
58	10	5	hr. min.

9. Birthplace Baltimore, Md. (Town, county, state)

10. Usual Occupation Meat Cutter

11. Industry or business Meat

MOTHER / FATHER

12. Name Henry Lohmann

13. Birthplace Maryland

14. Maiden Name Elizabeth Lober

15. Birthplace Maryland.

16 (a) Informant Sadie O. Lohmann

(b) Address 4326 Pimlico Road,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/30/39 (month) (day) (year)

(c) Cemetery or crematory Western

Location Baltimore, Md.

18 (a) Funeral director E. Leroy Stuffle, Inc.

(b) Address 125 E. North Ave.

19 Date received OCT 28 1939 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/26 1939, at 11:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/26 1939, to 10/26 1939, and that I last saw him alive on 10/26 1939.

Immediate cause of death: Strangulated Hernia Intestinal Obstruction — Duration: 2 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature C. Frederick Johnston Jr. M. D.

Address Md. General Hospital Date signed 10/26/39

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

213-F V

Registered No. F 62392

F 62392

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Dead on arrival Johns Hopkins
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town LULEA SWEDEN (If outside city or town limits, write RURAL and give town)
(d) Street No. 713 (If rural give location)
(e) If foreign born, how long in U. S. A.? 2 Days years

3 (a) FULL NAME Eugen H. Sorensson (Eugen Hardy Sörenson)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 4th. 1919

8. AGE: Years 20 | Months 0 | Days 22 | If less than one day: hr. min

9. Birthplace Lulea Sweden (Town, county, and state)

10. Usual Occupation Seaman

11. Industry or business M.S. Nagara

FATHER 12. Name Mr. Sorenson

13. Birthplace Sweden

MOTHER 14. Maiden Name Unknown

15. Birthplace Sweden

16 (a) Informant Swedish Consul

(b) Address Calvert Building

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 28th 1939 (month) (day) (year)

(c) Cemetery or crematory Lorraine Cemetery

Location Woodlawn, Balto Co. Md.

18 (a) Funeral director N. Amoreau

(b) Address 1005 West Baltimore Street

19 (a) Filed OCT 28 1939 (Date) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-26- 1939, at 5 P. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Fractured Skull, multiple brush burns & Concussion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy As above

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 10-26-39
(c) Where did injury occur? City (City or town) #3 Point Breeze (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? S.S. Nagara (Specify type of place) While at work? Yes
(e) Means of injury Fell from hatch to bottom of ship

23. Signature Howard J. Moreau M.D. Medical Examiner

Date signed 10-27-39

VS 6

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

Registered No. F 62393

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County
(c) City or town Swatara (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME David Pala
(b) If veteran, name war WW
(c) Social Security Account No. 185-03-6344
4. Sex: male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
(b) Name of husband or wife: Pasqualina
(c) If dead, give age years
7. Birth date of deceased (mo., day, yr.) 12-16-93
8. AGE: Years 46 Months 10 Days 4 If less than one day hr. min.
9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Factory
11. Industry or business Kentucky Blackstone Co.

MOTHER PATRIA

12. Name Tony Pala
13. Birthplace Italy
14. Maiden Name Maria —
15. Birthplace Italy

16. (a) Informant Redondo —
(b) Address JOHNS HOPKINS HOSPITAL
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/29/38 (month) (day) (year)
(c) Cemetery or crematory Harmony Cemetery
Location Harrisburg Pa
18. (a) Funeral director Fichon Co
(b) Address 1247 N Front St
19. (a) Date received by Registrar OCT 28 1938 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 27 1938, at 12 M
21. I certify that death occurred on the date above stated; that I attended deceased from Oct 11 1938 to Oct 27 1938, and that I last saw him alive on Oct 27 1938.

	Duration
Immediate cause of death: Cancer of stomach	
Due to " " "	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings: Carcinoma of stomach with metastasis to liver
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James Monroe Mason III M. D.
Address Johns Hopkins Hospital Date signed 10-27-38

VS 3

F 62391

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

Registered No. F 62391

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2940 W. North Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 50 4/3

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 2940 W. North Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank L. Eyler

3 (b) If veteran, name war In Record

3 (c) Social Security Account No. 709-05-4019

4. Sex Male

5. Color or race White

6 (a) Single, married, ~~widowed, or~~ divorced. Married

6 (b) Name of ~~husband or~~ wife Marie C. Eyler

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 28th 1874

8. AGE: Years 64 | Months 10 | Days 28 | If less than one day hr. min.

9. Birthplace Rogers Town Md. (Town, county, and state)

10. Usual Occupation Cable Foreman

11. Industry or business B. & O. R.R.

FATHER

12. Name William H. Eyler

13. Birthplace Pa

MOTHER

14. Maiden Name Katherine Ridenour

15. Birthplace Md

16 (a) Informant Marie C. Eyler

(b) Address 2940 W. North St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/30/37 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Druid Ridge

Location Balto. Co. Md.

18 (a) Funeral director William Cook

(b) Address 1219 St. Paul St

19 (a) Date received Oct 28 1937 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 26th 1937, at 9:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 1937 to Oct 26th 1937, and that I last saw h~~er~~ alive on Oct 26th 1937.

Immediate cause of death chronic nephritis

Due to retention uremia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible] M.D.

Address 3045 W North Ave Date signed Oct 28/37

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 62395

CERTIFICATE OF DEATH

82-W F 62395

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 27-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Z. Davis

If U. S. Veteran specify WAR .....

(a) Residence: No. 2701 Strathmore Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Davis

6. DATE OF BIRTH (month, day, year) 2/16/67

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Real Estate

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Charles Davis

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Caroline Fritz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John E. Steere

(Address) 2701 Strathmore Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loud Date Oct 30 1939

19. UNDERTAKER William Cook

(Address) 127 E Lexington St

20. FILED ..... 19..... Registrar.

OCT 28 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/27, 1939

22. I HEREBY CERTIFY, That I attended deceased from 10/14, 1939, to 10/27, 1939

I last saw him alive on 10/27, 1939. Death is said to have occurred on the date stated above, at 7A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2 wks.
Other contributory causes of importance: Hypertension	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) George Grier M. D.

(Address) Mercy Hospital

F 62396

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59

Registered No. F 62396

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1787 Williams St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 3

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

Street No. 1787 Williams St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ella N. Bell

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex female

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Ernest A

6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) April 26, 1872

8. AGE: Years 67 | Months 6 | Days 1 | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Home

FATHER

12. Name Charles Grimshaw

13. Birthplace Baltimore

MOTHER

14. Maiden Name Mary M Steinwax

15. Birthplace Baltimore

16 (a) Informant Ernest A. Bell

(b) Address 1787 Williams St

17 (a) Burial, ~~[illegible]~~ (b) Date thereof Oct 21 1939 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore Md

18 (a) Funeral director William Leach

(b) Address 2-17 Lexington St

19 (a) OCT 28 1939 (Date received by registrar) Huntington Williams Sts

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 21, 1939 at 1:45 P M

21. I certify that death occurred on the date above stated, that I attended deceased from January 1924. to Oct 21st 1939.

and that I last saw him alive on 19

Immediate cause of death Diabetic Coma — Duration 3 hours.

Due to Diabetis — 5 yrs.

Due to

Other Conditions Myocarditis — 2 yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Amelia E. Link

Address 1717 N. Caroline St Date signed 10/21/39

62397

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-C

Registered No. F 62397

1. PLACE OF DEATH

(a) Baltimore City, Maryland

(b) Street address GUILFORD APARTMENT NO 1.

(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State MD (b) County

(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)

(d) Street No. GUILFORD + NORTH AVE. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MATILDA REUTER.

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. NO

4. Sex: FEM

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: WIDOWED

6 (b) Name of ~~husband or~~ wife Carlo Reuter

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JAN. 5, 1848.

8. AGE: Years 91 | Months 9 | Days 22 | If less than one day: hr. min.

9. Birthplace BALTIMORE, MD. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name FREDRICK HESS.

13. Birthplace MARBURG, GERMANY.

MOTHER

14. Maiden Name MARY BAKER.

15. Birthplace MARBURG, GERMANY.

16 (a) Informant MISS ALICE MAE REUTER.

(b) Address GUILFORD APT.

17 (a) Burial, ~~cremation, or removal~~ (b) Date thereof 10, 30, 39 (month) (day) (year)

(c) Cemetery or ~~crematory~~

Location

18 (a) Funeral director William Cook

(b) Address 1217 St. Paul St.

19 (a) (Date received by registrar) (b) Interring for Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 27, 1939. at 8.30 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from Oct. 20, 1939. to Oct 27 1939. and that I last saw HER alive on Oct 27 1939.

Immediate cause of death MYOCARDITIS — Duration

Due to ARTERIO SCLEROSIS — Duration 17 years

Due to — Duration

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations NO

Of autopsy NO

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature John R Abercrombie, M.D.

Address 3574 Greenwood Ave. Date signed Oct 2 1939

62398

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

165 ✓ Registered No. F 62398

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2029 Maisel St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL, and give town)
(d) Street No. 2029 Maisel (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wm Greason

3 (b) If veteran, name war No
3 (c) Social Security Account No. 212-10-6007

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Mal	White	married

6 (b) Name ~~of husband~~ or wife Clara V.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
63	3	12	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Watchman
11. Industry or business —

FATHER
12. Name Greason
13. Birthplace —

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Clara V Greason
(b) Address 2029 Maisel St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-30-39 (month) (day), (year)
(c) Cemetery or crematory Oak Lawn
Location Loudon Md

18 (a) Funeral director Tilson Co
(b) Address 1217 E Fort Ave

19 [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-29-39 19 , at 6 A. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Duration

Immediate cause of death Asphyxiation
Due to Hanging
Due to Rope
Other Conditions
(Include pregnancy within 3 months of death)
Major findings of operations
Of inquest as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 10-27-39
(c) Where did injury occur? City (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work) No
(e) Means of injury Body suspended by rope around neck

23. Signature Howard A Mullins M.D. Medical Examiner
Date signed 10-27-39

VS 4

30809-VS

F 62399

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52

Registered No. F 62399

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1yr. 8mo. 13das.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 514 S. Ann St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Minnie Turner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Benjamin

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 28 th 1881

8. AGE: Years 58 | Months 3 | Days 27 | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

MOTHER / FATHER

12. Name John Smith

13. Birthplace Md.

14. Maiden Name Unknown

15. Birthplace Md.

16 (a) Informant B.C.H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 28 37 (month) (day) (year)

(c) Cemetery or crematory St Pauls. St Agnes Location Baltimore Md

18 (a) Funeral director John Ullrich

(b) Address 2015 Orleans St

19 (a) OCT 28 1937 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-25 1937 at 11:15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-12 1937 to 10-25 1937. and that I last saw her alive on 10-25 1937.

Immediate cause of death Transitional cell carcinoma of forehead with extension

Due to to brain

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy

Duration

?

?

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.

Address Baltimore City Hosp. Date signed 10-28-37

VS 3

F 62400

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

9

Registered No. F 62400

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ..... 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 min.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1124 Burgundy St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Lowman Whalen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/5/38

8. AGE: Years	Months	Days	If less than one day
0	11	21	hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

MOTHER / FATHER

12. Name Joseph

13. Birthplace Md.

14. Maiden Name Daisy Phelps

15. Birthplace Balto. Co.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) burial (b) Date thereof 10/28/1939
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Carmel Mount Co Md,
Location Sunshine / John Cowdy Son

18 (a) Funeral director John Cowdy Son

(b) Address 941 Hollins St

19 (a) OCT 28 1939 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/26/39 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/26 1939, to 10/26 1939, and that I last saw h~~im~~ alive on 10/26 1939.

Immediate cause of death Bronchopneumonia — Duration 2 days

Due to Pertussis — 6 wks.

Due to

Other Conditions Diarrhea & Dehydration — 6 weeks

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David L. Filtzer, M. D.

Address Balto. City Hosp. Date signed 10/26/39

VS 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 62401

CERTIFICATE OF DEATH

93 F 62401

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2213 Penrose Avenue St., 20-7 Ward)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wade H. Sunderland

If U. S. Veteran specify WAR .....

(a) Residence: No. 2213 Penrose Avenue St., ... Ward. S S 216-07-5470
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret Clark Sunderland

6. DATE OF BIRTH (month, day, year) Aug 16. 1880.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Candy maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co, Maryland

FATHER

13. NAME Johnson Sunderland

14. BIRTHPLACE (city or town) (State or country) Calvert Co, Maryland.

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Calvert Co, Maryland.

17. INFORMANT Mrs Margaret Sunderland.
(Address) 2213 Penrose Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date 10/30/1939

19. UNDERTAKER John J. Cowan & Son
(Address) 901 Hollins Street

20. FILED ..... 19..... Registrar.

OCT 28 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 26. 1939

22. I HEREBY CERTIFY, That I attended deceased from August 1 1939 to Oct. 26 1939
I last saw him alive on Oct. 25 1939 Death is said to have occurred on the date stated above, at 4.30 P.M.

The principal cause of death and related causes of importance were as follows:

Duration of illness

Myocarditis and Cardiac Dropsy 8 W 89

Other contributory causes of importance:

Hypertension 8 W 89

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Howard Brown M. D.

(Address) 1 W Mt Royal Ave

V8 B

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 62402

F 62402

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2003 Brunt St. 14-3 Ward)

Length of residence in city or town where death occurred 77 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Griffin Jokes

(a) Residence: No. 2003 Brunt St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Maria Harmon

6. DATE OF BIRTH (month, day, year) April 20 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Longe orman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm W.P.A.?

10. Date deceased last worked at this occupation (month and year) Dec 10-1937

11. Total time (years) spent in this occupation 2?

12. BIRTHPLACE (city or town) (State or country) Lancaster Co Virginia

FATHER

13. NAME Conrad Jokes

14. BIRTHPLACE (city or town) (State or country) Lancaster Va

MOTHER

15. MAIDEN NAME Aria Jones

16. BIRTHPLACE (city or town) (State or country) Lancaster Co Va.

17. INFORMANT Maria Jokes

(Address) 2003 Brunt St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Oct 28 1939

19. UNDERTAKER George S. Kelson

(Address) 1303 Pennsylvania Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 25 1939

22. I HEREBY CERTIFY, That I attended deceased from June 20 1939 to October 25 1939

I last saw him alive on October 24 1939. Death is said to have occurred on the date stated above, at 6.30 p.m. a

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic diffused Nephritis	Winter 1936
Other contributory causes of importance: Arterio Sclerosis and Senile Debility	1936

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. H. Wright M. D.

(Address) 1209 Pennsylvania Ave

V8 8

SAUMS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62103 — Registered No. 48 — F 62103

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5904 Highgate Drive
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-20
(e) Length of stay in Baltimore (yrs., mos., or days) 67-8-1

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5904 Highgate Drive (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carrie Louisa Saums

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Edward A. Saums

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 25-1872

8. AGE: Years 67 | Months 8 | Days 1 | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Home 0037

11. Industry or business

MOTHER / FATHER

12. Name Augusta Snyder

13. Birthplace Baltimore, Md

14. Maiden Name Isabella Traylor

15. Birthplace Baltimore, Md

16 (a) Informant Mrs. J. Norma Saums

(b) Address 5904 Highgate Drive

17 (a) Burial (Burial, cremation, or removal)

(b) Date thereof Oct 30-1939 (month) (day) (year)

(c) Cemetery or crematory Greenmount

Location Baltimore, Md

18 (a) Funeral director Mr. Fred Ehrenfried

(b) Address 1 N. Eutaw

19 (a) OCT 28 1939 (Date rec'd by registrar)

(b) Hunting Town Williamsport, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 26 1939, at 7 M

21. I certify that death occurred on the date above stated, that I attended deceased from Oct. 25, 1936 to Oct. 26, 1939, and that I last saw her alive on Oct. 26 1939.

Immediate cause of death: Adeno-carcinoma Futurus — Duration: 3 years

Due to

Due to

Other Conditions Chronic Myo- + Endocarditis — 5 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Maurice E. Shaner M. D.

Address 3200 W. North Ave. Date signed 10/28/1939

VS 3

62404 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

131 F 62404

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2817 Orleans St. (Ward) 6-1

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Chas C. Brandt

(a) Residence: No. 2817 Orleans St. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Catherine Brandt

6. DATE OF BIRTH (month, day, year) July 16, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	6 E	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Policeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Charles H Brandt

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Caroline Elliott

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Catt. Brandt (Address) 2817 Orleans St

18. BURIAL, CREMATION, OR REMOVAL Place Balto Cem Date Oct 30, 1939

19. UNDERTAKER J Hennegan & Son (Address) 3 S Broadway

20. FILED OCT 20 1939 (Registrar) Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 26, 1939.

22. I HEREBY CERTIFY, That I attended deceased from 4/1/39, 19... to 10/26/39, 19... I last saw him alive on 10/26/39, 19... Death is said to have occurred on the date stated above, at 9 30 P.m.

The principal cause of death and related causes of importance were as follows:

Malignant Hypernephroma Metastasis — Date of onset 1936

Other contributory causes of importance: Arteriosclerosis, Chronic Interstitial Nephritis — Date of onset 1936

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. J. Hennegan M. D.

(Address) 2913 E. Baltimore

VS 8

F 62405

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 F 62405

Registered No.

1. PLACE OF DEATH: Provident Hospital

CITY OF BALTIMORE: (No. 1514 Division St., 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME: Bryant Henry Williams — If U. S. Veteran specify WAR

(a) Residence: No. 705 N. Gilmore St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Williams Williams

6. DATE OF BIRTH (month, day, year): 9-23-79

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Minister

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Valdosta Ga

FATHER

13. NAME Abraham Williams

14. BIRTHPLACE (city or town) (State or country) Ga

MOTHER

15. MAIDEN NAME Dicy P.

16. BIRTHPLACE (city or town) (State or country) Ga

17. INFORMANT Willemena Williams (Address) 705 N. Gilmore St

18. BURIAL, CREMATION, OR REMOVAL

Place Arlington Date 10-31, 1939

19. UNDERTAKER Saml. W. Thomas & Son (Address) 632 N. Gilmore St

20. FILED OCT 28 1939 19... Hunting for Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-26-39

22. I HEREBY CERTIFY, That I attended deceased from 10-25-39 19... to 10-26-39 19... I last saw h... alive on 10-26-39 19... Death is said to have occurred on the date stated above, at 8.25 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	?
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. F. Maloney M. D.

(Address) Provident

V0 B

F 62406

BALTIMORE CITY HEALTH DEPARTMENT 49567 SD F 62406
Registered No.

CERTIFICATE OF DEATH 160-B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 hrs. 21
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1448 Carroll Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Baby Girl Childs

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/25/39

8. AGE: Years | Months | Days | If less than one day: 10 hr. 6 min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation (Infant)

11. Industry or business

MOTHER / FATHER

12. Name Wm. Morelock

13. Birthplace Maryland

14. Maiden Name Eva Childs

15. Birthplace Maryland

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) B. C. Hosp. (Burial) (Cremation) or removal) (b) Date thereof 10-26-39 (month) (day) (year)

(c) Cemetery or crematory crematory
Location Baltimore City Hospitals

18 (a) Funeral director

(b) Address Baltimore City Hospitals

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 26 1939 at 6 05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 25 1939 to Oct 26 1939 and that I last saw h-e alive on Oct 26 1939.

Immediate cause of death	Duration
Intra cranial Hemorrhage	
Due to	
Due to Ruptured Sacular Aneurysm of Circle of Willis	
Other Conditions	

(Include pregnancy within 8 months of death)

Major findings:
Of operations

Of autopsy yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. Innes Dacus M. D.
Address Balto City Hosp Date signed 10-26-39

VS 8

F 62407 ✓ F 62407

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1307 S.Ponca St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1307 S, Ponca St. (If rural give location)
If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wilton Marders

3 (b) If veteran, name war: World

3 (c) Social Security Account No. 213-09-2889

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Marie
6 (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) Nov. 4, 1895

8. AGE: Years	Months	Days	If less than one day
43	11	23	hr. min.

9. Birthplace Oak Grove Va. (Town, county, and state)
10. Usual Occupation Crane Operator
11. Industry or business Sparrows Pt.

MOTHER / FATHER

12. Name Thomas Marters
13. Birthplace Oak Grove Va.
14. Maiden Name Not Known
15. Birthplace Oak Grove Va.

16 (a) Informant Marie Marters
(b) Address 1307 S.Ponca St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 30, 1939 (month) (day) (year)
(c) Cemetery or crematory Oakdawn
Location Eastern Av. Extended

18 (a) Funeral director L. Vance F. Hoffmanner
(b) Address 2123 E. Preston St.

19 (a) Filed OCT 30 1939 (Date filed by registrar) (b) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/27 1939. 12 noon M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/27 1939 to 19 , and that I last saw h l alive on 10/27 1939.

Immediate cause of death Coronary Occlusion — Duration

Due to Coronary Occlusion

Due to ?

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard A. Walden M.D. M. D.
Address 321 E. Eastern Av. Date signed 10-30-39
Howard A. Walden M.D.
Medical Examiner

F 62408

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 62408 Registered No. 186-2

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union memorial
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimor
(c) City or town Baltimor (If outside city or town limits, write RURAL and give town)
(d) Street No. 3801 Greenway St (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME James Carey Jr

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	white	widowed

6 (b) Name of husband or wife Evelina Mocazin
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Mar 11 1854

8. AGE: Years	Months	Days	If less than one day
85	7	16	hr. ..... min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name James Carey
13. Birthplace Maryland

MOTHER
14. Maiden Name Susan Sheelan Finney
15. Birthplace Pennsylvania

16 (a) Informant Patient
(b) Address 3801 Greenway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 30 1939 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Henry Jenkins Sons
(b) Address Orchard & Burkholder Sts

19 (a) ..... (Date rec'd by registrar) (b) ..... Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 28 1939, at 3:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 27 1939 to Oct 28 1939, and that I last saw h / m alive on Oct 28 1939.

Immediate cause of death
shock
Due to Fracture left hip
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
1 hour
5 hrs -

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Oct 27, 1939
(c) Where did injury occur? Baltimore (City or town) Md. (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Church steps While at work? (Specify type of place)
(e) Means of injury Fall on steps

23. Signature Wm. F. Pegues M. D.
Address Union Memorial Hosp Date signed 10/28/39
Edward D. Trudeau M. D.
Medical Examiner

F 62409

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-e

Registered No. F 62409

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wyman Park Drive and 31st St.

(c) Hospital or institution U. S. Marine Hospital, Baltimore, Md.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 38 da.

(e) Length of stay in Baltimore (yrs., mos., or days) Lifelong

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore City

(c) City or town Baltimore, Maryland (If outside city or town limits, write RURAL and give town)

(d) Street No. 15 E. Ostend Street (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Graham Thompson

3 (b) If veteran, name war WW

3 (c) Social Security Account No. 216-05-6480

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Frankie Latta

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 26, 1894

8. AGE: Years 45 | Months 6 | Days 1 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Vitro. Enamel Works

FATHER

12. Name William Thompson

13. Birthplace Maryland

MOTHER

14. Maiden Name Evangeline Benton

15. Birthplace Maryland

16 (a) Informant Records-U. S. Marine Hospital,

(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 30/1939 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location A. G. C.

18 (a) Funeral director A. Kemp Evans

(b) Address 1400 W. Baltimore St

(a) Date of death Oct 28 1939 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 27, 1939, at 9:12 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 19, 1939, to Oct. 27, 1939, and that I last saw him alive on Oct. 27, 1939.

Immediate cause of death	Duration
Acute purulent peritonitis	10 da.
Due to Carcinoma of colon, post-operative	Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations Exploratory laparotomy Intestinal resection

Of autopsy Same as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Samuel E. Lemmon M. D.

Address U. S. Marine Hospital Date signed 10-27-39

Baltimore, Maryland.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

62110 ✓ 94-8 F 62110

62110

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 605 Longwood St. 16-6 Ward)

Length of residence in city or town where death occurred 53 yrs. 9 mos. 29 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph A Stang

(a) Residence: No. 605 Longwood St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna A Stang

6. DATE OF BIRTH (month, day, year) Dec. 27 1885

7. AGE	Years	Months	Days	If LESS than 1 day... hrs. or ... min.
	53	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furniture Finisher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furniture

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Frank A Stang

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary A. Keller

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Anna Stang
(Address) 605 Longwood St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Oct. 30 1939

19. UNDERTAKER Elizabeth Hart Inc.
(Address) 1115 E. West St.

20. FILED Oct 28 1939 19.. Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-26-39 .19..

22. I HEREBY CERTIFY, That I attended deceased from 10-19-39 .19.. to 10-26-39 .19..

I last saw him alive on 10-26-39 .19.. Death is said to have occurred on the date stated above, at 2:30 P.m.

The principal cause of death and related causes of importance were as follows: Coronary Thrombosis 10-19-39

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... .19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Frederick Knapp M. D.

(Address) 3030 Edmondson Ave.

VS 3

F 62411

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

F 62411

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Carolina St
(c) Hospital or institution: St Joseph's Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1116 Brentwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Martha Richardson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Walter Richardson

6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) Sept. 15-1887

8. AGE: Years 52 | Months 21 | Days 12 | If less than one day: hr. min.

9. Birthplace Maryland.
(City, county, and state)

10. Usual Occupation Housewife

11. Industry or business

MOTHER / FATHER

12. Name Joseph Bever

13. Birthplace Balto - Md.

14. Maiden Name Kath. Neill

15. Birthplace

16 (a) Informant Walter E Richardson

(b) Address 1116 Brentwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 30- 39 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn.

Location Eastern Ave.

18 (a) Funeral director John. A. McDan

(b) Address 3350 E. Balto. St.

19 (a) OCT 28 1939 (Date rec'd by registrar) Huntingtown Calvert Co. Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-27 1939, at 3 20 M

21. I certify that death occurred on the date above stated, that I attended deceased from 10-21 1939, to 10-27 1939, and that I last saw h[illegible] alive on 10-27 1939.

Immediate cause of death Chronic Glomerulo Nephritis & Uremia

Due to Hypertension & Arteriosclerotic

Due to Hypostatic Bronchopneumonia

Other Conditions Incl. pathological conditions of bladder

(Include pregnancy within 3 months of death)

Duration: 6 days

Major findings:
Of operations

Of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. B Cumpston, M.D.

Address St Joseph's Hosp Date signed 10/27/39

M. D.

VS 3

F 62112

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

Registered No. F 62112

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Linden Ave. & Brooks Lane, Lake Court Apts.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 61 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3-1 Lake Court Apts. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME DR. MILTON REIZENSTEIN.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of ~~husband or~~ wife Rose H. Reizenstein

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Feby. 2, 1874

8. AGE: Years	Months	Days	If less than one day
65	8	25	hr. min.

9. Birthplace Philadelphia, Pa. (Town, county, and state)

10. Usual Occupation Retired Orphan Asylum Supt.

11. Industry or business

MOTHER / FATHER

12. Name Herman Reizenstein,

13. Birthplace Germany

14. Maiden Name Louise Wernitz,

15. Birthplace Germany.

16 (a) Informant Mrs. Rose H. Reizenstein,

(b) Address Lake Court Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/30/39. (month) (day) (year)

(c) Cemetery ~~or crematory~~ Har Sinai

Location Baltimore, Md.

18 (a) Funeral director Harry Sonneborn & Son

(b) Address 1902 Eutaw Place.

19 (a) OCT 28 1939 (b) Registrar (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 27, 1939 at 11.05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1938 to Oct. 27, 1939.

and that I last saw him alive on Oct. 27, 1939.

Immediate cause of death Arteriosclerotic Cardio-vascular - Renal Disease

Duration ?

Due to

Due to

Other Conditions Coronary Artery Disease

Duration 2 years

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature A. A. Swooman M. D.

Address 2340 Eutaw Place. Date signed

VS 8

F 62113 (5210)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-B

Registered No. F 62113

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 Mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Kent
(c) City or town Rock Hall (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sam Whaland
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Catherine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-22-81

8. AGE: Years 58 | Months | Days 5 | If less than one day: hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Boat Captain
11. Industry or business

FATHER 12. Name Laurence Whaland
13. Birthplace Balto.

MOTHER 14. Maiden Name Sarah Davis
15. Birthplace Md

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-29-39 (month) (day) (year)
(c) Cemetery or crematory Derby Chapel
Location Rock Hall Md.

18 (a) Funeral director Harry W. Williams
(b) Address Chestertown Md.

19 (a) OCT 28 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 27 1939 at 3 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 6 1939 to Oct 27 1939. and that I last saw him alive on Oct 27 1939.

Immediate cause of death: Carcinoma of bladder — Duration: over

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of bladder.

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Russell B. Robb M. D.
Address The Johns Hopkins Hosp Date signed 10-27-39

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

62114 62114

CERTIFICATE OF DEATH

√145a-149B

1. PLACE OF DEATH Provident Hosp. Registered No.
CITY OF BALTIMORE: (No. 1514 Division St. 14-2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 16 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
2. FULL NAME Gladys Fildyman If U. S. Veteran specify WAR
(a) Residence: No. 109 Railroad Ave Chesterton Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem 4. Color or Race Colrd 5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If married, widowed, or divorced, husband of Miller Fildyman
6. DATE OF BIRTH (month, day, year) Unknown
7. AGE Years 22 Months Days 3 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ? Maryland

FATHER
13. NAME Benj Wakins
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER
15. MAIDEN NAME Bertha Butler
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Chestertown, Md Date Oct 29 1939

19. UNDERTAKER Asbury Henry
(Address) Georgetown, Md

20. FILED OCT 29 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/28, 1939
22. I HEREBY CERTIFY, That I attended deceased from 10/27/39, 19 to 10/28/39, 19
I last saw her alive on 10/28, 1939 Death is said to have occurred on the date stated above, at 7:[illegible] A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Puerperal Sepsis	8 da.
(Coma)	
Other contributory causes of importance:	

Was an operation performed? NO Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E. Butler per HW M. D.
(Address) Provident Hosp.

62415 E 62415

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Benjamin Bart

(a) Residence: No. 1639 N. Payson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	M. Jewish

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Sarah Bart

6. DATE OF BIRTH (month, day, year) 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter Self

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40+5

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah Katz

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Harry Bart

(Address) 1639 N. Payson St.

18. BURIAL, CREMATION, OR REMOVAL Workmen's Circle Cemetery Date Oct 29 1939

Place

19. UNDERTAKER Sol Levinson & Bros

(Address) 1124-26 W. North ave

20. FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/27, 1939

22. I HEREBY CERTIFY, That I attended deceased from 10/6/39, 19.., to Oct. 27, 1939

I last saw him alive on Oct. 27, 1939 Death is said to have occurred on the date stated above, at 4 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
Renal Insufficiency	
complete anuria	

Other contributory causes of importance:

Ca of prostate

Arteriosclerotic H.T. disease

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Ben Klotz, M. D.

(Address) Med. Arts Bldg

OCT 29 1939

V0 3

F 62416

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62416 Registered No. 54

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4311 Resaltstown Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4311 Resaltstown Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah Willis Coss
3 (b) If veteran, name war
3 (c) Social Security Account No. none

4. Sex Female 5. Color or race White 6 (a) Single, married, widowed, or divorced Widow
6 (b) Name of husband or wife Thos. Louis Coss
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 27 1862

8. AGE: Years 77 Months 2 Days 1 If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

MOTHER FATHER
12. Name Wm A Coss
13. Birthplace Baltimore Md
14. Maiden Name Sarah Allen
15. Birthplace Baltimore Co Md

16 (a) Informant Louis Coss
(b) Address 4311 Resaltstown Rd

17. Burial (Burial, cremation, or removal) (b) Date thereof 10/30/29 (month) (day) (year)
(c) Cemetery or crematory: Presbyterian
Location Govans Balto Md
18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (a) (b) Registrar
(Date received by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 28 1929, at 5:42 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/ 1 1929, to 10/28 1929, and that I last saw her alive on 10/27 1929.

	Duration
Immediate cause of death: Bronchopneumonia	10/26/29
Due to Thrombosis of cerebral arteries	9/1/29
Due to Diabetes General arteriosclerosis	1925
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H Zentz M. D.
Address 4220 Ewing Rd Date signed 10/28/29

PHYSICIAN
Underline the cause to which death should be charged statistically.

F 62117
LB 43953

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH V48

F 62117
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days 6 mths.
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4103 Sunnyside Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? 34 yrs. years

28

3 (a) FULL NAME Elizabeth Colman

3 (b) If veteran, name war: W
3 (c) Social Security Account No.: NOE

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Edgar Walter
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/16/1893

8. AGE: Years 46 | Months 4 | Days 11 | If less than one day: hr. min.

9. Birthplace: South Wales (Town, county, and state)
10. Usual Occupation: H. W.
11. Industry or business:

MOTHER / FATHER
12. Name: Evan Evans
13. Birthplace: South Wales
14. Maiden Name: Julia Murphy
15. Birthplace: Holand

16 (a) Informant: Records
(b) Address: Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal)
(b) Date thereof 10/30/37 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director [illegible]
(b) Address [illegible]

19 (a) 10 29 1937 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-27 1937, at 7A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-18 1937, to 10-27 1937, and that I last saw her alive on 10-27 1937.

	Duration
Immediate cause of death: Carcinoma cervix with metastasis	over 6 months
Due to	
Due to	
Other Conditions: Urethral obstruction with urinary retention (Include pregnancy within 3 months of death)	6 months
Major findings: Of operations: Urinary retention	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto city hosp. Date signed 10-27-37

VS 8

F 62418

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-a

F 62418 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 213 E. North Ave

(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 d

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

Street No. 213 E. North Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louisa A. King

3 (b) If veteran, name war: No

3 (c) Social Security Account No. none

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: [illegible]

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 8 1872

8. AGE: Years 67 | Months 6 | Days 19 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business none

FATHER 12. Name [illegible]

13. Birthplace Md

MOTHER 14. Maiden Name [illegible]

15. Birthplace Germany

16 (a) Informant Francis Engel

(b) Address 5605 Belair Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/28/39 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Pikesville Md

18 (a) Funeral director Lahmon Co

(b) Address 1101 Cathedral

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 27 1939, at 9:15 M

21. I certify that death occurred on the date above stated, that I attended deceased from 10/20 1939 to 10/28 1939, and that I last saw her alive on 10/26 1939.

Immediate cause of death: Ventricular Heart Disease — Duration

Due to

Due to

Other Conditions Jaundice

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Alfred Engel M. D.

Address 704 N Broadway Date signed 10/29/39

VS 3

62419

HEALTH DEPARTMENT—CITY OF BALTIMORE

62419

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 27-17 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Rachel Silverman

(a) Residence: No. Lewindale St., Jessup's Ward. Belvedere

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Isaac

6. DATE OF BIRTH (month, day, year) 1871

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Kalman Weinstein

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Goldie Bulin

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Charles Silverman

(Address) 2126 W Balto St.

18. BURIAL, CREMATION, OR REMOVAL Hebrew Friendship Rem Date Oct 29, 1939

19. UNDERTAKER Sol Levinson Bros

(Address) 124-26 N. North ave

20. FILED Oct 29 1939 Registrar

VOID

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1939, to Oct 25, 1939.

I last saw her alive on Oct 25, 1939. Death is said to have occurred on the date stated above, at 7.55 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Oct 21/39
Diabetes mellitus. Org. heart disease	
Gangrene of left foot	

Other contributory causes of importance

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elliott Muskelson, M. D.

(Address) Sinai Hospital

62420 HEALTH DEPARTMENT—CITY OF BALTIMORE 62420

CERTIFICATE OF DEATH

95-B

Registered No. 13-57

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. S.W. Cor. Cathedral & Biddle Streets.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. 9 mos. 0 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

If U. S. Veteran specify WAR

2. FULL NAME J. Calvin Wagner

(a) Residence: No. 3756 Tudor Arms Avenue St., Ward. S.S. 212-07-3159

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lillian Ernst

6. DATE OF BIRTH (month, day, year) Jan. 27, 1892

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	47	9	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sales Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coston Bag Co.

10. Date deceased last worked at this occupation (month and year) 10/38

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George J. Wagner

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Frances L. Kalney

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Lillian E. Wagner

(Address) 3756 Tudor Arms Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Cem. Date 10/31 1939

19. UNDERTAKER Kirby St. Mears & Son

(Address) 5-5½ Calvert St.

20. FILED 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27 1939

22. I HEREBY CERTIFY, That I attended deceased from May 31 1939, to 7-14- 1939

I last saw h— alive on — 19— Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	
secondary to hypertension,	
cardio-vascular disease	

Other contributory causes of importance:

Was an operation performed? — Date of —

For what disease or injury?

Name of operation

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Ernest P. Sauter M. D.

(Address) 126 Eager St

Howard J. Madden M.D.
Medical Examiner

V9 9

OCT 30 1939

F 62421
370445

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

54 Registered No. F 62421

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 days

2. USUAL RESIDENCE OF DECEASED:
(a) State W Va (b) County
(c) City or town Gary — (If outside city or town limits, write RURAL and give town)
(d) Street No. House 1 - Gary 6 (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Ruth Jewell
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr) 10 - 1934

8. AGE: Years 5 | Months | Days | If less than one day hr. min.

9. Birthplace West Va. (Town, county, and state)
10. Usual Occupation child
11. Industry or business

FATHER 12. Name Achion Jewell
13. Birthplace West Va -
MOTHER 14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Records -
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/31/39 (month) (day) (year)
(c) Cemetery or crematory Welch Cem.
Location - Welch, W. Va.

18 (a) Funeral director George J. Puth Inc
(b) Address 1735 Pennsylvania Ave

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 28 1939. at 6 15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 24 1939. to Oct 28 1939. and that I last saw her alive on Oct 28 1939.

Immediate cause of death: Cerebral tumor - teratoma non-malignant — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Cerebral cyst containing some bone
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles E. Froland M. D.
Address Johns Hopkins Hospital Date signed 10-29

VS 3

62422

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-C F 62422 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) ~~15 yrs.~~

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 1122 Argonne Drive (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Elizabeth Goshorn Elizabeth Swann Goshorn
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: John Calvin Goshorn
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): January 30, 1899
8. AGE: Years 40 Months 8 Days 28 If less than one day: hr. min.
9. Birthplace: Shade Gap, Pa. (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

MOTHER / FATHER
12. Name: John A. Swan
13. Birthplace: Shade Gap, Pa.
14. Maiden Name: Mamie Harper
15. Birthplace: Shade Gap, Pa.

16 (a) Informant: Mr. John Calvin Goshorn
(b) Address: 1122 Argonne Drive

17 (a) Burial (Burial, cremation, or removal)
(b) Date thereof: Oct. 31, 1939 (month) (day) (year)
(c) Cemetery or crematory: Shade Gap, Presby Cem.
Location: Shade Gap, Pa.

18 (a) Funeral director: Wm. J. Tickner & Sons, Inc.
(b) Address: North & Pa. Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 28 1939, at 8 A. M.

21. I certify that death occurred on the date above stated, that I attended deceased from Oct 24 1939, to Oct 28 1939, and that I last saw her alive on Oct 28 1939

Immediate cause of death	Duration
1. Adenocarcinoma sigmoid	1 year
Perforation sigmoid with retroperitoneal abscess at site of carcinoma	2 weeks
Intestinal obstruction (obstruction)	2 mos ago
Other Conditions: Metastasis of Carcinoma to liver	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Intestinal obstruction operated 5 mo ago. Large retroperitoneal abscess
Of autopsy: see cause of death

PHYSICIAN

Underline the cause to which it should be charged finally.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work)
(e) Means of injury

23. Signature: William J. McClafferty M. D.
Address: Bon Secours Hosp Date signed: 10/28/39

62423

HEALTH DEPARTMENT—CITY OF BALTIMORE

62423

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1420 W. Franklin St. 19-1 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME James Johnson

(a) Residence: No. 1420 W. Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Estella Johnson

6. DATE OF BIRTH (month, day, year): Oct. 12 1871

7. AGE: Years 68 | Months mo | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Chauffeur & Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Auto. Union

10. Date deceased last worked at this occupation (month and year): 1935

11. Total time (years) spent in this occupation: 25 yrs

12. BIRTHPLACE (city or town) (State or country): Unknown Md.

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Zelda Johnson
(Address) 1420 W. Franklin St

18. BURIAL, CREMATION, OR REMOVAL
Place: Arlington Cem. Date: 10-31 1939

19. UNDERTAKER: Geo. Gibson
(Address) 1735 Druid Hill Ave

20. FILED OCT 30 1939 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 27th 1939

22. I HEREBY CERTIFY, That I attended deceased from March 15th 1939 to Oct 27 1939

I last saw him alive on Oct. 26th 1939, Death is said to have occurred on the date stated above, at 5:25 p.m.

The principal cause of death and related causes of importance were as follows:

Mitral Regurgitation — Date of onset ? 1

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Elbert C. Reigel M. D.

(Address) 2245 Reisterstown Rd Baltimore Md

HEALTH DEPARTMENT—CITY OF BALTIMORE 62424

62424

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH 6005 Reads Lane

Registered No. .....

CITY OF BALTIMORE: (No. Balto Md St. 27-C Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. 5 mos. 23 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Mr Henry Bash (HENRY MILLER BASH) If U. S. Veteran specify WAR none

(a) Residence: No. 6005 Reads Lane St., ... Ward. Balto.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Divorced

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Minnie Bash

6. DATE OF BIRTH (month, day, year): May-6-1866

7. AGE: Years 73; Months 5; Days 23; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): none

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Cullen Rasenbaum

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Charlotte ? ? ?

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Mr. Edw. W. Corkey

(Address) 2283 Hopkins Road - Balto

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Park Date Aug. 31 1939

19. UNDERTAKER: Stewart & Mamm Co.

(Address) 108 E Monument

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10-29, 1939

22. I HEREBY CERTIFY, That I attended deceased from October 27, 1939, to October 29, 1939

I last saw h[e] alive on October 28, 1939. Death is said to have occurred on the date stated above, at 12 00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Not known
Other contributory causes of importance: Cerebrosclerosis	Not known

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Edward Roberts, M. D.

(Address) 6100 York Road

OCCUPATION is very important. See INSTRUCTIONS on BACK of CERTIFICATE.

V9 8

62125

HEALTH DEPARTMENT—CITY OF BALTIMORE

62125

CERTIFICATE OF DEATH

84-82a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St. 26-E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary L. McNulty

If U. S. Veteran specify WAR no

(a) Residence: No. Phila., Pa. St., Ward. Phila

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Aug. 12 - 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila Pa

FATHER

13. NAME Charles McNulty

14. BIRTHPLACE (city or town) (State or country) Phila Pa

MOTHER

15. MAIDEN NAME Mary Kegly

16. BIRTHPLACE (city or town) (State or country) Phila Pa

17. INFORMANT (Address) Mrs Pellumbo - Baltimd

18. BURIAL, CREMATION, OR REMOVAL Place Phila Pa Date Oct 31/39

19. UNDERTAKER (Address) STEWART & MOWEN COMPANY (N. E. NUMBER 1900.) 102 W. NORTH AVENUE

20. FILED Oct 29 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 28 1939

22. I HEREBY CERTIFY, That I attended deceased from March, 1934 to Oct. 28 1939

I last saw her alive on Oct. 28 1939 Death is said to have occurred on the date stated above, at 2:45a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dementia Praecox	15 yrs
Rt. Cerebral Hemorrhage	1 da.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Thomas P. Hagan M.D.

(Address) 3526 Ferndale Av.

OCCUPATION is very important. See INSTRUCTIONS on back of certificate.

62426

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-C F 62426
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1343 N. Fremont Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Mr George V. Cunningham
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M
5. Color or race W
6 (a) Single, married, widowed, or divorced M
6 (b) Name of ~~husband~~ or wife Mrs Bessie Cunningham
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) March 4, 1872
8. AGE: Years 67 Months 7 Days 22 If less than one day hr. min.
9. Birthplace Baltimore Md. (town, county, and state)
10. Usual Occupation Plumber
11. Industry or business

MOTHER / FATHER
12. Name George F. Cunningham
13. Birthplace Md.
14. Maiden Name Barbara Horner
15. Birthplace Md.

16 (a) Informant Mrs. Bessie Cunningham
(b) Address 1343 N. Fremont Ave.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 30, 1939 (month) (day) (year)
(c) Cemetery or crematory St. Joseph's
Location Emmetsburg Md.
18 (a) Funeral director Martin Fahey & Sons
(b) Address 1827 W. North Ave.
19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-26 1939, at 1:50 P M
21. I certify that death occurred on the date above stated; that I attended deceased from 10-12 1939, to 10-26 1939, and that I last saw him alive on 10-26 - 1939.

Immediate cause of death	Duration
1) Ruptured diverticulum of colon with long fistulous tract - localized peritonitis	14 days
Due to Carcinoma of prostate complicated by Liver Mural thrombosis in left auricle	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy ruptured diverticulum with fistulous tract

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J M Cullens M D M. D.
Address Bon Secours Hospital Date signed 10-26-39

VS 8

62427

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62427 Registered No. 93

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3847 Falls Road
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 3847 Falls Road (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME John T. Shamer

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Emma Louise Shamer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5-1869

8. AGE: Years	Months	Days	If less than one day hr.	min.
70	5	22		

9. Birthplace Carroll Co. Md. (Town, county, and state)
10. Usual Occupation Retired Police. 307
11. Industry or business

MOTHER / FATHER
12. Name Jacob R. Shamer
13. Birthplace Maryland
14. Maiden Name Catherine Tingling
15. Birthplace Maryland

16 (a) Informant Raymond M. Shamer
(b) Address 3847 Falls Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 30. 1939 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Co. Md.

18 (a) Funeral director Horace F. Burger
(b) Address 3131 Falls Road

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 27 1939, at 6-30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1939, to Oct 27 1939, and that I last saw h[im] alive on Oct 26 1939.

Immediate cause of death Acute Pulmonary Edema — Duration 15 M.n.
Due to Cardiac Failure — 1 MO.
Due to — over
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph R. Grande M. D.
Address 150 W. 39th St. Date signed 10-27-39

VS 3

62428

HEALTH DEPARTMENT—CITY OF BALTIMORE

62428

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1708 McCulloh St. 14-2073 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Walter Blackstone

If U. S. Veteran specify WAR .....

(a) Residence: No. 1708 McCulloh St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~Wife of~~ Mary Blackstone

6. DATE OF BIRTH (month, day, year) Nov. 19, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Geo. Blackstone

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Grace Booker

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Grace Blackstone

(Address) 1708 McCulloh St

18. BURIAL, CREMATION, OR REMOVAL

Place Arunton Mem Park Date 10/30 1939

19. UNDERTAKER Mrs. Geo H. Holland

(Address) 1631 Druid Hill Ave

20. FILED ..... 19..... .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1939 to October 26, 1939

I last saw him alive on October 26, 1939. Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary hemorrhage	10-24-39
Other contributory causes of importance: Pulmonary Phthisis	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo. H. Pendleton M. D.

(Address) 1632 Druid Hill Ave

OCCUPATION is very important. See instructions on back of certificate.

F 62429

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

178-a F 62429 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1345 Penna ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1345 Penna Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Wynn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race Black

6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 3-1938

8. AGE: Years — Months 11 — Days 23 — If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Joseph W Wynn
13. Birthplace Ala.

MOTHER
14. Maiden Name Mary Gittings
15. Birthplace Balto. Md.

16 (a) Informant Joseph W Wynn
(b) Address 1345 Penna. Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 30-39 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Balto.

18 (a) Funeral director Mrs. George E. Holland
(b) Address 1631 Druid Hill Ave

19 (a) (Date received by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-26- 1939, at 7:35 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Asphyxiation — Duration

Due to Illuminating Gas

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Probably accident
(b) Date of occurrence 10-26-39
(c) Where did injury occur? City (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? —
(e) Means of injury Illuminating Gas.

23. Signature Edward J. Mullen M.D.
Medical Examiner

Date signed 10-27-39

62430 F 62430

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sinai Hospital St. 15-12 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME David Seidman

(a) Residence: No. 3706 Cottage St., Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Sola

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired Tailor

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Arthur Seidman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Bluma

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date 12-29-39

19. UNDERTAKER Jas. Levin Inc.
(Address) 1439 E. Balto St.

20. FILED DEC 29 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from 10-9, 1939 to 10-29, 1939

I last saw him alive on 10-28, 1939 Death is said to have occurred on the date stated above, at 3A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
cerebral thrombosis	10-39
generalized arteriosclerosis	

Other **contributory causes** of importance:
arteriosclerotic heart disease

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Isaac A. Winfield M. D.
(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

3704 3 62431

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 62431 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 9043 Llewellyn Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Smith

3 (b) If veteran, name war: worlds war

3 (c) Social Security Account No. 218-18-4897

4. Sex: Male

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JUNE-15-1898

8. AGE: Years 49 | Months 7 | Days 9 | If less than one day: hr. min.

9. Birthplace: Virginia (Town, county, and state)

10. Usual Occupation: W B A - Dock

11. Industry or business

MOTHER / FATHER

12. Name: Sydney Smith

13. Birthplace: Va -

14. Maiden Name: Betty Scott

15. Birthplace: Va -

16 (a) Informant: Beards -

(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 30-1939 (month) (day) (year)

(c) Cemetery or crematory U.S. National

Location Baltimore Md

18 (a) Funeral director Robert E Williams

(b) Address 1515 McElderry St

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 24 1939, at 7:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 24 1939, to Oct 24 1939, and that I last saw him alive on Oct 24 1939.

Immediate cause of death: Lobar Pneumonia — Duration: 4 days

Due to: Type III Pneumococcus

Due to:

Other Conditions: Rheumatic Heart Disease (Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: See above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James A. Howland M. D.

Address Johns Hopkins Hosp Date signed X-27-39

F 62432

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62432

Registered No. 97

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution: Union Mem. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 6 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State [redacted] (b) County [redacted]
(c) City or town ~~Baltimore~~ East Aurora, N.Y.
(If outside city or town limits, write RURAL and give town)
(d) Street No. ~~703 Deepdene Road~~
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) **FULL NAME** Mrs. ~~Dwight~~ Jenny F. Dimock (Jenny)

3 (b) If veteran, name war: no — | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	Wh.	mar.

6 (b) Name of husband or wife Mr. Dwight Dimock.
6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) June 6, 1857

8. AGE: Years	Months	Days	If less than one day
82	4	20	hr. min.

9. Birthplace Buffalo, New York.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Mr. George W. Newell (d)
13. Birthplace New York.

MOTHER
14. Maiden Name Plumia E. Moses. (d)
15. Birthplace New York.

16 (a) Informant Mrs Ruth D. O'Neil
(b) Address 703 Deepdene Road

17 (a) (Burial, cremation, or removal) (b) Date thereof 10-29-39 (month) (day) (year)
(c) Cemetery or crematory Palmyra Cemetery
Location Palmyra, N.Y.

18 (a) Funeral director Hugh C. Mitchell Sons
(b) Address 1900 Eutaw Place

19 (a) Oct 30 1939 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/29 1939, at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 28 1939 to Oct. 29 1939, and that I last saw h[er] alive on Oct 29 1939.

Immediate cause of death
Cardiac failure
Coronary atherosclerosis
Due to old age -

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
??

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert C. Crawford M.D.
Address Union Memorial Hospital Date signed 10/29/39

VS 3

F 62433

F 62433

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 90

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert.
(c) Hospital or institution:
Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 13 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md - (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2111 Kirk Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Thomas Hinton
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Single

6 (b) Name of husband or wife none
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 14, 1925

8. AGE: Years	Months	Days	If less than one day
13	11	1/6	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Student.
11. Industry or business none

FATHER 12. Name Mr Leonard I Hilton
13. Birthplace Virginia
MOTHER 14. Maiden Name Lillian Wilhelm
15. Birthplace Md.

16 (a) Informant (Father) Leonard I. Hilton
(b) Address Fredericksburg Va.

17 (a) Burial (Burial ~~cremation or removal~~) (b) Date thereof 11/1/39 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Maryland Park
Location Balto County Md
18 (a) Funeral director William Cook
(b) Address 1217 St. Paul st

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/29 1939, at 4 46/a M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/25 1939, to 10/29 1939, and that I last saw him alive on 10/29 1939.

Immediate cause of death	Duration
Cardiac Failure	acute - 5-10 min.
Due to Pericarditis with effusion	7 days
Due to Staphylococcal Septicaemia	11 days.

Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
(Underline the cause to which death should be charged statistically.)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert C. Crawford, M. D.
Address Union Memorial Hospital Date signed 10/29/39.

62434

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X F 62434

95-B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or ~~days~~) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Stemmers Run, Md. (If outside city or town limits, write RURAL and give town)
6 St. 6 No. (If rural give location)
(e) If foreign born, how long in U. S. A.? 47 years

3 (a) FULL NAME Elizabeth Waitkus or Watkus

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Adolph Waitkus

6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) Not known - 1875.

8. AGE: Years 64 | Months | Days | If less than one day: hr. | min.

9. Birthplace Lithuanian (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

MOTHER / FATHER

12. Name Matthew Valinskas

13. Birthplace Lithuanian

14. Maiden Name Marie Cizauskas

15. Birthplace Lithuanian

16 (a) Informant Mr. Thomas Marcin

(b) Address Stemmers Run, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 30, 1939 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Road.

18 (a) Funeral director John J. Trebilcock, Jr.

(b) Address 423 S. Paca Street,

19 (a) Filed (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 26 1939 at 12 15 PM

21. I certify that death occurred on the date above stated, that I attended deceased from Aug. 28 1939 to Oct. 26 1939 and that I last saw h er alive on Oct. 26 1939.

Immediate cause of death Post operative shock — Duration 24 hrs.

Due to Arteriosclerotic cardio vascular disease — ?

Due to

Other Conditions Draining biliary fistula (Include pregnancy within 3 months of death)

Major findings:
Of operations Draining biliary fistula Abdominal adhesions
Of autopsy Walled Calculi in liver

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

PHYSICIAN

Underline the one to which death should be charged statistically

23. Signature M. R. Trump, M.D. M. D.

Address St. Joseph Hosp. Date signed 10/26/39

Registrar

VS 3

62435

HEALTH DEPARTMENT—CITY OF BALTIMORE

62435

CERTIFICATE OF DEATH

161-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 1[illegible] Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Silverman

If U. S. Veteran specify WAR .....

(a) Residence: No. 131 Caroline St., ... Ward. Kent Co.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	col.	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 10-12-29

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

FATHER

13. NAME Nathan Silverman

14. BIRTHPLACE (city or town)
(State or country) Md.

MOTHER

15. MAIDEN NAME Gladys Watson

16. BIRTHPLACE (city or town)
(State or country) Md.

17. INFORMANT Nathan Silverman

(Address) 131 Caroline St. Baltimore

18. BURIAL, CREMATION, OR REMOVAL

Place Provident Hospital Date ... 19...

19. UNDERTAKER .....

(Address)

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-12-29

22. I HEREBY CERTIFY, That I attended deceased from 10-6-29, 19..., to 10-12-29, 19...

I last saw her alive on 10-12-29, 19... Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhagic Pneumonia	
Prematurity	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) [illegible] M. D.

(Address) Provident Hospital

OCCUPATION is very important. See instructions on back of certificate.

V6 8

F 62436

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1131

F 62436

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 610 N Curley St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 81 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 610 N Curley St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth D. Klug,
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced Widowed
6 (b) Name of husband or wife Theo J. Klug
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept 28 1858
8. AGE: Years 81 Months — Days 29 If less than one day hr. min.
9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name John Baker
13. Birthplace Scotland

MOTHER
14. Maiden Name Marie Degrey
15. Birthplace France

16 (a) Informant Arthur W. Klug
(b) Address 610 N Curley St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 31 39 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore Md
18 (a) Funeral director John Ulrich
(b) Address 2008 Aliceanna St
19 (a) (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 27 1939, at 6 P M

21. I certify that death occurred on the date above stated, that I attended deceased from Oct 1 1939, to Oct 27 1939, and that I last saw h— alive on Oct 27 1939.

Immediate cause of death: Chronic Interstitial nephritis of 5 yrs duration
Due to Arteriosclerosis — " "
Due to Hypertension "
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature W. D. Long —
Address 677 N. Arlington Ave Date signed 10/31/39 M. D.

VS 2

F 62437

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46648 - MD

95-B Registered No. F 62437

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos. - 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 33 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2927 E. Madison Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Calvert Mundon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 27, 1874

8. AGE: Years	Months	Days	If less than one day hr.	min.
65	1	0		

9. Birthplace Texas (Town, county, and state)

10. Usual Occupation Highway Dept. 0009

11. Industry or business City of Balto.

FATHER
12. Name Mundon, ? ?
13. Birthplace Texas

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant D.C.H.
(b) Address Peoria

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 31 / 39 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem
Location Baltimore

18 (a) Funeral director John Ulrich
(b) Address 2008 Allen

19 (a) (Date rec'd by registrar) (b) Registrar

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 27 1939, at 6 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 18 1939, to Oct 27 1939, and that I last saw h[illegible] alive on Oct 27 1939.

Immediate cause of death Hypertensive Cardiovascular disease — Duration unknown

Due to

Due to

Other Conditions Arthritis hemorrhoids — 3 years.

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.

Address [illegible] Date signed 10 28 39

F 62438

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 62438 Registered No. 108

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1228 S. Sharp St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Balto. Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 1228 S. Sharp St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Beatrice Anderson X

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex: Female
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 13 - 36

8. AGE: Years 3 | Months 1 | Days 14 | If less than one day: hr. min.

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation none
11. Industry or business —

FATHER 12. Name James Anderson
13. Birthplace Dead Balto Md

MOTHER 14. Maiden Name Beatrice Cooper
15. Birthplace Md

16 (a) Informant James Anderson
(b) Address 1228 S. Sharp St

17 (a) (Burial, cremation, or removal) (b) Date thereof Oct. 30-39 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. A. Co. Md

18 (a) Funeral director James A Dayis
(b) Address 1142 W Pratt St

19 (a) (Date rec'd by registrar) (b) [illegible] Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 27 19 , at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/27/1939 to 10/27 19 39
and that I last saw h alive on 10/27 19 39.

Immediate cause of death acute
Labor Pneumonia

Duration: 1 day

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David Swanson M.D.
Address 1111 W Lee Date signed Oct 27 19 39
Howard J. Anderson M.D.
Medical Examiner

OCT 30 1939

62439

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a F 62439

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1615 N. Mulberry St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 52 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1615 Mulberry St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Maggie Seeney
3 (b) If veteran, name war
3 (c) Social Security Account No. —

4 Sex: Fem
5. Color or race: Col
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Isaiah Seney
6 (c) If alive, give age 54 years
7. Birth date of deceased (mo., day, yr.) Mch 29. 1887
8. AGE: Years 52 | Months 6 7 | Days 27 | If less than one day: hr. — min.
9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name William Grimes
13. Birthplace md

MOTHER
14. Maiden Name Mary E. Thomas
15. Birthplace md

16 (a) Informant Isaiah Seeney
(b) Address 1615 N. Mulberry St
17 (a) (Burial, cremation, or removal)
(b) Date thereof Oct 30 39 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial
Location
18 (a) Funeral director Samuel H. Chase & Son
(b) Address 638 N. Eutaw
19 (a) (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 27 1939. at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 25 1939. to Oct 27 1939. and that I last saw her alive on Oct. 27 1939.

Immediate cause of death: Cerebral Hemorrhage — Duration: 3 days
Due to: Hypertension
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Douglas Sheppard, M.D. M. D.
Address 1631 Brantley Ave Date signed 10/28/39

VS 3

F 62440

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

12-[illegible] F 62440 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore Maryland

(c) Hospital or institution:

Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days

(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 619 N. Bradford St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carrie Knight

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widow

6 (b) Name of husband or wife Richard

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 27, 1889

8. AGE: Years	Months	Days	If less than one day
50 50	6	1	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

MOTHER / FATHER

12. Name Peter Stewart

13. Birthplace Va.

14. Maiden Name Louise Patterson

15. Birthplace Va.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 10-31-1939 (month) (day) (year)

(c) Cemetery or crematory Petersburgh

Location Petersburgh, Va

18 (a) Funeral director Mrs Charles G. Bailey

(b) Address 1421 Jefferson St

19 (a) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10 28 1939, at 3 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10 16 1937, to 10 28 1937, and that I last saw her alive on 10 25 1937.

Immediate cause of death Cardiac failure and Uremia — Duration several days

Due to Hypertensive Cardio vascular disease — Duration ?

Due to — Duration

Other Conditions Original Uterus — Duration ?

(Include pregnancy within 3 months of death)

Major findings:

Of operations Original Uterus

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature L. K. Woodward M. D.

Address 324 E Fayette St Date signed 10-27-39

VS 3

62441

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160-B F 62441

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1725 Halland St
(If rural give location) HOLLINS ST
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Garrison (Garrettson)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race Wh

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 9. 1939

8. AGE: Years | Months 2 | Days 19 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Thomas Garrettson
13. Birthplace Pittsburg Pa

MOTHER
14. Maiden Name Virginia Haertig
15. Birthplace Balto. Md

16 (a) Informant Mr Thomas Garrettson
(b) Address 1725 Hollins St

17 (a) Burial (Burial, cremation, or removal) 10-30-39 (month) (day) (year) thereof
(c) Cemetery or crematory Loudon Park Cem
Location Fredk Road

18 (a) Funeral director John J Cowan & Son
(b) Address 901 Hollins St

19 (a) (Date received by Registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH October 28 1939, at 5 40 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Intracranial Hemorrhage	
Due to Injury	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Major findings:	
Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Acc
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. B. Vanderhurst M.D.
Medical Examiner.
Date signed 10-30-39

62142

49510 SF 62442

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 123

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. 3105 Wylie Avenue (If rural give location)

(e) If foreign born, how long in U. S. A.? ... years

3 (a) **FULL NAME** ~~Harry E. Canapp~~ Harry E. CANAPP

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-10-8481

4. Sex M

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Ruth

6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) Aug. 31, 1907

8. AGE: Years 32 | Months 1 | Days 26 | If less than one day hr. ... min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Route Driver

11. Industry or business Fairfield Dairy

FATHER 12. Name Harry E. Canapp

13. Birthplace Maryland

MOTHER 14. Maiden Name Helen Umphry

15. Birthplace Maryland

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 30 1937 (month) (day) (year)

(c) Cemetery or crematory Lorraine.

Location Windsor Mill Road

18 (a) Funeral director Thanhouser Bros.

(b) Address 3615-17 Eastern Ave.

19 (a) ... (b) ... Registrar

(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-26 1937 at 6 20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-24 1937 to 10-26 1937, and that I last saw him alive on 10-26 1937.

Immediate cause of death	Duration
Atelectasis right lung and bronchopneumonia	1 day
Due to Meckels Diverticulitis	four days
Due to ...	
Other Conditions ...	

(Include pregnancy within 3 months of death)

Major findings:

Of operations Meckels Diverticulitis

Of autopsy ...

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ...

(b) Date of occurrence ...

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? ...

(e) Means of injury ...

23. Signature L.F. Woodward M. D.

Address Balto City Hosp. Date signed 10-27-37

F 62413 4338 - S. Patterson Pk Ave

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

49-M

Registered No. F 62413

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4338 Falls Road.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or ~~town~~ Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4338 Falls Road. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elsie L. Shay.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	married.

6 (b) Name of husband or wife John L. Shay.
6 (c) If alive, give age 1[illegible] years

7. Birth date of deceased (mo., day, yr.) Dec 19, 1[illegible]

8. AGE: Years	Months	Days	If less than one day
58.57	10	10	hr. min.

9. Birthplace Mary Land. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

MOTHER / FATHER
12. Name William Lewis
13. Birthplace Md.
14. Maiden Name Sarah Cross.
15. Birthplace Md.

16 (a) Informant John L. Shay.
(b) Address 4338 Falls Road.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 1, 1939 (month) (day) (year)
(c) Cemetery or crematory St. Mary's Cemetery
Location Roland Ave.

18 (a) Funeral director Thanhouser
(b) Address 2615 W Pratt St Ave

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 29, 1939 at 7:30 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/16 1938, to Oct. 29 1939.
and that I last saw h[illegible] alive on Oct. 28 1939.

Immediate cause of death: Carcinoma of Ovary - Left. — Duration: 1937.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Malignancy at Laparotomy 1938 — and (1939 Jan.)
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George L. Tobey M. D.
Address 430 S. Patterson Pk Date signed 10/30/39

(OVER)

F 62414

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91

Registered No. F 62414

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3002 W. Coldspring Lane

(c) Hospital or institution: ✓

(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓

(e) Length of stay in Baltimore (yrs., mos., or days) 55yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3002 W. Coldspring Lane (If rural give location)

1513

(e) If foreign born, how long in U. S. A.? ## 55 years ✓

3 (a) FULL NAME Sarah McDowell

3 (b) If veteran, name war: no

3 (c) Social Security Account No. no

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife: no

6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) June 2. 1854

8. AGE: Years 84 | Months 4 | Days 26 | If less than one day: hr. ____ min. ____

9. Birthplace Dublin Ireland (Town, county, and state)

10. Usual Occupation retired

11. Industry or business no

MOTHER / FATHER

12. Name William McDowell

13. Birthplace Ireland Scotland

14. Maiden Name Helen Graham

15. Birthplace Scootland

16 (a) Informant Mrs. John T. Finney

(b) Address 200 Goodwood Gardens

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 30.1939 (month) (day) (year)

(c) Cemetery or crematory Woodlawn Cemetery

Location Baltimore Md.

18 (a) Funeral director John Whitehurst Sons

(b) Address 1900 Eutaw Place

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 28.1939 19 . at 7 P. M

21. I certify that death occurred on the date above stated, that I attended deceased from about September 1933, to October 28 1939, and that I last saw her alive on October 28 1939.

Immediate cause of death	Duration
Senilities of age	3 years.
Due to Interstitial nephritis, general and arterial	10 years
Due to	
Other Conditions Terminal bronchopneumonia 3 hrs	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Randall R. Smith, Jr. M. D.

Address 1014 St. Paul St. Date signed 10/29/39.

STATE OF MARYLAND—CERTIFICATE OF DEATH

F 62145

2115

1. PLACE OF DEATH

County

Village or City

Registration Dist. No. 92-W

No. 4024 Hickory Ave. St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charles R. Childress

(a) Residence No. 4024 Hickory Avenue Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) October 2 — 1912

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27		28	

OCCUPATION

8. Trade, profession, or particular kind of work done as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore City (State or country)

FATHER

13. NAME Charles R. Childress

14. BIRTHPLACE (city or town) Baltimore City (State or country)

MOTHER

15. MAIDEN NAME Marion C. Shawbury

16. BIRTHPLACE (city or town) Cutlodge (State or country) Harford County

17. INFORMANT Charles R. Childress

(Address) 4024 Hickory Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's Cemetery Date Oct. 1 — 1939

19. UNDERTAKER Hillard Hall

(Address) 4329 Falls Road

20. FILED 19

Registrar

OCT 20 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October 30 1939
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1939, to Oct. 30, 1939

I last saw h— alive on Oct. 30, 1939; death is said to have occurred on the date stated above, at 2:40 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	Oct. 30 39
Pulmonary Edema	

Other Contributory Causes of importance:

Endocarditis	prob.
Streptococcus Viridens	Feb. 1939

Name of operation Date of

What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hunter H. Martin M. D.

(Address) 4037 Falls Road

If more Blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

HOW to be very important. See instructions on back of certificate.

F 62446

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-T

2066 F 62446 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1031 Hillen St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Slee

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Anne

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-18-1851

8. AGE: Years	Months	Days	If less than one day hr.	min.
88	2	10		

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

MOTHER / FATHER

12. Name Joseph Slee

13. Birthplace Germany

14. Maiden Name Rebecca Hourigle

15. Birthplace York, Pa.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 31-1939 (month) (day) (year)

(c) Cemetery or crematory Baltimore

Location North Ave.

18 (a) Funeral director Henry Troeller & Son Inc.

(b) Address 1301 E. Eager St.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-28-1939, at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-5-1937, to 10-28-1939, and that I last saw h alive on 10-28-1939.

Immediate cause of death Congestive failure — Duration 2 years

Due to Arteriosclerotic heart disease — Duration 2 —

Due to Pulm. emphysema — Duration 1

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. M. D.
Address Balto City, Hosp. Date signed 10-29-39

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 62447

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183

F 62447 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Head of Pier 4, Pratt St. Wharf
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 hr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town 2033 Ilverson St. City
(If outside city or town limits, write RURAL and give town)
Street No. 2033 Ilverson St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wasley F. Hammond

3 (b) If veteran, name war W. W. I

3 (c) Social Security Account No.

4. Sex male

5. Color or race colored

6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Roberta Hammond

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 43 | Months | Days | If less than one day: hr | min

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Porter

11. Industry or business Pennsylvania Shore

MOTHER FATHER

12. Name Wasley Hammond

13. Birthplace Baltimore Md

14. Maiden Name Lillie Wells

15. Birthplace Baltimore, Md

16 (a) Informant Lillie Hammond - mother

(b) Address 2037 Ilverson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 30, 1939 (month) (day) (year)

(c) Cemetery or crematory National Cem

Location

18 (a) Funeral director George F. Nelson

(b) Address 1303 Presstman St

19 (a) 1939 (b) Registrar

(Date received by registrar)

V8 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 21st 1939, at 8 25 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death: Drowning

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Oct. 21st, 1939
(c) Where did injury occur? Pier 4, Pratt St Wharf
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? ?
(e) Means of injury Drowning from Pier

23. Signature H. L. Wolcomber M.D.
Medical Examiner

Date signed Oct 30, 1939

F 62448

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157-F 62448

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 612 S Newkirk St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 612 S. Newkirk St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Danna

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 29/39

8. AGE: Years	Months	Days	If less than one day
			hr. 5, min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER

12. Name Frank Danna

13. Birthplace Italy

MOTHER

14. Maiden Name Anna Keck

15. Birthplace Baltimore Md.

16 (a) Informant Frank Danna (Father)

(b) Address 612 S. Newkirk St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 30/39 (month) (day) (year)

(c) Cemetery or crematory Sacred Heart

Location German Hill Road

18 (a) Funeral director Lilly & Zeiler INC.

(b) Address 403 S. Wolfe St.

19 (a) 10-30-1939 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 29/39 19 . at 4/30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,

and that I last saw h alive on 19 .

Immediate cause of death — **Duration**

Due to Early separation of Placenta

Due to Entrance of blood into air passages

Other Conditions Foramen Ovale & ases to close.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Adam Tod M. D.

Address of 616 Eastern Ave Date signed

VS 3

F 62449

COK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V80

F 62449

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore Maryland

(c) Hospital or institution:
Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 21

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1016 W. Cross St.
(If rural give location)

(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME
Bernard F. Stolte

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-12-6290

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Estelle

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 25, 1879

8. AGE: Years	Months	Days	If less than one day
60 60	0	3	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Odd

FATHER

12. Name Bernard G. Stolte

13. Birthplace Germany

MOTHER

14. Maiden Name Elizabeth Dyer

15. Birthplace Md.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 31, 1939 (month) (day) (year)

(c) Cemetery or crematory Western Cemetery

Location

18 (a) Funeral director Ambrosey Sons

(b) Address 1017 W. Cross St.

19 (a) (Date rec'd by registrar) (b) Registrar

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-28- 1939 at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-18- 1939, to 10-28- 1939, and that I last saw h alive on 10-28- 1939.

Immediate cause of death	Duration
Uremia	15 days
Due to Tubes convoluted	?
Due to Generalized arteriosclerosis	?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature [illegible] M. D.

Address Balto City Hosp Date signed 10-29-39

F 62450

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62450 X

210-M

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) None
(e) Length of stay in Baltimore (yrs., mos., or days) Dead upon Arrival None

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Marley-Glen Burnie R.D. (If outside city or town limits, write RURAL, and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Smith

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None.

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Maric M. Smith

6 (c) If alive, give age 26 years

7. Birth date of deceased (mo., day, yr.) Feb-24, 1906

8. AGE: Years 33 | Months 8 | Days 3 | If less than one day: hr. min

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business State Roads Comm.

FATHER
12. Name Andrew Smith
13. Birthplace Pallstown Pa

MOTHER
14. Maiden Name Mary E Smith
15. Birthplace Baltimore, Md

16 (a) Informant Andrew Smith.
(b) Address Marley, Glen Burnie P.O.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 31, 1939 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn Md. P.O.

18 (a) Funeral director Thomas W. Livingston
(b) Address Glen Burnie, Md.

19 (a) (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 27th 1939, at 2 45 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fracture, multiple ribs	
Due to Rupture, liver	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above. Hemorrhage

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence Oct 27th, 1939 at 11 30 a.m.
(c) Where did injury occur? Grove Highway Md Anne Arundel (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? street (Specify type of place) While at work? —
(e) Means of injury Struck shoulder & thrown out of truck

23. Signature H. L. Wollenweber M.D.
Asst. Medical Examiner

Date signed Oct 27th, 1939

Correct age is especially important. Physicians, please write the causes of death clearly and legibly.

VS 6

F 62451

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 54

F 62451

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3026 Woodland Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 24 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3026 Woodland Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME David Carroll Marshall

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-03-2347

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ella V. Marshall

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 9, 1875

8. AGE: Years 64 | Months 9 | Days 19 | If less than one day: hr. min.

9. Birthplace Green County, Virginia (Town, county, and state)

10. Usual Occupation Sterotyper

11. Industry or business Baltimore Sun

MOTHER / FATHER

12. Name Peter Marshall

13. Birthplace Virginia

14. Maiden Name Anna Groves

15. Birthplace Winchester, Va.

16 (a) Informant Mrs. Ella V. Marshall

(b) Address 3026 Woodland Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-31-39 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Woodlawn, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,

(b) Address North & Pa. Avenues.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 28, 1939, at 10.15 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from October 26 1939 to Oct 28 1939. and that I last saw h alive on Oct 28 1939.

Immediate cause of death: Angina Pectoris — Duration: 3 days

Due to Arterio Sclerosis

Due to and Diabetes — Some years

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John D Buket

Address 4802 Eastern Ave Date signed M. 10 D. 30/39

VS 3

F 62452

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62452 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 70 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2705 Allendale Rd. City (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. William Trickett Biles
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: M
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mrs. Wm T. Biles
6 (c) If alive, give age: 56 years
7. Birth date of deceased (mo., day, yr.) March 26, 1865
8. AGE: Years 74 | Months 7 | Days 3 | If less than one day: hr. min.
9. Birthplace: Maryland, Dixie Quarter (Town, county, and state)
10. Usual Occupation: Lawyer
11. Industry or business

FATHER
12. Name: John R. Biles
13. Birthplace: Quantico, Maryland

MOTHER
14. Maiden Name: Margaret Marshall
15. Birthplace: Royal Oak, Maryland

16 (a) Informant: Mrs. Wm. T. Biles Jr.
(b) Address: 2705 Allendale Rd City

17 (a) Burial (Burial, cremation, or removal)
(b) Date thereof: Oct 31 1939 (month) (day) (year)
(c) Cemetery or crematory: Woodlawn
Location: Baltimore

18 (a) Funeral director: W. J. Tichner
(b) Address: N. Ave., City

19 (a) (Date rec'd by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 29, 1939. at 11:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 21 1939. to Oct. 29 1939. and that I last saw him alive on Oct. 29 1939.

Immediate cause of death: Cachexia — Duration: —

Due to: ? Generalized Carcinomatosis — Duration: —

Due to: Carcinoma of Bladder — Duration: over

Other Conditions: Generalized Arteriosclerosis, Carbuncle of left hip (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN (Underline the cause to which death should be charged statistically)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Redmond Chatard, M. D.
Address: Union Memorial Hosp. Date signed: 10-29-39

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 62453

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 62453

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 145 S Fulton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 145 S Fulton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Adam Hautsinch

3 (b) If veteran, name war: —

3 (c) Social Security Account No. none

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife:

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 13 1870

8. AGE: Years 69 | Months 8 | Days 14 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Merchant

11. Industry or business Grocery

FATHER 12. Name Henry Hautsinch

13. Birthplace Germany

MOTHER 14. Maiden Name Hohmann

15. Birthplace Germany

16 (a) Informant Anna Gonch

(b) Address 435 E Lanvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 30 39 (month) (day) (year)

(c) Cemetery or crematory Mt Carmel

Location Baltimore (Co.)

18 (a) Funeral director Wilson (Co.)

(b) Address 129 S Eutaw

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 27 1939, at 4:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 15 1939, to Oct. 27 1939, and that I last saw him alive on Oct. 26 1939.

Immediate cause of death	Duration
Coronary Occlusion	1 hour
Due to	
Due to	
Other Conditions Malnutrition	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Philip D. Flynn, M. D.

Address 435 E North Ave Date signed 10-28-39

C. F. Wallenborn Asst Med Examiner
Rec'd 28 Baltimore

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 62451

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B

F 62451 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1514 Moreland Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 1514 Moreland Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Christian Kammer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, ~~widowed, or~~ divorced. Married

6 (b) Name of husband ~~or wife~~ Anna Kammer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 20th 1859

8. AGE: Years 80 | Months 3 | Days 7 | If less than one day: hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Retired 6060

11. Industry or business Steamfitter

FATHER

12. Name John Kammer

13. Birthplace Germany

MOTHER

14. Maiden Name Elizabeth (Unknown)

15. Birthplace Germany

16 (a) Informant Anna Kammer

(b) Address 1514 Moreland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/31/39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ London Park

Location Balto Md

18 (a) Funeral director Wm Cook

(b) Address 1217 St Paul St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 27th 1939, at 5:30 P M

21. I certify that death occurred on the date above stated, that I attended deceased from Oct 27th 1939, to Oct 27th 1939, and that I last saw h[illegible] alive on Oct 27th 1939.

Immediate cause of death	Duration
Coronary Occlusion	
Due to Coronary Sclerosis	
Due to Bright's Disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature M P Byerly M. D.

Address 3045 W North Ave Date signed 10/4/39

V. A. Wollenweber-M. D. assisted. Examined by W. A. Blackburn

VS 3

F 62455

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B

F 62455 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Green Spring Lane and
(c) Hospital or institution Virginia Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2807 N. Benson Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

NT

3 (a) FULL NAME Philip Schweiger

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-03-0025

4. Sex	5. Color or race	6 (a) Single, married, ~~widowed, or divorced~~
M.	Wh	Married

6 (b) Name of husband or wife Elsworth.

6 (c) If alive, give age 27 years

7. Birth date of deceased (mo., day, yr.) Aug 9. 1889

8. AGE: Years	Months	Days	If less than one day
50	2	1820	hr min

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Curator
11. Industry or business Motion Picture Exhibitor

FATHER 12. Name Unknown Schweiger
13. Birthplace Unknown

MOTHER 14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs Elsworth Schweiger
(b) Address 2807 N Benson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 31 39 (month) (day) (year)
(c) Cemetery or crematory Western
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St Paul Street

19 (a) Filed OCT 30 1939 (b) Huntington Williams M.D. Registrar
(Inserted by registrar)

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH October 29 1939, at 8:15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Bruns Craft M.D
Medical Examiner

Date signed 10-30-39

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A&Co. 5-31 250B

62456

HEALTH DEPARTMENT—CITY OF BALTIMORE

62456

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH 1827 E. Biddle St

CITY OF BALTIMORE: (No.) St. 8-7 Ward)

Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Elizabeth Brogden

(a) Residence: No. 1827 E. Biddle St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas Brogden

6. DATE OF BIRTH (month, day, year) Feb 19 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Charlotte Co. Va.

MOTHER FATHER

13. NAME Nelson Jones

14. BIRTHPLACE (city or town) (State or country) Charlotte Co Va

15. MAIDEN NAME Elizabeth Tronnam

16. BIRTHPLACE (city or town) (State or country) New Bedford Mass

17. INFORMANT Mary Brogden
(Address) 1827 E. Biddle St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 10-31 1939

19. UNDERTAKER Mrs. L. A. Elliott-Daughter
(Address) 1129 N. Carrollton

20. FILED ____, 19__ ____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1939 to Oct 28, 1939

I last saw her alive on Oct 28, 1939 death is said to have occurred on the date stated above, at 3 45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Disease	1931
Coronary Thrombosis	Sept 1939
Other contributory causes of importance: Arteriosclerosis	
Hypertensive Cardio-renal	1930

Name of operation ____ Date of ____

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) I. D. Thayer, M. D.

(Address) 1425 E. Chase St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 62157

Beard Guards
218-01-0489

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 62457 Registered No. 173

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Hoffman St. east of
(c) Hospital or institution: Pennsylvania Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 616 Perkins Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Walker

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-01-0489

4. Sex M

5. Color or race Col

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 28, 1920

8. AGE: Years 19 | Months 4 | Days | If less than one day: hr min

9. Birthplace ~~June 28~~ Balto Md. (Town, county, and state)

10. Usual Occupation Unemployed CCC Camp

11. Industry or business

FATHER 12. Name Richard Walker

13. Birthplace Baltimore, Md

MOTHER 14. Maiden Name Ollie Howard

15. Birthplace Woodstock, Md

16 (a) Informant Ollie Walker

(b) Address 616 Perkins St

17 (a) (Burial, cremation, or removal)

(b) Date thereof Nov 2, 1937 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location

18 (a) Funeral director Mrs Katie R Williams

(b) Address 322 N Schroeder St

19 (a) Date received by Registrar OCT 30 1937

(b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH October 28 1937, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Bullet wounds of Chest, perforation Transmediastinal artery	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 10-28-37
(c) Where did injury occur? Hoffman near Penn (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? No
(e) Means of injury Bullet

23. Signature Wm Wade Gray M.D. Medical Examiner

Date signed 10/29/37

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 62158

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131

F 62158 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 407 McCulloh
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1407 A Cullen St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Bright

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Stephen

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 3, 1854

8. AGE: Years: 85 | Months: 1 | Days: 27 | If less than one day: hr. min.

9. Birthplace N. C. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Noah Taylor
13. Birthplace N. C.

MOTHER
14. Maiden Name Mary Spence
15. Birthplace N. C.

16 (a) Informant Louise Taylor Howell
(b) Address 1401 McCulloh St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-31-39. (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location Baltimore Md.

18 (a) Funeral director Charles G. Cooper
(b) Address 27 yr. N. Calhoun St.

19 (a) Date received OCT 30 1939 (b) Registrar's

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 27 1939, at 11:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 25 1939, to Oct 27 1939, and that I last saw h alive on 19

Immediate cause of death: Acute Intestinal Obstruction — Duration: 5 hrs

Due to Hypostatic Lung Congestion

Due to Renal Disease

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. D.
Address 903 N. Fremont Date signed Oct 30

F 62459

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-e F 62459 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 728 Carroll St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto City (If outside city or town limits, write RURAL and give town)

(d) Street No. 728 Carroll St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Parks

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Wm. Parks

6 (c) If alive, give age 79 years

7. Birth date of deceased (mo., day, yr.) Dec 3, 1870

8. AGE: Years 68 | Months 10 | Days 26 | If less than one day: hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name ? Lewis

13. Birthplace Va.

MOTHER 14. Maiden Name Dont Know

15. Birthplace " "

16 (a) Informant Wm. Parks

(b) Address 728 Carroll St.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Nov. 1 39 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cem

Location Balto. Md.

18 (a) Funeral director Margaret E. Lynn

(b) Address 1422 Light St.

19 (a) (b) Registrar (Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 29th, 1939, at 1 A M

21. I certify that death occurred on the date above stated; that I attended deceased from August 1937 to Oct 29 1939. and that I last saw h[illegible] alive on Oct 27 1939.

Immediate cause of death Acute cardiac dilatation — Duration: 1 hour

Due to Cardio vas ular hypertension — Duration: some years

Due to

Other Conditions Cardiac hypertrophy and myocarditis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Irene M. Fritz, M. D.

Address 2435 Maryland Ave Date signed 10/29/39

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 62460

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 B

Registered No. F 62460

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2416 Druid Park Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town, give name of county and give town)
(d) Street No. 2403 W. Fayette St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 45 yrs. years

3 (a) FULL NAME Isaac Rosenthal

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-05-6607

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Anna Rosenthal

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE Years 62 Months Days If less than one day hr. min.

9. Birthplace Russia (City, county, and state)

10. Usual Occupation Retired -

11. Industry or business Designer

MOTHER / FATHER

12. Name -

13. Birthplace Russia

14. Maiden Name -

15. Birthplace Russia

16 (a) Informant Fanny Rosenthal

(b) Address 502 York Rd.

17 (a) Burial (Burial, cremation, or removal)

(b) Date thereof 10/30/39 (month) (day) (year)

(c) Cemetery or crematory Hebrew Friendship

Location Fayette St.

18 (a) Funeral director Wolf Kaufman Inc

(b) Address 1739 E. Baltimore St.

19 (a) OCT 30 1939 Registrar

(b) Name recorded by registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-29-39 19 3:15 P.M

21. I certify that death occurred on the date above stated, that I attended deceased from Sept. 19, 1939 to Oct. 29 1939. and that I last saw him alive on Oct. 29, 1939.

Immediate cause of death Coronary Thrombosis. — Duration about 6 weeks

Due to Family Arteriosclerosis. — Duration Years

Due to

Other Conditions PAGET'S Disease of Bones.

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nathan H. Shapiro M.D.

Address 2351 Eutaw Pl. Date signed 10/29/39

M. D.

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS 3

F 62461

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 c F 62461 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 404 N. Paca Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town) Balt
(d) Street No. 404 N. Paca Street (If rural give location)
(e) If foreign born, how long in U. S. A.? 27 yrs. years

3 (a) FULL NAME Sarah Portuera

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Anthony Portuera
6 (c) If alive, give age 65 years
7. Birth date of deceased (mo., day, yr.) Oct 8 1874
8. AGE: Years 65 Months - Days 21 If less than one day hr. min.
9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Phillip Silva
13. Birthplace Italy

MOTHER
14. Maiden Name Lucy Retinas
15. Birthplace Italy

16 (a) Informant Mr. Anthony Portuera
(b) Address 404 N. Paca St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/31/39 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Edmondson Ave.

18 (a) Funeral director Liston Lichtfeld
(b) Address 501 E. 20nd St.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/29/ 1939 at 8 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 3 1939 to Oct. 28 1939.
and that I last saw her alive on Oct. 28 1939.

	Duration
Immediate cause of death: Chronic myocarditis	
Due to: Chronic bronchitis	2 years
Due to	
Other Conditions: Hemorrhoids	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles Porta
Address 756 W. Fayette St. Date signed 10-29-39

Please write plainly. Physicians: please write the causes of death clearly and legibly. The correct age is especially important.

F 62462

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124 B

Registered No. F 62462

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Providence Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 549 N Preston St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

17

3 (a) FULL NAME Earl Davis

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr)

8. AGE: Years 45 | Months | Days | If less than one day: hr min

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Location

UNIVERSITY MEDICAL SCHOOL OCT 30 1939

Commissioner of Health

Per H. A. Moore

18 (a) Funeral director

(b) Address Huntingtown Williamsport, Md.

19 (a) OCT 30 1939 (Date rec'd by registrar) Registrar 4125

MEDICAL CERTIFICATION

20. DATE OF DEATH October 25 1939, at 12 05 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Autopsy or Inquest) thereon and from the evidence obtained by said (Autopsy or Inquest) find that said deceased came to his death on the day stated above.

Immediate cause of death: Carcinoma of liver

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H J Wollenweber M.D. Medical Examiner

Date signed Oct 26, 1939

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 62163

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 62163

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University Hosp.
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Parkton, Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Fred Kramer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race Wh | 6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years about 50 | Months | Days | If less than one day hr. min

9. Birthplace (Town, county, and state) Md

10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

UNIVERSITY MEDICAL SCHOOL OCT 30 1939
Commissioner of Health

18 (a) Funeral director Dr. H. A. Moore
(b) Address Hunting Town Williamsport, Md.

19 (a) OCT 30 1939 (Date rec'd by registrar) Registered 3128

MEDICAL CERTIFICATION 10P

20. DATE OF DEATH October 19 1939 (a) M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon (Autopsy or Inquiry) and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Subdural hematoma, R
Due to hemorrhage in brain
Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Undetermined
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Amberg M.D.
(Medical Examiner)
Date signed 10/30/39

V8 4

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 62161

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

34-C Registered No. F 62161

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 424 N. Biddle St
(c) Hospital or institution: 11 4

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County Urgent
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James T. Born

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day: hr.	min
Col 20				

9. Birthplace (Town, county, and state) Va

10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal)
(b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location

18 (a) Funeral director
(b) Address

19 OCT 30 1939 (Date rec'd by registrar)

UNIVERSITY MEDICAL SCHOOL OCT 30 1939
Commissioner of Health
Per H. A. Moore
Whitington Williams M.D.

V.S. 6

MEDICAL CERTIFICATION

20. DATE OF DEATH October 19 1939, at Early M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Due to Syphilitic aortitis

Due to Aneurysm / aorta

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Sanderson M.D. Medical Examiner

Date signed 10/30/39

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 62165

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

175

Registered No. F 62165

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside either town limits, write RURAL and give town)
(d) Street No. 1112 E. Lombard St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Brusive

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 55 | Months | Days | If less than one day: hr min

9. Birthplace (Town, county, and state) Md

10. Usual Occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Location

UNIVERSITY MEDICAL SCHOOL OCT 30 1939

18 (a) Funeral director Commissioner of Health

(b) Address Per H. A. Moore

19 (a) (Date rec'd by registrar) OCT 30 1939 (b) (Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH October 25th 1939, at 3 25 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquest) thereon and from the evidence obtained by said autopsy (Autopsy or Inquest) find that said deceased came to death on the day stated above.

Immediate cause of death: Fractured skull

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Of autopsy as above

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence Oct 25th, 1939
(c) Where did injury occur? 1112 E. Lombard St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work (Specify)
(e) Means of injury Galvanized pipe (1/2")

23. Signature H L Wachsmuth M.D
Asst Medical Examiner

Date signed Oct 25th, 1939

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 62466

CERTIFICATE OF DEATH

F 62466

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. So Balto Gen'l Hospital Ward) 6-250

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Mary Louise Stein

If U. S. Veteran specify WAR None

(a) Residence: No. 4210 Sheldon Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry W. Stein

6. DATE OF BIRTH (month, day, year) abt 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
abt 64	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Patrick J. Lee

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Kerrigan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr. Albert J. Stein (son)

(Address) 4210 Sheldon Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Oct 31/39 19

19. UNDERTAKER STEWART & MOWEN COMPANY

(Address) (N. F. WOODEN SUC.) 108 W. NORTH AVENUE

20. FILED OCT 30 1939 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1939 to Oct 29, 1939.

I last saw him alive on Oct 29, 1939. Death is said to have occurred on the date stated above, at 8 25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of right breast with metastases	10 yrs
Other contributory causes of importance: Pathological fracture of left humerus	Oct 10, '39

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel L. Lee M. D.

(Address) So Balto Gen'l Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

V9 9

F 62467

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

Registered No. F 62467

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 63 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 2223 W. Lexington St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George J. Albrecht
3 (b) If veteran, name war
3 (c) Social Security Account No. 212-05-4188

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Blanche R Albrecht
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov 6 1875
8. AGE: Years 63 | Months 11 | Days 23 | If less than one day: hr. min.
9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Electrician
11. Industry or business Gen Gas & Elec Co

MOTHER / FATHER
12. Name Timothy Albrecht
13. Birthplace Germany
14. Maiden Name Mary Lechner
15. Birthplace Balto Md.

16 (a) Informant Blanche R Albrecht
(b) Address 2223 W Lexington St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 1 39 (month) (day) (year)
(c) Cemetery or crematory Meadowridge Cemetery
Location Maryland
18 (a) Funeral director Harry A. Kinnamon
(b) Address 4245 Ridgewood Ave
19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 29 1939 at 2-25 pm M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-24 1939 to 10-29 1939, and that I last saw him alive on 10-24 1939.

	Duration
Immediate cause of death: Cerebral Hemorrhage	5 days
Due to: Hypertensive heart disease	?
Due to: Compensated	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. McClafferty M. D.
Address Bon Secours Hospital Date signed 10-29-39

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

F 62168

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-BV

Registered No. F 62168

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3066 W Lanvale St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3066 W. Lanvale St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John P. Kennedy

3 (b) If veteran, name war

3 (c) Social Security Account No. 716-17-9544

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Wh	Widower

6 (b) Name of husband or wife Margaret Kennedy

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-10-84

8. AGE: Years	Months	Days	If less than one day: hr.	min.
55	10	19		

9. Birthplace Butler Pa (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER 12. Name Peter Kennedy

FATHER 13. Birthplace ✓

MOTHER 14. Maiden Name ✓

MOTHER 15. Birthplace ✓

16 (a) Informant ✓

(b) Address ✓

17 (a) (Burial, cremation, or removal) (b) Date thereof 10/31/39 (month) (day) (year)

(c) Cemetery or crematory New National

Location

18 (a) Funeral director Mrs M C Syfer

(b) Address 1600 W North ave

19 (a) OCT 30 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 29 1939 at 830 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H H Underhill Medical Examiner M.D.

Date signed 10-30-39

VS 6

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Spec—12-23-21—E.B.R.S.—400 Bks.

62469 HEALTH DEPARTMENT—CITY OF BALTIMORE F 62469

CERTIFICATE OF DEATH.

Registered No. 97

1-PLACE OF DEATH

City of BALTIMORE: (No. 629 Dumbarton Ave St., 9-1 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. George John Vondenheide.

(a) Residence No. 629 Dumbarton Ave St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, (Widowed), or Divorced. (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (~~not this~~) Margaret Batzel

6-DATE OF BIRTH (month, day and year) Aug 19, 1860

7-AGE. 79 yrs. 2 mos. 10 ds. If LESS than 1 day, hrs. or mns.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Retired shipping clerk.
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Munster, Ohio

PARENTS

10-NAME OF FATHER. Bernard Vondenheide

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER.

13-BIRTHPLACE OF MOTHER (State or Country). Germany.

14- (Informant) Henry Vondenheide
(Address) 629 Dumbarton Ave

15- Filed OCT 30 1939 Huntingtor Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 10/29/39

17- I HEREBY CERTIFY, That I attended deceased from January, 1937 to Oct 29, 1939 that I last saw him alive on October 11, 1939 and that death occurred, on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows:

General collapse - Senility:

Sudden.
(Duration) yrs. mos. d.

CONTRIBUTORY (Secondary) Fulton State ment (over)
(Duration) yrs. mos. d.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Course

(Signed) Wm. J. Fulton M.D.
, 19 (Address) 2211 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Emanuel, Ohio

DATE OF BURIAL. 10/31 19

20-UNDERTAKER. J. A. Moran

ADDRESS E Baltimore

F 62470

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53-E

Registered No. F 62470

PLEASE WRITE PLAINLY, WITH INKING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2530 E. Madison St.

(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)

(d) Street No. 2530 E. Madison St. (If rural give location)

(e) If foreign born, how long in U. S. A.? 54 yrs. years

3 (a) **FULL NAME** Elizabeth Gagalski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: Anthony Gagalski deceased

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10, 1872

8. AGE: Years 67 | Months 3 | Days 17 | If less than one day: hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER

12. Name Fred Williams

13. Birthplace Germany

MOTHER

14. Maiden Name Kahn

15. Birthplace Germany

16 (a) Informant Catherine Weller

(b) Address 2530 E. Madison Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 31, 1939 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Rd.

18 (a) Funeral director Charles E. Schimunek.

(b) Address 2601-03 E. Madison Street

19 (a) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/31 1939, at 4:38 M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/19 1938, to 10/31 1939, and that I last saw h[illegible] alive on 10/31 1939.

Immediate cause of death: Carcinoma of Parotid gland — Duration: 1yr, 2mo

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Chas B Marek M.D.

Address 801 N Eutaw Received 10/18/39

VS 3

F 62471

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59

Registered No. F 62471

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4620 Kavon Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4620 Kavon Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret E. Cook

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: George H. Cook
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 15. 1866

8. AGE: Years 72 | Months 11 | Days 12 | If less than one day: hr. min.

9. Birthplace: New York (Town, county, and state)

10. Usual Occupation: None

11. Industry or business

MOTHER / FATHER

12. Name Joseph Meade
13. Birthplace New York
14. Maiden Name Mary Gibbons
15. Birthplace New York

16 (a) Informant Mrs. M. C. Burns
(b) Address 619 E. 34th Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 31/39 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

19 (a) OCT 30 1939 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/27/39 19 . at 8:30 M

21. I certify that death occurred on the date above stated, that I attended deceased from 2/18/38 19 to 10/25/39 19 , and that I last saw her alive on 10/26/39 19

Immediate cause of death
Chr. Nephritis
Due to Diabetes Mellitus
Due to Art. sclerosis

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sheldon Eastland
Address Bayd. Arts Bldg. Date signed 10/30/39
Dr. Sheldon Eastland

F 62472

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

F 62472 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1704 N. Milton Avenue

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County none

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1704 N. Milton Avenue (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Susan E. Heinbuch

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife George Heinbuch

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 18, 1848

8. AGE: Years	Months	Days	If less than one day
91	8	11	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation retired housewife

11. Industry or business

MOTHER / FATHER

12. Name ?

13. Birthplace Germany

14. Maiden Name ?

15. Birthplace Germany

16 (a) Informant Emma Heinbuch

(b) Address 1704 N. Milton Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 31, 1939 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Greenmount

Location Greenmount Avenue, Baltimore

18 (a) Funeral director John O. Mitchell & Sons, Inc.

(b) Address 1900 Eutaw Place, Baltimore

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/29 1939, at 1 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9 1937, to 10/29 1939, and that I last saw her alive on 10/28 1939.

Immediate cause of death	Duration
Arteriosclerotic Cardio-Vascular disease.	3 yrs.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature C. N. Heinbuch M. D.

Address 6701 York Rd Date signed 10/30/39

VS 3

F 62473

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 62473 Registered No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 410 Evesham Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 410 Eveshan Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Joseph Ault

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Florence V. Benson
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Aug. 25, 1870

8. AGE: Years	Months	Days	If less than one day
69	2	3	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business

FATHER
12. Name William H. Ault
13. Birthplace Va.

MOTHER
14. Maiden Name Eleanor Smoot
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Florence V. Ault
(b) Address 410 Evesham Avenue, Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 30, 1939 (month) (day) (year)
(c) Cemetery or crematory? Loudon Park
Location Frederick Avenue, Baltimore

18 (a) Funeral director Colon O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place, Baltimore

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 28. 1939. at 9 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 9. 1. 1939. to Oct 28 1939. and that I last saw him alive on Oct. 28. 1939.

Immediate cause of death — **Duration**

Acute Cardiac Dilatation. — 1½ hrs

Due to Albus-Nephritis Chronic Int. Nephritis.

Due to none

Other Conditions none.

(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thos Norton, Jr. M. D.
Address 888 W. Lombard St. Date signed

VS 3

F 62474

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

F 62474

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 217 N. Bethel St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 217 N. Bethel St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Luvinia Conway

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	widowed

6 (b) Name of husband or wife not known

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years	Months	Days	If less than one day: hr.	min.
72				

9. Birthplace Queen Ann Co Va (Town, county, and state)

10. Usual Occupation domestic

11. Industry or business

FATHER 12. Name Jervis Hutchens

13. Birthplace

MOTHER 14. Maiden Name Henrietta Little

15. Birthplace

16 (a) Informant Mrs Fannie Hutchens

(b) Address 1307 H Alley

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 31 39 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cemet

Location Baltimore Md

18 (a) Funeral director Edward A Wilson

(b) Address 1000 Brantly Av

19 (a) Date received by registrar Oct 31 1939 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 30 1939 at 10.20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 6 1937 to Oct 30 1939 and that I last saw her alive on Oct 25 1939.

Immediate cause of death	Duration
Cardio-vascular-renal disease	sev. years
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. [illegible] M. D.

Address 1500 E. Madison St Date signed 10. 30. 39

F 62475 Marcijona Strazdauskas F 62475

BALTIMORE CITY HEALTH DEPARTMENT 46-D Registered No.

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY. WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 907 Bayard St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County B
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 907 Bayard St (If rural give location)
(e) If foreign born, how long in U. S. A.? 27 years

27 W

3 (a) FULL NAME MARCIJONA STRAZDAUSKAS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Fem.

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife VALERIJONAS

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MARCH 4 1872

8. AGE: Years 67 Months 7 Days 25 If less than one day hr. min.

9. Birthplace Lith (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER 12. Name ANJANAS DARGIS

13. Birthplace Lith

MOTHER 14. Maiden Name Unknown.

15. Birthplace Lith.

16 (a) Informant Walter Strazdauskas

(b) Address 907 Bayard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 2/39 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Blair Rd

18 (a) Funeral director Joseph Kasmakas Sons

(b) Address 60 W Baltimore St

19 (a) (Date rec'd by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 29th 1939, at 11:30 P. M

21. I certify that death occurred on the date above stated, that I attended deceased from April 1938, to Oct 29th 1939, and that I last saw her alive on Oct 29th 1939.

Immediate cause of death	Duration
Cancer of rectum	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel Hamburg. M. D.
Address 3735 Park Heights Ave Date signed Oct 30th 39

OCT 1 1939

62476

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62476 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4215 Raspe Avenue

(c) Hospital or institution: ----

(d) Length of stay in hospital or inst. (yrs., mos., or days) ---

(e) Length of stay in Baltimore (yrs., mos., or days) 50 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County ---

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 4215 Raspe Avenue (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eleanora Scheidt

3 (b) If veteran, name war: ---

3 (c) Social Security Account No. ---

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife William Scheidt

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 19th 1881

8. AGE: Years	Months	Days	If less than one day
58	8	9	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

MOTHER / FATHER

12. Name George Wilson

13. Birthplace Germany

14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant Miss Eleanora Scheidt

(b) Address 4215 Raspe Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 31st 1939 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons

(b) Address North & Penna Aves.

19 (a) OCT 31 1939 (Date filed by registrar) (b) [signature] Registrar

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 28 1939 at 8:50 A M

21. I certify that death occurred on the date above stated, that I attended deceased from 9/29 1939 to 10/28 1939. and that I last saw her alive on 10/28 1939.

Immediate cause of death	Duration
Coronary Thrombosis	1 da
Due to Hypertensive Cardio Vascular Disease	yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Dr. Dwight G. Lancaster

Address 6714 Washington Blvd Date signed 10/30/39

Lottie M Marshall

F 62477

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-c

F 62477 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2826 N North Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. 2826 N North Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

15 56

3 (a) FULL NAME Lettie May Marshall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Morton Martin

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 3 1874

8. AGE: Years	Months	Days	If less than one day: hr.	min.
65	5	26		

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

MOTHER / FATHER

12. Name Hugh R. Roberts

13. Birthplace Baltimore

14. Maiden Name Emaly Machaney

15. Birthplace Baltimore

16 (a) Informant Mrs Morton Marshall

(b) Address 2826 N North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 1st 39 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Baltimore, Md

18 (a) Funeral director William J Tukner & Son

(b) Address North & Pennsylvania

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 29 1939, at 3 20 A M

21. I certify that death occurred on the date above stated, that I attended deceased from Aug. 28, 1939 to Oct 29 1939 and that I last saw her alive on Oct. 28 1939

Immediate cause of death

Chronic Myocarditis — Duration: 1 Yr.

Due to Arterisclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature R. R. Crockett M. D.

Address 2757 W North Ave Date signed

F 62478

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51-a

F 62478
Registered No.

PLEASE WRITE PLAINLY. WITH UNFADING INK. Every item of information should be carefully supplied. Street age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Mos.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Frederick
(c) City or town Emmitsburg Md (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edgar Rhodes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mrs. Sarah Rhodes

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Feb 16 1875

8. AGE: Years: 61 | Months: 11 | Days: 14 | If less than one day: hr. min.

9. Birthplace: Penna (town, county, and state)

10. Usual Occupation: Salesman Books

11. Industry or business

FATHER 12. Name: David Rhodes
13. Birthplace: Penna

MOTHER 14. Maiden Name: Anna Brown
15. Birthplace: Penna

16 (a) Informant: Katherine Rhodes
(b) Address: Emmitsburg Md

17 (a) Burial / (b) Date thereof: Oct 31/39 (month) (day) (year)
(c) Cemetery or crematory: Emmitsburg Md.
Location

18 (a) Funeral director: A Lawrence Boyle
(b) Address: 112 E. North Ave

19 (a) (Date received by registrar) (b) Registrar

OCT 31 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-30 1939, at 5.45 PM

21. I certify that death occurred on the date above stated, that I attended deceased from 6-12 1939, to 10-30 1939, and that I last saw h[illegible] alive on 10-30 1939.

Immediate cause of death Congestive Heart Failure — Duration

Due to Hypernephroma of Kidney

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
Means of injury

23. Signature Theo. E. Woodward M. D.
Address Univ. Hospital Date signed 10-30-39

F 62179

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

F 62179

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4008 Ridgewood Ave

(c) Hospital or institution: Home

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County —

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 4008 Ridgewood Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Jane Stastings Edwards

3 (b) If veteran, name war: no

3 (c) Social Security Account No. ?

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: Single

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 23 1856

8. AGE: Years 83 Months 1 Days 6 If less than one day: hr. min.

9. Birthplace Balto md. (Town, county, and state)

10. Usual Occupation retired

11. Industry or business retired

MOTHER / FATHER

12. Name David C. Edwards

13. Birthplace Penna

14. Maiden Name Margaret McCleary

15. Birthplace Ireland

16 (a) Informant Mrs Kate M. Lennert

(b) Address 4008 Ridgewood Ave

17 (a) burial (Burial, cremation, or removal) (b) Date thereof July 31-39 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Pikesville

18 (a) Funeral director Stuart Moore Co.

(b) Address Baltimore.

19 (a) (Date rec'd by registrar) (b) Registrar

OCT 23 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 29th 1939, at 7.30 AM

21. I certify that death occurred on the date above stated, that I attended deceased from Oct. 15th 1939. to Oct 29 1939. and that I last saw h[er] alive on Oct 29th 1939.

	Duration
Immediate cause of death: acute Heart Failure	30 minutes
Due to Cerebral Congestion	2 weeks
Due to Arteriosclerosis & Senility	8 years
Other Conditions Chronic Nephritis	5 years

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature E Poulton M. D.

Address 3409 Gunston Blvd Date signed 10/30/39

F 62480

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

108 F 62480 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3309 Eaton Ave.
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 y 11
(e) Length of stay in Baltimore (yrs., mos., or days) 5

2. USUAL RESIDENCE OF DECEASED:
(a) State ... (b) County ...
(c) City or town ... (If outside city or town limits, write RURAL and give town)
(d) Street No. 3309 Eaton Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Mrs. Fanny Campbell
3 (b) If veteran, name war ...
3 (c) Social Security Account No. ...

4. Sex Fem | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. married
6 (b) Name of husband or wife William Campbell
6 (c) If alive, give age ... years
7. Birth date of deceased (mo., day, yr.) ...
8. AGE: Years 66 | Months ... | Days ... | If less than one day ... hr. ... min.
9. Birthplace Washington D.C. (Town, county, and state)
10. Usual Occupation None
11. Industry or business ...
FATHER 12. Name William Fraction
FATHER 13. Birthplace Wash. D.C.
MOTHER 14. Maiden Name Lucy
MOTHER 15. Birthplace Washington D.C.
16 (a) Informant William Campbell
(b) Address 3309 Eaton Ave.
17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 10/3/1939 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location ...
18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St.
19 (a) ... (Date rec'd by registrar) (b) ... Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/28/39 19 at 10:30 P M
21. I certify that death occurred on the date above stated; that I attended deceased from 10/19/1939 to 10/28/1939 and that I last saw h[illegible] alive on 10/28/39

Immediate cause of death: 1 Cerebral Hemorrhage — Duration: one day
Due to: 2 Pneumonia — Duration: one day
Due to: 3 " " — Duration: ...
Other conditions: Coronary Arteriosclerosis — Duration: ...
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ While at work? ...
(Specify type of place)
(e) Manner of injury ...

23. Signature H. R. Barksdale M. D.
Address 24 N. Carey St. Date signed 10/30/39

F 62481

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 62481

CERTIFICATE OF DEATH

95-B 49137 SD

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS St., 2026 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME FRANK GREEN

(a) Residence: No. 3165 ~~Lee~~ LEEDS Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Edith

6. DATE OF BIRTH (month, day, year): 4/27/1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unemployed 1907

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Louis

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Caroline Watson

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Records

(Address): Baltimore City Hospitals

18. BURIAL, CREMATION, OR REMOVAL

Place: Western Star Date: Nov 1, 1939

19. UNDERTAKER: Mrs Katie R Williams

(Address): 322 N. Schroeder St

20. FILED ... 19... Registrar.

OCT 31 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): October 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from October 11, 1939, to October 28, 1939

I last saw h... alive on October 28, 1939. Death is said to have occurred on the date stated above, at 5'15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio vascular disease	unknown
Other contributory causes of importance:	
Generalized arteriosclerosis	unknown

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) ... M. D.

(Address) Balto City Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 3

E 62182

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V95-P

Registered No. E 62182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1227 E. North Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1227 E. North Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Caroline Dieterich

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 20/1857

8. AGE: Years	Months	Days	If less than one day
82		8	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Leonard Dieterich
13. Birthplace Germany

MOTHER
14. Maiden Name Fredericka Schnieder
15. Birthplace Germany

16 (a) Informant Mamie L. Eppley
(b) Address 1227 E. North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 1/39 (month) (day) (year)
(c) Cemetery or crematory Immanuel Cem
Location Grindon Lane

18 (a) Funeral director John A. Miller
(b) Address 2354 Jefferson St.

19 (a) (b) Registrar
(Date filed by registrar)

OCT 31 1939

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 27 1939, at 7 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 26 1939 to Oct 27 1939, and that I last saw her alive on Oct 27 1939.

Immediate cause of death Cardiac Insufficiency — Duration ?

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Eggen, M. D.

Address 1701 E. North Ave. Date signed Oct 30/39

F 62183

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1164-a

Registered No. F 62183

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1229 Fremont Ave
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1229 Fremont Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

10 ✓

3 (a) FULL NAME Frank Kruis

3 (b) If veteran, name war

3 (c) Social Security Account No. 212- 10 - 5521

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12. 26 1892

8. AGE: Years	Months	Days	If less than one day
45	10	10	hr. min

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Chauffeur

11. Industry or business

FATHER 12. Name Michael Sulin

13. Birthplace Ohio

MOTHER 14. Maiden Name Anna Shardu

15. Birthplace Czech Slovakia

16 (a) Informant Anna Sulin
(b) Address Raspe Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-2-39 (month) (day) (year)

(c) Cemetery or crematory New National
Location

18 (a) Funeral director Howard J. Kuck
(b) Address 5305 Harford Rd.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH October 30th 1939, at 2 30 a.m. P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death: Carbon Monoxide Poisoning — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence October 30th, 1939
(c) Where did injury occur? 1229 Fremont Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Boarding House While at work? — (Specify type of place)
(e) Means of injury Carbon monoxide

23. Signature H. L. Wollenweber M.D. Medical Examiner

Date signed Oct 30th, 1939

367989 F 62181

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62484

Registered No. 99

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Mo. 24 DAYS
(e) Length of stay in Baltimore (yrs., mos., or days) 54 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County Balto. Co.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2800 Hillcrest Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) **FULL NAME** William Rogers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 8-1-85

8. AGE: Years 54 | Months 2 | Days 28 | If less than one day: hr. ..... min.

9. Birthplace MD (Town, county, and state)

10. Usual Occupation ORDERLY

11. Industry or business

FATHER 12. Name George Rogers

13. Birthplace MD

MOTHER 14. Maiden Name Elizabeth Senft

15. Birthplace MD

16 (a) Informant RECORDS

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-2-39 (month) (day) (year)

(c) Cemetery or crematory London Park

Location

18 (a) Funeral director Leonard J. Rusk

(b) Address 5305 Harford Rd.

19 (a) OCT 31 1939 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct-29 1939, at 11:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 6 1939 to Oct 29 1939, and that I last saw him alive on Oct-29 1939.

Immediate cause of death: Periarteritis Nodosa — Duration: 3 mo.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Same

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James H. Haviland M. D.

Address Johns Hopkins Hosp Date signed X-30-39

VS 3

F 62485

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

34-C

46648 F 62485 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore Maryland

(c) Hospital or institution:

Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 19 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 734 N. Gilmore St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Arthur Parker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Sara

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-25-1889

8. AGE: Years	Months	Days	If less than one day
49	10	3	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Odd Jobs

11. Industry or business None

MOTHER | FATHER

12. Name Hampton Parker

13. Birthplace Va.

14. Maiden Name Katherine Savage

15. Birthplace Va.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/1/39 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location

18 (a) Funeral director Geo. G. Kelson

(b) Address 1303 Preastman St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-28- 1939 at 4:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-18- 1939 to 10-28 1939 and that I last saw him alive on 10-28- 1939.

Immediate cause of death	Duration
Congestive failure	6 mos.
Due to Syphilitic heart disease	? -
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature M. D.

Address Balto City Hosps. Date signed 10-29-39

VS 3

F 62486

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62486

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland,

(b) Street address 1272½ Riverside ave

(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24

(e) Length of stay in Baltimore (yrs., mos., or days) 55

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto., (If outside city or town limits, write RURAL and give town)

(d) Street No. 1272½ Riverside ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Willie B. argue

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Harid W. argue

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) aug 26 1878

8. AGE: Years 61 Months 2 Days 4 If less than one day hr. min.

9. Birthplace Harrisonburg, Va (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER

12. Name Wm. Manuel

13. Birthplace Harpers Ferry, W. Va

MOTHER

14. Maiden Name Myra Gaines

15. Birthplace Va.

16 (a) Informant Myra argue

(b) Address 1272 Riverside ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-2-39 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet

Location Balto., Md.

18 (a) Funeral director Margaret D. Flynn

(b) Address 1422 Light St.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 30 1939. at 7 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 26 1939. to Oct 30 1939.

and that I last saw h alive on Oct 30 1939.

Immediate cause of death 1 Carcinoma of Breast. (Cpr).

Due to

Due to

Other Condition Hypertension & Chr Nephritis

(Include pregnancy within 3 months of death.)

Major findings: Of operations Large Carcinoma removed. July 26, 1939.

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature John A. Schmeisch M. D.

Address 1337 S Charles St Date signed 10/31/39

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 62187 / 123

F 62187

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: University Hospital.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 4550 Connecticut Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Helen M. Meade

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Chas. A. Meade

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) May 5th 1899

8. AGE: Years 50 | Months 5 | Days 23 | If less than one day hr. min.

9. Birthplace Penna. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business home

FATHER

12. Name James H. O. Rourk.

13. Birthplace Penna.

MOTHER

14. Maiden Name Leah Eby

15. Birthplace Penna.

16 (a) Informant Charles A. Meade

(b) Address 4550 Connecticut Ave West P.O.

17 (a) (Burial, cremation, or removal)

(b) Date thereof Oct 31. 1939 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location

18 (a) Funeral director John A. Mogan

(b) Address 3000 E. Baltimore St

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 28, 1939 at 3:15 P M

21. I certify that death occurred on the date above stated, that I attended deceased from Oct 28 1939 to Oct 28 1939, and that I last saw her alive on Oct 28 1939.

Immediate cause of death	Duration
Cardio Vascular and Respiratory Collapse	
Due to Operation under General Anesthesia for drainage of abscess	
Due to Ischio rectal Abscess	5 days
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Ischio rectal Abscess

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? Baltimore (City or town) Baltimore (County) Md (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Hospital (Specify type of place) While at work?

(e) Means of injury

23. Signature Walter Henry Gerwig Jr. M.D.

Address University Hospital Date signed 10/31/39

HEALTH DEPARTMENT—CITY OF BALTIMORE

62188

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2015 W. Lanvale St. 16-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. 9 mos. 22 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas H. Lynch

If U. S. Veteran specify WAR .....

(a) Residence: No. 2015 W. Lanvale St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of late Blanche E. Lynch

6. DATE OF BIRTH (month, day, year) Jan 7 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Packer maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Thomas H. Lynch

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs Samuel Knight

(Address) 2015 W Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk. Date 11/1 1939

19. UNDERTAKER Wm. J. Howard & Son

(Address) 901 Hollins St

20. FILED ..... 19.... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/29/1939

22. I HEREBY CERTIFY, That I attended deceased from May 6 1939 to Oct. 29 1939

I last saw him alive on Oct. 29 1939 Death is said to have occurred on the date stated above, at 12 M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Nephritis.	
Chr. Myocarditis.	
Other contributory causes of importance:	
Senility.	

Was an operation performed? none Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Hom E Hammon M. D.

(Address) 220 N Fulton Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

62188

Oct 31 1939

F 62489

F 62489

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 108

PLEASE WRITE PLAINLY. WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2403 ORELEANS ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTO. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2403 ORELEANS ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JENNIE K. MAY

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. NONE

4. Sex: FEMALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: WIDOW

6 (b) Name of husband or wife: JOHN MAY

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JULY 11 1860

8. AGE: Years 79 | Months 3 | Days 20 | If less than one day: hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)

10. Usual Occupation HOUSE WIFE

11. Industry or business AT HOME

FATHER
12. Name JOHN PRELLER
13. Birthplace GERMANY

MOTHER
14. Maiden Name UNKOWN
15. Birthplace GERMANY

16 (a) Informant MR. GEORGE MAY SON
(b) Address 3717 FAIT AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 2/ 39 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BLAIR ROAD.

18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 407 S. WOLFE ST.

19 (a) (Date rec'd by registrar) (b) Registrar

OCT 1 1939

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH OCT. 30/39 19 . at 1 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 30 1939, to Oct 30 1939, and that I last saw her alive on Oct 30 1939.

Immediate cause of death
Pulmonary Oedema
Chronic Myocarditis
Due to Hypertension
Due to Lobar Pneumonia
Other Conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Duration
5 days
1938
8 days

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Michael J. Daresch M. D.
Address 2530 E. Baltimore, M. Date signed 10-31-39

F 62490

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186-a

F 62490 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1400 N. Caroline St.

(c) Hospital or institution: St Josephs Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 da

(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3668 Falls Rd. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles A. Brooks

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Celia L. Brooks

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 5-1851

8. AGE: Years 88 | Months — | Days 25 | If less than one day: hr. min.

9. Birthplace Baltimore Co. Md (Town, county, and state)

10. Usual Occupation Laborer Retired 10 yrs. do

11. Industry or business

MOTHER / FATHER

12. Name William Brooks

13. Birthplace Maryland

14. Maiden Name Achsah A. Dotten

15. Birthplace Maryland

16 (a) Informant Mrs Celia Brooks

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 1-1939 (month) (day) (year)

(c) Cemetery or crematory St. Marys Ramsden

Location Baltimore Md

18 (a) Funeral director Horace F. Burgee

(b) Address 3631 Falls Road

19 (a) Date rec'd by registrar (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 30 1939, at 11.45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 25 1939, to Oct 30 1939, and that I last saw h imalive on Oct 30 1939.

Immediate cause of death: Hypostatic Pneumonia — Duration: 4 days

Due to Fracture left humerus, Fracture 4, 5, left ribs

Due to Fall

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Accident

(b) Date of occurrence 10/25/39

(c) Where did injury occur? Baltimore (City or town) Md. (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? No

(e) Means of injury Fall down 12 steps

23. Signature Bernard J. Salatrad M. D.

Address At Jos. Hosp Date signed 10/30/39

Howard J. Welsh M.D. Medical Examiner

F 369174
F 62491

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

54 D

Registered No. F 62491

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 MO.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County Washington Co.
(c) City or town HAGERSTOWN (If outside city or town limits, write RURAL and give town)
(d) Street No. R.F.D. 2 (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** MAURICE LOWMAN

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	MARRIED

6 (b) Name of husband or wife JENNIE

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr) 1878

8. AGE: Years	Months	Days	If less than one day hr.	min.
56				

9. Birthplace MD (Town, county, and state)

10. Usual Occupation FACTORY

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name Rebecca
15. Birthplace

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 2/39 (month) (day) (year)
(c) Cemetery or crematory Rose Hill
Location Hagerstown Md

18 (a) Funeral director A K Coffman
(b) Address Hagerstown Md

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. **DATE OF DEATH** Oct. 30 1939, at 850 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 30 1939, to Oct 30 1939, and that I last saw him alive on Oct 30 1939.

Immediate cause of death	Duration
Post-operative pneumonia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations large dural tumor - not malignant
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. E. Groland M. D.
Address Johns Hopkins Hospital Date signed 10-31

F 62492 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 62492

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. St., 9[illegible] Ward)

Registered No. 107-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S. If of foreign birth? [illegible] yrs. [illegible] mos. [illegible] ds.

2. FULL NAME Nancy Schneider

If U. S. Veteran specify WAR

(a) Residence: No. 1328 Marling Ave St., [illegible] Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 20, 1935

7. AGE Years	Months	Days	If LESS than 1 day, [illegible] hrs. or [illegible] min.
3	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME John Schneider

14. BIRTHPLACE (city or town) Baltimore
(State or country)

MOTHER

15. MAIDEN NAME Margaret Diffenbaugh

16. BIRTHPLACE (city or town) Baltimore
(State or country)

17. INFORMANT John Schneider
(Address) 1328 Marling Ave

18. BURIAL, CREMATION, OR REMOVAL
Greenwood Cem Date Nov 1, 1939

19. UNDERTAKER Chenoweth & Son
(Address) 845 N Charles St

20. FILED [illegible], 19[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 29, 19[illegible]

22. I HEREBY CERTIFY, That I attended deceased from Oct 29 1939, to Oct 29 1939

I last saw h[illegible] alive on Oct 29, 19[illegible] Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Oct 26
	Oct
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19[illegible]

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. J. Jerardy M. D.

(Address) 800 W. 37th St.

Howard J. Madden M. D.
Medical Examiner
Central Police Building.

V8-8

OCT 31 1939

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 62193 49688

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160 B F 62493 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 35 Min. 3 hrs.

(e) Length of stay in Baltimore (yrs., mos., or days) 35 Min. 3 hrs. N. B.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 417 Fawcette St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Baublitz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. New Born

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 30, 1939

8. AGE: Years 0 Months - Days - If less than one day 4 hr. [redacted] min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation -

11. Industry or business

FATHER 12. Name John H. Baublitz

13. Birthplace Md.

MOTHER 14. Maiden Name Elizabeth Gertrude Werner

15. Birthplace Md.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 1, 1939 (month) (day) (year)

(c) Cemetery or crematory Mouland Park

Location Taylor Ave

18 (a) Funeral director Lokenour & Loy

(b) Address 3615 Eastern Ave

19 (a) [redacted] (Date rec'd by registrar) (b) [redacted] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 30 1939, at 8:17 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 30 1939 to Oct 30 1939. and that I last saw h[redacted] alive on Oct 30 19 39.

Immediate cause of death	Duration
Due to Congenital Hemorrhage	
Due to	
Other Conditions Atelectasis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature L. Leno Dann M. D.

Address Balto City Hosp. Date signed 10-31-39

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 62491

CERTIFICATE OF DEATH

125-B F 62494

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Gen Hosp St. 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. 6 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lee Michael Cavanaugh

(a) Residence: No. 1005 Russell St., S. S. No. 212-09-8436

(Usual place of abode) Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mildred M. Cavanaugh

6. DATE OF BIRTH (month, day, year) April 30 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	6	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Casting Ring Insp

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Casting Ring Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Thomas Cavanaugh

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT MILDRED M CAVANAUGH Wife

(Address) 1005 RUSSELL St

18. BURIAL, CREMATION, OR REMOVAL Holy Cross C.A. Co Date 11-3rd 1939

19. UNDERTAKER Bernard C Hasle

(Address) 121 E Mad St

20. FILED OCT 31 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from October 29, 1939 to October 30, 1939 That saw him alive on Oct. 30, 1939 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcerative colitis	

Other contributory causes of importance:

Anemia, pulmonary congestion; liver abscess

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) R Donald Jandorf M. D.

(Address) South Balto Gen Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 9

F 62495

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59

Registered No. F 62495

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Fayette & Calhoun

(c) Hospital or institution: Franklin Square Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2137 Cambridge St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Steve Muczynski Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-18-39

8. AGE: Years	Months	Days	If less than one day
		9 8	hr. min.

9. Birthplace Franklin Square Hospital (Town, County, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Steve Muczynski

13. Birthplace Balto. Md.

MOTHER 14. Maiden Name Theresa Turner

15. Birthplace Baltimore, Md.

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Location

UNIVERSITY MEDICAL SCHOOL OCT 31 1939

Commissioner of Health

18 (a) Funeral director

(b) Address Per H. A. Moore

19 (a) OCT 31 1939 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-26 1939 at 6 51 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-17 1939, to 10-26 1939, and that I last saw h/m alive on 10-26 1939.

Immediate cause of death	Duration
Pneumonia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Nathan Wolf, M.D.

Address Franklin Sq Hosp Date signed 10/27/39

VS 3

F 62496

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161-D

Registered No. F 62496

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County A A Co.

(c) City or town St Margarets (If outside city or town limits, write RURAL and give town)

(d) Street No. 15 (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Way

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-13-39

8. AGE: Years | Months | Days: 14 | If less than one day: hr. | min.

9. Birthplace: Md (Town, county, and state)

10. Usual Occupation: Infant

11. Industry or business

MOTHER / FATHER

12. Name: Harlin Way

13. Birthplace: Md

14. Maiden Name: Lillian Macey

15. Birthplace: Md

16 (a) Informant: Records

(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Location: JOHNS HOPKINS MEDICAL SCHOOL

OCT 31 1939

Commissioner of Health

18 (a) Funeral director: Per H. A. Moore

(b) Address

19 (a) (Date rec'd by registrar) (b) Registrar

OCT 31 1939 Registrar for Baltimore, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 26 1939, at 10.15 P M

21. I certify that death occurred on the date above stated, that I attended deceased from 10-13 1939, to Oct 26 1939, and that I last saw him alive on Oct 26 1939.

Immediate cause of death: Infarct of brain — Duration: 3 days

Due to: ? Cerebral Thrombosis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: Infarct of brain

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature: Henry P. Goldberg M. D.

Address: Johns Hopkins Hosp. Date signed: 10.29.39

369874
F 62497

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

11-B

Registered No. F 62497

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 809 Pierce (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Marion Williams

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Black
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-28-38

8. AGE: Years 1 | Months 11 | Days 8 | If less than one day: hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation
11. Industry or business

MOTHER / FATHER
12. Name James Williams
13. Birthplace Md
14. Maiden Name Elsie Machall
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Location JOHNS HOPKINS MEDICAL SCHOOL OCT 31 1939

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) OCT 31 1939 (Date rec'd by registrar) (b) Registrar

VS 3

5133

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 26 1939 at 7.15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 12 1939 to Oct 26 1939. and that I last saw her alive on Oct 26 1939.

	Duration
Immediate cause of death: Influenzal Meningitis	10 days
Due to: Influenzal Epticemia	14 days
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Meningitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry P. Goldberg
Address Johns Hopkins Hosp Date signed 10.29.39 (M. D.)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

87-W

Registered No. F 62498

F 62498

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied & correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Cecil apts
(b) Street address 1100 Block Eutaw St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1100 Block Eutaw St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Katherine Gaylord Brooke

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 9 1852

8. AGE: Years 87 Months 3 Days 21 If less than one day hr. min.

9. Birthplace Balto Co Md. (Town, county, and state)

10. Usual Occupation None
11. Industry or business —

FATHER
12. Name Henry Phelps Brooks
13. Birthplace Balto Md

MOTHER
14. Maiden Name Rachel Harryman
15. Birthplace Warren Balto Co Md

16 (a) Informant Gertrude V. Steele
(b) Address Cecil apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 2/39 (month) (day) (year)
(c) Cemetery PRIVATE Harryman Family
Location Warren Balto Co. Md

18 (a) Funeral director Henry Workman's Sons
(b) Address McCulloh & Richards Sts

19 OCT 31 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-30 1939, at 1.20 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1937, to 10-30 1939, and that I last saw her alive on 10-30 1939.

Immediate cause of death CEREBRAL HEMORRHAGE — Duration 3 Days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature. John L. Dorsey M. D.
Address 1129 St. Paul St. Date signed 10-31-39

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 62499 CERTIFICATE OF DEATH 82-a F 62499

1. PLACE OF DEATH West Balto Gen'l Hospital Registered No.

CITY OF BALTIMORE: (No. St. 221 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Long If U. S. Veteran specify WAR

(a) Residence: No. 2708 Linwood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Married to Wm Edward Long

6. DATE OF BIRTH (month, day, year) Dec 1st 1913

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Carroll Pierce

14. BIRTHPLACE (city or town) Balto. Co. (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth P. Canfield

16. BIRTHPLACE (city or town) Kinsgtown (State or country) Ireland

17. INFORMANT William Edward Long (Address) 2708 Linwood Ave Parkwood

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Date Nov. 3rd 1939

19. UNDERTAKER Frederick Lassahn & Sons (Address) 7401 Belair Road

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 29, 1939 to October 31, 1939

I last saw h... alive on October 31, 1939 Death is said to have occurred on the date stated above, at 7.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital "berry" aneurysms of Circle of Willis.	Long ?
Recurrent Subarachnoid Hemorrhage.	2 wks.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.

(Address)

VS 8

OCT 31 1939

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

72-a

Registered No. F 62500

62500

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4004 Glenmore Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Helen Christensen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: MARRIED
6 (b) Name of husband or wife: EJNER
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-8-1900

8. AGE: Years 39 | Months 4 | Days 23 | If less than one day: hr. min.

9. Birthplace Balto. MD (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER 12. Name HERMAN JANSEN
13. Birthplace Germany

MOTHER 14. Maiden Name IDA AY
15. Birthplace Germany

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 2nd 1939 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md.

18 (a) Funeral director Frederick Loudenslow
(b) Address 7401 Belair Road

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct-31 1939. at 427 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 30 1939, to Oct 31 1939. and that I last saw her alive on Oct 31 1939.

Immediate cause of death: Pulmonary Edema — Duration
Due to Bronchopneumonia
Due to Myeloid Leukemia, Acute
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. M. Welty M. D.
Address Johns Hopkins Hospital Date signed 10-31-39

OCT 31 1939

VS 8

F 62501

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

Registered No. F 62501

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State W. Virginia County Berkley
(c) City or town Martinsburg (If outside city or town limits, write RURAL and give town)
Street No. Tennessee Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dora Dennis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Daniel F. Dennis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years 47 Months Days If less than one day hr. min.

9. Birthplace Berkley Co. W. Va (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name John Sperow

13. Birthplace Berkley Co. W. Va.

MOTHER 14. Maiden Name Sallie Porterfield

15. Birthplace Berkley Co. W. Va

16 (a) Informant Daniel Dennis

(b) Address Martinsburg W. Va

17 (a) (Burial, cremation, or removal)

(b) Date thereof 10/31/39 (month) (day) (year)

(c) Cemetery or crematory Martinsburg

Location W. Va

18 (a) Funeral director F. V. Keehner

(b) Address 2301 Edmondson Ave

19 (a) (Date received by registrar) OCT 31 1939

(b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-31 1939. at 11.15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-13 1939. to 10-31 1939. and that I last saw her alive on 10-31 1939.

Immediate cause of death Cardiac Failure — Duration

Due to Carcinoma of Breast & Metastasis to Liver, Bones

Due to And other Viscera.

Other Conditions Normocytic Anemia

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Leo. E. Woodward M. D.

Address Univ. Hospital Date signed 10-31-39

Physicians: please write the causes of death clearly and legibly. Information as to correct age is especially important.

F 62502

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

210-M

Registered No. F 62502

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State D. C. (b) County
(c) City or town Washington (If outside city or town limits, write RURAL and give town)
(d) Street No. 405 Ds. St N.W. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hallie J Harper

3 (b) If veteran, name war: ?

3 (c) Social Security Account No. ?

4. Sex: Fe

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): about Dec 18-1902

8. AGE: Years: 36 | Months: 10 | Days: 9 | If less than one day: hr min

9. Birthplace: Ga (Town, county, and state)

10. Usual Occupation: Steel worker

11. Industry or business:

FATHER
12. Name: John W Harper
13. Birthplace: Ga

MOTHER
14. Maiden Name: Maude McAnally
15. Birthplace: Ga

16 (a) Informant: L. J Christian
(b) Address: Athens Ga.

17 (a) (Burial, cremation, or removal): Removal (b) Date thereof (month) (day) (year): Oct 31-39

(c) Cemetery or crematory: Athens Ga.
Location

18 (a) Funeral director: Geo. T. Beyer Jr
(b) Address: 1012 Hollins St

19 (a) (Registered by registrar) OCT 31 1939 (b) Registrar

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 27th 1939, at 9 40 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy (Autopsy or Inquest) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fracture, base of skull
Rupture, liver

Due to:

Due to:

Other Conditions
(Include pregnancy within 3 months of death)

Major findings of operations:

Of autopsy above

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident (?)
(b) Date of occurrence October 27th, 1939
(c) Where did injury occur? Edmondson Ave & Bridge St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Street (Specify type of place) While at work?
(e) Means of injury Automobile struck him

23. Signature H. J. Wallenmeier M.D. Medical Examiner

Date signed Oct 28th, 1939

over

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Be sure correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 62503

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 93-C

F 62503 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be correct as far as known. Age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1704 Lancaster St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 35

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1704 Lancaster St. (If rural give location)

(e) If foreign born, how long in U. S. A.) 45 years

3 (a) FULL NAME Teofila De Bald

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Peter De Pald

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years	Months	Days	If less than one day
59			hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation House Work

11. Industry or business At Home

FATHER 12. Name John Studzinski

13. Birthplace Poland

MOTHER 14. Maiden Name Unk.

15. Birthplace Poland

16 (a) Informant John De Bald

(b) Address 332 S. Patterson Pk. Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 3. 193[illegible] (month) (day) (year)

(c) Cemetery or crematory Holy Rosary

Location Baltimore

18 (a) Funeral director Fred W. Ozarowski

(b) Address 1930 Eastern Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 30 1939, at 12 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 11 1939, to Oct 30 1939, and that I last saw him alive on Oct 27 1939.

Immediate cause of death Cardio-Vascular Collapse — Duration

Due to

Due to

Other Conditions Ch. Myocarditis Arteriosclerosis Diabetes (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature M. D. Ozarowski, M. D.

Address 2029 Eastern Ave Date signed 10/31/39

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 62504 F 62504

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1703 Mosher St. 46-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alverta Sylvia Rhodes

If U. S. Veteran specify WAR .....

(a) Residence: No. 1 yr - 3 mos - 16 days St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) June 15-1938

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	1	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) 1703 Mosher Md

FATHER

13. NAME William Gilmore

14. BIRTHPLACE (city or town) (State or country) South Carolina Gaffney

MOTHER

15. MAIDEN NAME Kate Rhodes

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Kate Rhodes

(Address) 1703 Mosher st

18. BURIAL, CREMATION, OR REMOVAL

Place Dougherty Mem. Cem. Date 11/1, 1939

19. UNDERTAKER James L. Sheppard

(Address) 947 Eutaw st

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Nov 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 28, 1939 to November 1 39

I last saw her alive on Oct 31, 1939. Death is said to have occurred on the date stated above, at 12.16 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10/28
Other contributory causes of importance: Malnutrition	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None Physician

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm H. Wright M.D.

(Address) 120 Presbyterian St.

V8 8

information should be carefully supplied. Age, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Nov 1 1939

F 62505

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62505 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given and the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 928 Brevard st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 928 Brevard st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wardell Kirby

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-10-6390

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day: hr.	min
77				

9. Birthplace Annapolis Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

MOTHER FATHER

12. Name Wm Talbott

13. Birthplace Lothian Md

14. Maiden Name Henrietta F. Mayo

15. Birthplace Lothian Md.

16 (a) Informant Mrs. Hamett Talbott

(b) Address 520 N Calhoun st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-1-39 (month) (day) (year)

(c) Cemetery or crematory U. S. National

Location Sec 6 Maryland

18 (a) Funeral director Chas H. Alexander

(b) Address 1200 McCulloh st

19 (a) (Date received by local registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH October 29/39 8 am at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquest) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. W. Landecraft M.D.
Medical Examiner.

Date signed 10/31/39

F 62506

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131

F 62506 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3372 Strickland
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3342 Strickland St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Brinton Stevens.
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Gladys E. Stevens
6 (c) If alive, give age 33 years
7. Birth date of deceased (mo., day, yr.) Oct 15 1862
8. AGE: Years 77 Months Days 15 If less than one day hr. min.
9. Birthplace York Pa (Town, county, and state)
10. Usual Occupation Fireman
11. Industry or business Railway

MOTHER / FATHER
12. Name Howard Stevens.
13. Birthplace Pa
14. Maiden Name Adaline Kissinger
15. Birthplace Dont know

16 (a) Informant Gladys Stevens
(b) Address 3372 Strickland St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 3 1939 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md
18 (a) Funeral director John Ulrich
(b) Address 2008 Orleans St
19 (a) 1939 (Date filed by registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 31 1939, at 7:40 M

21. I certify that death occurred on the date above stated, that I attended deceased from March 13 1939, to Oct 31 1939, and that I last saw him alive on Oct 30 1939.

Immediate cause of death: Coronary Thrombosis — Duration: 2 days
Due to: Arterio-Sclerosis — 2 years
Due to: Renal Insufficiency
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Eliot W Johnson M. D.
Address 3432 Fredrick Ave Date signed 10/31/39

62507

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62507
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be made on this certificate of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: UNIVERSITY HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 HRS
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 813 BRADLEY ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME FLORENCE FOSTER

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	B	SINGLE

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-2-1926

8. AGE: Years	Months	Days	If less than one day hr.	min.
14	6	27		

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Student
11. Industry or business

FATHER
12. Name Fred Foster
13. Birthplace Va

MOTHER
14. Maiden Name Marie Jones
15. Birthplace Va.

16 (a) Informant Marie Foster (M)
(b) Address 813 Bradley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-1-39 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Baltimore Md.

18 (a) Funeral director Charles G. Cooper
(b) Address 57x St. Calhoun St.

19 (a) 11-1-1939 (Date received by registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/29 1939 at 10 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/28 1939, to 10/29 1939. and that I last saw h ER alive on 10/29 1939.

Immediate cause of death ENCEPHALITIS ? — Duration 3 DAYS

Due to SECONDARY SYPHILIS — ?

Due to

Other Conditions BRONCHOPNEUMONIA

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy ENCEPHALITIS ?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel Novey. M. D.
Address University Hospital Date signed 10/29/39

Howard J. Walker M. D. Attending Physician

F 62508

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

62 of F 62508

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be complete and correct as to cause of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address ... Wm Hosp.

(c) Hospital or institution: Wm. Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2715 Hampden Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME FRANK GUNTHER

3 (b) If veteran, name war No

3 (c) Social Security Account No. 216-03-8226

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	married.

6 (b) Name of husband or wife Florence Gunther

6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) Nov 20 1904

8. AGE: Years	Months	Days	If less than one day
34	11	10	hr. ... min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Chauffeur

11. Industry or business Security A & G

FATHER 12. Name Stephen Gunther

13. Birthplace Balto Co. Md

MOTHER 14. Maiden Name Stella Mancion

15. Birthplace Balto. Md.

16 (a) Informant Florence F. Gunther

(b) Address 2715 Hampden Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/2/39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Parkwood

Location Balto Co Md

18 (a) Funeral director William Cook

(b) Address 127 St. Paul st

19 (a) ... (b) ... (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/30 1939 at 5 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from ... 19... to ... 19... and that I last saw h alive on ... 19...

Immediate cause of death D. Cyst. Decompensation

Due to Mitral disease & aortic insufficiency due to Rheumatic fever.

Other Conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration ?

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Stuart D Sunday M.D.

Address Union Memorial Date signed 10/31/39

Filed at request of Medical Examiner

62509

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62509 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered; if unknown, say so. Do not leave blanks. Be sure the cause of death is clearly and legibly stated. Physicians: please write the cause of death clearly and legibly. Correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard Balto
(c) City or town Relay (If outside city or town limits, write RURAL and give town)
(d) Street No. 251 Arlington Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John P Lawson

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: M
5. Color or race: White
6 (a) Single, ~~married, widowed, or divorced~~: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) About 1866

8. AGE	Years	Months	Days	If less than one day
	About 73			hr. min

9. Birthplace: Maine (Town, county, and state)
10. Usual Occupation: Laborer
11. Industry or business: At Forge

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Unknown

16 (a) Informant: Herbert Harris
(b) Address: Arlington Ave Relay Md.

17. Burial, ~~cremation, or removal~~
(b) Date thereof 11/2/39 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Loraine
Location: Balto Co. Md
18 (a) Funeral director: William Cook
(b) Address: 1217 St Paul St

19 (a) (Date rec'd by registrar) (b) [illegible] Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH October 30th 1939, at 11:30 P. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquest) thereon and from the evidence obtained by said autopsy (Autopsy or Inquest) find that said deceased came to his death on the day stated above.

Duration

Immediate cause of death
Fractures, ribs, right radius & ulna, left tibia and fibula

~~Due to~~

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no autopsy.

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence October 30th, 1939 at 4:45 pm
(c) Where did injury occur? Sutton Ave + Wash. Blvd, Balto (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? street (Specify type of place) While at work? No
(e) Means of injury Automobile

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner

Date signed Oct 31st, 1939

F 62510

F 62510

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-C Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be made on this certificate before body is removed. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos 15 ds

(e) Length of stay in Baltimore (yrs., mos., or days) 2 mos 15 ds

2. USUAL RESIDENCE OF DECEASED:

(a) State Porto Rico County

(c) City or town Rio Piedras (If outside city or town limits, write RURAL and give town)

(d) Street No. Brumbaugh 25 (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jorge Romany

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-23-72

8. AGE: Years	Months	Days	If less than one day hr.	min.
67		2		

9. Birthplace Porto Rica (Town, county, and state)

10. Usual Occupation Proprietor, retired Farmer

11. Industry or business Farmer

FATHER 12. Name Saunpasho Romany

13. Birthplace France

MOTHER 14. Maiden Name Francis Bebigodere

15. Birthplace France -

16 (a) Informant Records -

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/2/39 (month) (day) (year)

(c) Cemetery or crematory Rio Piedras Porto Rico

Location

18 (a) Funeral director John O. Mitchell Sons

(b) Address 1900 Eutaw Place

19 (a) (Date rec'd by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 31 1939, at 1.40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 31 1939 to Oct 31 1939, and that I last saw him alive on Oct 31 1939.

	Duration
Immediate cause of death Coronary occlusion myocardial failure	
Due to Arteriosclerotic heart disease	2 yrs?
Due to	
Other Conditions Carcinoma of Prostate removed Aug 10, 1939 (Include pregnancy within 3 months of death)	?

Major findings:

Of operations Carcinoma of prostate Gland.

Of autopsy Coronary occlusion, carcinoma of prostate

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)

(e) Means of injury —

23. Signature Bruno Lurie M. D.

Address Johns Hopkins Hosp. Date signed 10/-1/39

H. R. Wollenweber, M.D. Res. & Med. Ex.
per A. M. Blackmore

HEALTH DEPARTMENT—CITY OF BALTIMORE 62511

62511

CERTIFICATE OF DEATH

93-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1434 Presstman St., 15-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Rossi

If U. S. Veteran specify WAR .....

(a) Residence: No. 1434 Presstman St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Verrogua Rossi.

6. DATE OF BIRTH (month, day, year) June 11th 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Life

10. Date deceased last worked at this occupation (month and year) Sept 11. 39

11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Samuel Rossi

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Cassie Jenkins

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Rosa Bryant.

(Address) 1434 Presstman St

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cem Date Nov 1 19 39

19. UNDERTAKER Mrs Frances A. Hemsley

(Address) 518 N. Biddle St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-28-39

22. I HEREBY CERTIFY, That I attended deceased from Sept 25th 19 39 to Oct 28th 19 39

I last saw him alive on Oct 28th 19 39 Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2 days
Other contributory causes (importance) Acute Myocarditis	1 week

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Autopsy? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Harry F. Brown M. D.

(Address) 1835 Madison Ave

information should be carefully supplied. ... state CAUSE OF DEATH in plain terms, so that it may be properly classified. ... OCCUPATION is very important. See instructions on back of certificate.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 62512

62512

CERTIFICATE OF DEATH

Registered No. 127

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. St., 41 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

If U. S. Veteran specify WAR

2. FULL NAME Sister M. Dominica Cannon R.S.M.

(a) Residence: No. Mercy Hospital St., Bal. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 11 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious - Sister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Convent

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Scranton
(State or country) Penn.

FATHER

13. NAME Martin Cannon

14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER

15. MAIDEN NAME Mary Garvey

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Sister Veronica
(Address) Mercy Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. St. Agnes Cemetery Date 11/3, 1939

19. UNDERTAKER Henry H. Meaks Son
(Address) 802 W. Calvert St.

20. FILED ....., 19— Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-31-, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1939, 19..., to Oct 31, 19 39

I last saw h.. alive on Oct 31, 19 39 Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	

Other contributory causes of importance:

Coronary Thrombosis

Embolism Pulmonary

Was an operation performed? yes Date of Oct 2 1939

For what disease or injury? Cholecystitis

Name of operation Cholecystectomy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
.....If so, specify .....

(Signed) Joseph Edwin Schaefer M. D.

(Address) Mercy Hospital

Information should be carefully supplied. Note: It may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be OCCUPATION is very important. See instructions on back of certificate.

V8 8

F 62513

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 173 Registered No. F 62513

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item is important; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1 E Baltimore
(c) Hospital or institution: Union Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1706 E. Chase St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

87

3 (a) FULL NAME Hillard Smith
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M
5. Color or race Col
6 (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 27 1915

8. AGE: Years 23 | Months 11 | Days 27 | If less than one day: hr. min

9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation Saloon
11. Industry or business

FATHER
12. Name Leo Smith
13. Birthplace Va

MOTHER
14. Maiden Name Daisy Long
15. Birthplace North Carolina

16 (a) Informant Daisy Schoffield
(b) Address 1706 E Chase Street

17 (a) (Burial, cremation, or removal)
(b) Date thereof 11/1/37 (month) (day) (year)
(c) Cemetery or crematory ~~Mt Olivet~~ Mt Calvary
Location A A Co Tract

18 (a) Funeral director Daniel A Bramble
(b) Address 1214 W Fremont Ave St

19 (a) (Date received by Local Registrar) 11-1-1937 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 28 1937, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Bullet wound / heart — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 10/28/37
(c) Where did injury occur? 720 S Charles St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Saloon (Specify type of place) While at work? No
(e) Means of injury Bullet

23. Signature H H Lee Medical Examiner M.D

Date signed 10/29/37

M. D. R. 1268-9

E 62514

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 62514

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4515 Garrison Blvd St., 15-10 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary E Hudgins

(a) Residence: No. 4515 Garrison Blvd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) January 19, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Jesse H. Hudgins

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Margaret Brannan

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Bessie L. Bissing
(Address) 2002 Mt. Royal Terrace

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Nov 2nd 1939

19. UNDERTAKER Wm. J. Tickner & Sons,
(Address) North & Pennsylvania Avenues

20. FILED 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 1933 to Oct 30 1939.

I last saw her alive on Oct 30 1939. Death is said to have occurred on the date stated above, at 3.35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio vascular renal disease	10 years
Other contributory causes of importance: Acute Bronchitis	2 weeks

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) William J. Sullivan M. D.

(Address) 2911 Garrison Blvd

N. B.—WRITE PLAINLY, with pencil. All items must be carefully supplied. AGE should be stated EXACTLY. Exact statement of information should

62515

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

F 16100 62515 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore Maryland

(c) Hospital or institution:
Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. Pt. had no home (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louis Seibold

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Annie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-4-1865

8. AGE: Years	Months	Days	If less than one day
74	5	26	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Painter

11. Industry or business

MOTHER / FATHER

12. Name George W.

13. Birthplace Baltimore, Md.

14. Maiden Name Louisa Gordon

15. Birthplace Baltimore, Md.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 1 1939 (month) (day) (year)

(c) Cemetery or crematory Western

Location

18 (a) Funeral director Wm. J. Tickner & Sons,

(b) Address North & Pennsylvania Avenues

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

PLEASE write plainly. Physicians: please fill this out correctly. Information as to correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH October 30 1939, at 10 25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 2 1939, to Oct 30 1939, and that I last saw h alive on Oct 30 1939.

Immediate cause of death

Myocardial cardiovascular disease

Due to

Due to

Other Conditions generalized arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [signature] M. D.

Address Joello City Hosp. Date signed 10-31-39

F 62516

F 62516

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1467

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2014 N. Fulton Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 32 yr.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2014 N. Fulton Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

15 Ward

3 (a) FULL NAME Dr. Walter S. Lightner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Bertha A. Lightner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 15 1872

8. AGE: Years 67 | Months 6 | Days 16 | If less than one day: hr. min.

9. Birthplace Pa (Town, county, and state)

10. Usual Occupation Dentist

11. Industry or business

MOTHER / FATHER

12. Name John Lightner

13. Birthplace Pa

14. Maiden Name Sarah Walter

15. Birthplace Pa

16 (a) Informant Mrs. Bertha A. Lightner

(b) Address 2014 N. Fulton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 2-1939 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Pikesville Md

18 (a) Funeral director Wm. McKeever & Son

(b) Address North & Pa Aves

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 31 1939. 4:15 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from Octo 11 1939 to Octo 31 1939.

and that I last saw h— alive on Oct 24 1939.

Immediate cause of death: Carcinoma of Rectum — Duration: 5 mos +.

Due to

Due to

Other Conditions none —

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Walter S. Lightner

Address 3403 Garrison Blvd Date signed 11/1/39

VS 3

Dr. S.K. Wallace 2844 Walbrook Ave Lay 1939

F 62517

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 62517

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2844 W. North Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 2844 W. North Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

66

3 (a) FULL NAME Sue P. Hayden

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single, married, widowed, or divorced~~
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ Benjamin F. Hayden

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 22 1872

8. AGE: Years	Months	Days	If less than one day hr.	min.
67	5	19		

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER

12. Name William K. Webb

13. Birthplace Lynchburg Va.

MOTHER

14. Maiden Name Rosella Johnson

15. Birthplace Va.

16 (a) Informant Robert E. Parr

(b) Address 7 Overbrook Rd. Catonsville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/2/39 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Balto. Md.

18 (a) Funeral director William Cook

(b) Address 1217 St. Paul St

19 (a) (Date rec'd by registrar) (b) JE Registrar

PLEASE WRITE PLAINLY, with ink. Physicians: please write the causes of death clearly and fully. Correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 31st 1939, at 12:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1939 to Oct 31 1939, and that I last saw h[illegible] alive on Oct 31, 1939.

	Duration
Immediate cause of death Coronic Nephritis with obstruction and anaemia secondary	1 mos.
Due to Carcinoma of breast with local metastasis only	6 yrs.
Due to [illegible]	

Other Conditions None

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. Kendig Wallace M. D.

Address 2839 Walbrook Ave Date signed 11-1-39.

VS 3

62518 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 62518

CERTIFICATE OF DEATH

96

1. PLACE OF DEATH Provident Hosp. Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1514 Division St. W-2 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rhoda Smith

(a) Residence: No. 300 N. Pine St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	C	separated

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Lennie R. Smith

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) ?

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Rev. Holloway (Address) 624 George St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Lebanon Date Nov 1, 1939

19. UNDERTAKER Mrs Katie R. Williams (Address) 322 N. Schroeder St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/29/39 . 19

22. I HEREBY CERTIFY, That I attended deceased from 10/21 1939 to 10/29 1939

I last saw her alive on the night of 10/29/39 Death is said to have occurred on the date stated above, at 1 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Aneurysm of the ascending thoracic aorta	?
Chr. Bronchial Asthma.	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) Provident Hosp.

State CAUSE OF DEATH in plain terms, so that it may be understood. OCCUPATION is very important. See instructions on back of certificate.

V8 8

62519

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-P Registered No. F 62519

62519

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Information as to correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3612 Woodbine Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 79

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3612 Woodbine Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME William A. Lawrence

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Divorced

6 (b) Name of husband or wife Catherine

6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) May 14 1860

8. AGE: Years	Months	Days	If less than one day: hr.	min.
79	5	15		

9. Birthplace Baltimore (Town, county, and state) Md

10. Usual Occupation Engineer (Naval)

11. Industry or business

FATHER 12. Name George R Lawrence

13. Birthplace Baltimore

MOTHER 14. Maiden Name Virginia Jordan

15. Birthplace Va

16 (a) Informant Mrs Jennie King

(b) Address 3612 Woodbine Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 1 1939 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill

Location Baltimore Md

18 (a) Funeral director William M Mareck

(b) Address 715 Lazy St

19 (a) ... (Date rec'd by registrar) (b) ... Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 29 1939, at 2.45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/3 1939, to 10/29 1939, and that I last saw h[im] alive on 10/23 1939.

Immediate cause of death	Duration
1 - Arterio-sclerotic Heart disease	?
Due to - Generalized sclerosis	?
Due to	
Other Conditions - Senility Cystitis - Hypertrophied Prostate (Include pregnancy within 3 months of death)	6 months

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Earl L. Chambers M. D.

Address 4108 Liberty Hts Date signed 10/31/39

F 62520

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-8 Registered No. F 62520

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1739 Eutaw Place
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
Street No. 1739 Eutaw Place (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Wesley Melvin

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Kate Elizabeth Melvin
6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) April 27-1866

8. AGE: Years	Months	Days	If less than one day
73	6	4	hr. min.

9. Birthplace Baltimore County Md. (Town, county, and state)
10. Usual Occupation Retired R. R. Engineer
11. Industry or business Central Railroad of NJ

FATHER
12. Name John Wesley Melvin Sr
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Barger
15. Birthplace Baltimore County

16 (a) Informant Kate Elizabeth Melvin
(b) Address 1739 Eutaw Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof. Nov 3-1939 (month) (day) (year)
(c) Cemetery or crematory New Freedom
Location Pennsylvania

18 (a) Funeral director Charles G. Black
(b) Address 742 West North Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-31 1939, at 11-30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from during attack to 19 , and that I last saw h i alive on 10-31 1939.

Immediate cause of death: Acute Coronary Heart disease — Duration: 1/2 hr.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Neville Libenks M. D.
Address 1739 Eutaw Pl. Date signed 11-1-39
Dr. Libenks

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and give correct age is especially important.

VS 3

F 62521 ✓ F 62521

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and fully; correct age is especially important. Physicians are required by law to report promptly to the Registrar all deaths coming to their knowledge.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1935 O'Donnell St Canton Market (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Streckfuss

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years	Months	Days	If less than one day: hr.	min.
57				

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER — 12. Name Geo. J. Streckfuss

13. Birthplace Balto.

MOTHER — 14. Maiden Name Unknown

15. Birthplace "

16 (a) Informant Geo. J. Streckfuss

(b) Address Middle River Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-1-39 (month) (day) (year)

(c) Cemetery or crematory New Cathedral Cem.

Location Edmondson Ave.

18 (a) Funeral director John G. Connelly

(b) Address Essex Md.

19 (a) Date received by registrar (b) Registrar

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH October 27th 1939, at 10:30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquest) thereon and from the evidence obtained by said autopsy (Autopsy or Inquest) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to Arteriosclerosis, general	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy no done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. T. Wollenweber M.D. Medical Examiner

Date signed Oct 28, 1939

F 62522

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-13 Registered No. F 62522

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1606 717 Lyndhurst St. City (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George James Ackerman

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-09-7661

4. Sex m

5. Color or race white

6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Magdeline C. Ackerman

(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 30 1891

8. AGE: Years 49 | Months | Days 1 | If less than one day: hr. min

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Estimator

11. Industry or business Bath. Ship. Bldg

FATHER
12. Name Geo Ackerman
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara Yost
15. Birthplace Ohio

16 (a) Informant Mrs. Magdeline C. Ackerman
(b) Address 717 Lyndhurst St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 3/39 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location

18 (a) Funeral director Harry H. Mitzler
(b) Address 4101 Edmondson Ave

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 31st 1939, at 10:30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an enquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said enquiry (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration: —

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. J. Wollenweber M.D. Medical Examiner
Date signed Oct 31st, 1939

PLEASE WRITE plainly. Physicians: please write the causes of death clearly and give correct age in especially important.

VS 6

F 62523

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-B

F 62523 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 522 Lwann Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 47yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 522 Lwann Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Malvina V. Holden (Mellie)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race W.

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Lt. Henry W. Holden

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 6, 1872

8. AGE: Years 67 | Months 6 | Days 24 | If less than one day hr. min.

9. Birthplace Va. (Town, county, and state) do??

10. Usual Occupation H. W.

11. Industry or business Own Home

FATHER 12. Name Lewis T. Sadler

13. Birthplace Va.

MOTHER 14. Maiden Name Maria Smither

15. Birthplace Va.

16 (a) Informant Urban T. Holden

(b) Address 507 Brookhaven Ave Clarksburg. Va

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/1/39 (month) (day) (year)

(c) Cemetery or crematory Hudson Sk. Location 3801 Fredericks Rd

18 (a) Funeral director Harry H. Kutzke

(b) Address 1101 Edmondson Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 30 1939, at 5:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mch 25 1939, to Oct 30 1939, and that I last saw h w alive on Oct 29 1939.

Immediate cause of death	Duration
Due to Carcinoma Stomach	3y-
Due to	
Other Conditions no other.	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature W Beaumont Hood M. D.

Address 2200 Garrison Blvd Date signed Oct 31-39

PLEASE WRITE ... correct age is especially important. Physicians: please write the causes of death plainly.

VS 3

F 62524

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

Registered No. F 62524

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1239 Darley Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1239 Darley Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret E. Hazelip
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Edwin Hazelip
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 17 1869

8. AGE: Years 70 | Months 1 | Days 17 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation
11. Industry or business

MOTHER / FATHER
12. Name Joseph Elliott
13. Birthplace Maryland
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Edwin Hazelip
(b) Address 1239 Darley Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 3 39 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore, Md.

18 (a) Funeral director Philip Herwig Sons
(b) Address 2016 Orleans St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 31 1939, at 11 19 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 15 1939, to Oct. 31 1939, and that I last saw h alive on Oct. 31 1939.

Immediate cause of death	Duration
Chr. myocarditis	2 yrs
Amyotrophic Lateral sclerosis	2 yr.
Due to Pulmonary edema	3 days
Cerebral Thrombosis	8 days
Due to Chr. interstitial nephritis	2 yr.
Other Conditions Malnutrition	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 303 E Baltimore St Date signed 11/1/39

PLEASE WRITE PLAINLY. Physicians: please write the cause of death clearly. correct age is especially important.

VS 3

62525

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59

✓ F 62525
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1707 Spring St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alonzo Murray
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M
5. Color or race Col
6 (a) Single, married, widowed, or divorced. Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) November 22, 1871
8. AGE: Years 67 Months Days If less than one day hr. min.
9. Birthplace White-Hall Md. (Town, county, and state)
10. Usual Occupation Spiritualist
11. Industry or business

MOTHER / FATHER
12. Name Charles T. Murray
13. Birthplace White-Hall Md.
14. Maiden Name Emma Jones
15. Birthplace Parkton Md.

16 (a) Informant Clarence E. Murray
(b) Address 1707 N. Spring Street
17 (a) Burial, cremation, or removal Mt. Calvary (b) Date thereof 11-3-39 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location
18 (a) Funeral director Peter H. Conway
(b) Address 204 W. Caroline St.
19 (a) (b) Registrar
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 31st 1939 at 1:15 AM
21. I certify that death occurred on the date above stated; that I attended deceased from Oct 22nd 1939 to Oct 31st 1939. and that I last saw him alive on Oct 31st 1939

	Duration
Immediate cause of death Lobar pneum.	
Due to Diabetes	
Due to Senility	
Other Conditions Atrophy of left leg. (Include pregnancy within 3 months of death)	

Major findings of operations
Of autopsy Pneum. & small pancreas

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Kelmerson M. D.
Address St. Joseph's Hosp Date signed 10-31-39

PLEASE WRITE PLAINLY. Physicians: please write in cause of death correct age is especially important.

Spec.—1-10-21—M&T—1500 Blks.

F 62526

HEALTH DEPARTMENT—CITY OF BALTIMORE F 62526

CERTIFICATE OF DEATH.

82-a

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2845 Prospect ST. 16-6 WARD)

2-FULL NAME James E. Stewart

(a) RESIDENCE NO. 2845 Prospect ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Catherine Stewart

6 DATE OF BIRTH (month, day, and year): May 1st 1871

7 AGE: Years 68 — Months 5 — Days 28

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Pensioner

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Catherine Stewart

(Address) 2845 Prospect st

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 29 1939

17 I HEREBY CERTIFY, That I attended deceased from Oct 11, 1939, to Oct 29, 1939, that I last saw him alive on Oct 29, 1939, and that death occurred, on the date stated above, at 2 45 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(duration) — yrs. — mos. 18 ds.

CONTRIBUTORY (Secondary): Arteriosclerosis.

(duration) 3-4 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? usual

(Signed) W Bruce Stood, M. D.

11/1, 1939 (Address) 2200 Garrison Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem

DATE OF BURIAL: Nov 2nd, 1939

20 UNDERTAKER: A Jones

ADDRESS: 1115 S. Gilmor St.

CAUSE OF DEATH. See instructions on back of certificate. TION is very important.

F 12527

48960 - SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

Registered No. F 12527

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Underline the cause for which death should be charged statistically. Be sure that correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 days
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5 North Vincent Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Howard Layman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced. Married Separated

6 (b) Name of husband or wife EThel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 18, 1899

8. AGE: Years 40 | Months 4 | Days 12 | If less than one day: hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER: 12. Name James
13. Birthplace North Carolina

MOTHER: 14. Maiden Name Laura Watkins
15. Birthplace North Carolina

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 11-2-37 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery beg
Location Single Interment

18 (a) Funeral director C. Jones
(b) Address 111 S. Gilmor st

19 (a) (Date rec'd by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-30 1937, at 4:20 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-5 1937, to 10-30 1937, and that I last saw h (m alive on 10-27 1937.

Immediate cause of death: Carcinoma Stomach with metastasis — Duration: ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations same

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. K. Woodward Jr. M. D.
Address Balto city Hosp. Date signed 11 3 1937

HEALTH DEPARTMENT—CITY OF BALTIMORE

62528 CERTIFICATE OF DEATH 117-aF 62528

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Social Security No. 218-03-7122

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James L. Barach S.S 218-03-7122

(a) Residence: No. 404 N. Streeper St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Barach

6. DATE OF BIRTH (month, day, year) Sept 14, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fur Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired 10 3rd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Caton Barach

14. BIRTHPLACE (city or town) (State or country) Cincinnati

MOTHER

15. MAIDEN NAME Mary Halsey

16. BIRTHPLACE (city or town) (State or country) Cincinnati

17. INFORMANT (Address) Mary Barach 404 N. Streeper St.

18. BURIAL, CREMATION, OR REMOVAL Place Ft. Hyattsville Date Nov. 2, 1939

19. UNDERTAKER (Address) Frank Brach & Son Gilmor St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 9, 1939, to Oct. 29, 1939.

I last saw him alive on Oct 29, 1939. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

Bleeding peptic ulcer — Date of onset

Other contributory causes of importance:

Hypertrophied arthritis

Hypertrophied cardiovascular disease

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Gastroscopy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Herbert J. Gundersheimer, Jr. M. D.

(Address) Sinai Hospital

State CAUSE OF DEATH in plain words. See instructions on back of certificate. OCCUPATION is very important.

VS 3

62529

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 62529

92

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2316 Arunah Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. 2316 Arunah Ave (If rural give location)

16

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma Indiana Rooker

3 (b) If veteran, name war Mexican

3 (c) Social Security Account No.

4. Sex female

5. Color or race white

6 (a) Single, married, widowed, or divorced. widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 6-6-1864

8. AGE: Years 75 Months 0 Days 25 If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business Private family

MOTHER / FATHER

12. Name Fernand Rooker

13. Birthplace Germany

14. Maiden Name Catherine M. Eilerman

15. Birthplace Germany

16 (a) Informant Minnie B Rooker

(b) Address 2316 Arunah Ave

17 (a) Burial (Burial, cremation, or removal)

(b) Date thereof Nov. 2-39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Location Baltimore Md.

18 (a) Funeral director M. Sigmund Sons

(b) Address North Ave

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-31 1939, at 11 A. M

21. I certify that death occurred on the date above stated, that I attended deceased from Oct 20 1939. to Oct 31 1939.

and that I last saw him alive on 10-31 1939.

Immediate cause of death Heart failure — Duration 2 hrs.

Due to Myocardial weakness — Duration 2 mos.

Due to Aortic & Mitral insufficiency 40 yrs.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Harry McCarty M. D.

Address 39 W. Preston Date signed 11-1-39.

PLEASE WRITE correct age is especially important. Physicians: please write the cause of death plainly and

Spec.—1-12-23—M&T—500 Blks.

62530

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 62530

48

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. 600 Chapel Gate Rd. ST., 25 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amanda E. Cook

(a) RESIDENCE NO. 600 Chapel Gate Rd ST., WARD Maryland

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Frank Cook

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years: about 74; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farm

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Unknown

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Frank A. Newell (Address) Pikesville Md.

15 Filed . . . . , 19 . . . . Registrar

NOV 1-1939

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 31 19 39

17 I HEREBY CERTIFY, That I attended deceased from Nov mo 24, 1938, to October 31, 1939, that I last saw her alive on October 30, 19 39, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chronis.

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of Uterus

(duration) 2-3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. Lloyd Johnson, M. D.

, 19 (Address) Catonsville

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery — DATE OF BURIAL: 11 2 19 39

20 UNDERTAKER: Frank A. Newell — ADDRESS: Pikesville

CAUSE OF DEATH in plain terms, so that it may be properly TION is very important. See instructions on back of certificates.

F 62531

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. F 62531

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ..... (b) County .....

(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)

(d) Street No. 2512 E. Baltimore St. (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mrs. Rosario Totaro

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed~~, or divorced.
Female	White	married

6 (b) Name of husband or wife Dominic Totaro

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug. 4 1916

8. AGE: Years	Months	Days	If less than one day: hr.	min.
23	2	27		

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Rosario Galeano

13. Birthplace Italy

MOTHER 14. Maiden Name Lucia Marino

15. Birthplace Italy

16 (a) Informant Rosario Galeano (Father)

(b) Address 2512 E. Baltimore St.

17 (a) Burial, cremation, or removal Holy Redeemer Cem. thereof (month) Nov. (day) 3rd (year) 39

(c) Cemetery or crematory Holy Redeemer Cem.

Location Belair Rd.

18 (a) Funeral director Frank Della Rocca

(b) Address 52 N. Morley St.

19 (a) (Date rec'd by registrar) NOV 1 - 1939 (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 31 1939, at 9:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 15 1939, to Oct 31 1939, and that I last saw h[illegible] alive on Oct 31 1939.

Immediate cause of death Lung abscess - multiple - left lung

Due to Pneumonia - lobar - resolved

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy .....

Duration

3 mos.

5 mos.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury .....

23. Signature Leo A. Bauer M. D.

Address University Hospital Date signed 11/2/39

Please correct age is especially important. Physician must

VS 2

F 62532

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107-a

Registered No. F 62532

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Redwood & Greene

(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days) 3 mos.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 314 S. Fagley St. (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Maureen Angeline

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race white | 6 (a) Single, married, widowed, or divorced —

6 (b) Name of husband or wife —

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) August 3 1939

8. AGE: Years | Months 3 m | Days 29 d | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation infant

11. Industry or business —

FATHER 12. Name Cesare Angelini

13. Birthplace Italy

MOTHER 14. Maiden Name Claudia Agostini

15. Birthplace West Virginia

16 (a) Informant Claudia Angelini (Mather)

(b) Address 314 S. Fagley St.

17 (a) Holy Rede. Cem. (Burial, cremation, or removal) (b) Date thereof Nov. 3rd 39 (month) (day) (year)

(c) Cemetery or crematory Holy Red. Location Belair Rd.

18 (a) Funeral director Frank Stella Rose

(b) Address 52 N. Morley St.

19 (a) NOV 1 - 1939 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 31 1939, at 9:00 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 30 1939 to Oct 31 1939, and that I last saw her alive on Oct 31 1939.

Immediate cause of death	Duration
Bilateral Bronchopneumonia	1 week
Due to	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. B. Nuttall M. D.

Address University Hospital Date signed 10/31/39

VS 5

Correct age in especially important

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 62533

CERTIFICATE OF DEATH

59 F 62533

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3606 W. Rogers Ave St. 27-19 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frederick G. Leipold

If U. S. Veteran specify WAR .....

(a) Residence: No. 3606 W. Rogers Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline C. Leipold

6. DATE OF BIRTH (month, day, year) Feb. 6, 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Geo. Leipold

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Geo. Leipold (Address) 3606 W. Rogers Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place N.F. Carmel Date Nov. 2 1939

19. UNDERTAKER Loring Byers (Address) 5005 Park Hts & Ave

20. FILED NOV 1 - 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from October 20th, 1939, to October 31st, 1939

I last saw him alive on October 31, 1939. Death is said to have occurred on the date stated above, at 12:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitis (Chronic) Intermittent	10 days
Diabetic Gangrene left foot	Oct 20/39

Other contributory causes of importance:

Arteriosclerosis, Long Standing	

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Usual Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify .....

(Signed) Herman R. Hantz M. D.

(Address) 2601 Manhattan Ave

State CAUSE OF DEATH in plain words. Do not use abbreviations or initials. OCCUPATION is very important. See instructions on back of certificate.

F 62534

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62534 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Redwood & Greene Sts.

(c) Hospital or institution: University Hospital.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Allegheny

(c) City or town Westernport. (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Leonard Harshbarger.

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-03-7530

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife Madeline Harshbarger

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 30, 1907

8. AGE: Years 32. Months 2 Days 21 If less than one day hr. min.

9. Birthplace Westernport Md. (town, county, and state)

10. Usual Occupation Hotel.

11. Industry or business

FATHER 12. Name William Harshbarger.

13. Birthplace Md.

MOTHER 14. Maiden Name Minnie Dawson

15. Birthplace Md.

16 (a) Informant Madeline Harshbarger.

(b) Address Westernport. Md.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 11/4/1939. (month) (day) (year)

(c) Cemetery or crematory Shelbourne.

Location Westernport. Md.

18 (a) Funeral director John A. Howard Son.

(b) Address 901 Williams St

19 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-1 1939, at 1110 M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-13 1939, to 11-1 1939.

and that I last saw h/ alive on 11-1 1939.

Immediate cause of death Portal Thrombosis — Duration 2 days

Due to Splenectomy — 5 yrs.

Due to (Splenomegaly)

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations Splenomegaly Chronic Undetermined.

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Stanley G. Brantley M. D.

Address Lewis Hosp. Date signed 11-...-39

PLEASE NOTE: Current age is especially important. Physician, please

VS 3

62535

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C Registered No. F 62535

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3813 Lehmore St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3813 Lehmore St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Theresa Laschik

3 (b) If veteran, name war
3 (c) Social Security Account No. NONE

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Frank Laschik
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 14 1858

8. AGE: Years 81 | Months 8 | Days 17 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business None

FATHER
12. Name Michael Schreiber
13. Birthplace Munich Germany

MOTHER
14. Maiden Name Theresa Weigmuck
15. Birthplace Germany

16 (a) Informant Mrs Geo L Hunter
(b) Address Long Green Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-2-34 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Hallowell Cook
(b) Address 1211 St Paul St

19 (a) Date rec'd by registrar (b) Registrar

PLEASE correct age is especially important. Physician please

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 31 1934, at 5:55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from August 1934 to Oct 31 1934.
and that I last saw h alive on Oct 31 1934.

Immediate cause of death Myocarditis — Duration 9 1/2 hrs
Due to Chronic Arteriosclerosis — Duration 1938
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edmund Dunn M. D.
Address 3 E Mount Vernon Pl Date signed Nov 6 34

VS 3

F 62536

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-3 X F 62536 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Milhem + Caton Aves.,
(c) Hospital or institution: St. Agnes' Hospital,
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 Year

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A. A. Co
(c) City or town Ferndale (If outside city or town limits, write RURAL and give town)
(d) Street No. Ferdinand Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie C. Dowdy

3 (b) If veteran, name war No
3 (c) Social Security Account No. None

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Widowed
6 (b) Name of husband ~~or wife~~ Wm H. Dowdy
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 16th 1877

8. AGE: Years 62 | Months 1 | Days 15 | If less than one day hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name David Burgess
13. Birthplace Md.

MOTHER
14. Maiden Name Josephine Schultz
15. Birthplace Md.

16 (a) Informant James T. Kearns
(b) Address Frederick Md

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 11/3/39 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-1- 1939, at 3.52 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-29 1939, to 11-1 1939, and that I last saw her alive on 11-1 1939.

Immediate cause of death Coronary thrombosis — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James R. Cearns M. D.
Address St. Agnes Hospital Date signed 11/4/39

PLEASE fill in especially important. Physicians: please correct age is especially important.

VS 3

F 62537

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

F 62537 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2017 W. North Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 2017 W. North Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles F. Malehorn

3 (b) If veteran, name war —
3 (c) Social Security Account No. NONE

4. Sex: Male
5. Color or race: White
6 (a) Single, ~~married, widowed, or divorced~~: Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 17th 1882

8. AGE: Years 56 | Months 10 | Days 14 | If less than one day: hr. min.

9. Birthplace Balto, Md. (Town, county, and state)

10. Usual Occupation Self employed
11. Industry or business Real Estate

FATHER
12. Name Franklin P. Malehorn
13. Birthplace Md.

MOTHER
14. Maiden Name Martha V. Mitten
15. Birthplace Md.

16 (a) Informant Mary E. Malehorn
(b) Address 2017 W. North Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 11/2/39 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Druid Ridge
Location Balto. Co. Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) (Date rec'd by registrar) (b) Registrar

NOV 3 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 31st 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 24 1939, to Oct 31 1939, and that I last saw him alive on Oct 31 1939.

Immediate cause of death: Cardio vascular disease
Coronary thrombosis
Due to: Coronary Thrombosis sudden attack. — Duration: 1 hr.

Due to — Duration: 1 yr.

Other Conditions — Duration: 3 yrs.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edw. Jenkins M. D.
Address 806 N Fulton Ave Date signed Nov 1 39

Please see that correct age is especially important. Physicians, please

F 62538 HEALTH DEPARTMENT—CITY OF BALTIMORE F 62538

CERTIFICATE OF DEATH

119

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) So. Balto. Genl. Hospital (St.) (Ward) 2
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Lillian Loretta Jones
If U. S. Veteran specify WAR

(a) Residence: No. 409 Grindall St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 23rd 1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ——
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——
10. Date deceased last worked at this occupation (month and year) ×
11. Total time (years) spent in this occupation ×

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER
13. NAME Oscar T. Jones
14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER
15. MAIDEN NAME Lillian L. Lowery
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Oscar T. Jones
(Address) 409 E. Grindall St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date 11/3 19 39

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/1/39. 19

22. I HEREBY CERTIFY, That I attended deceased from 10-30-39. 19 to 11-1-39. 19

I last saw her alive on 11-1-39. 19 Death is said to have occurred on the date stated above, at 1:00 P. M.

The principal cause of death and related causes of importance were as follows: — Date of onset

Nutritional Diarrhea
Nutritional Edema
alkalosis
Bronchopneumonia, bilateral

Other contributory causes of importance:
Secondary anemia

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel L. Fop, M. D.
(Address) So Balto Gen Hosp

OCCUPATION is very important. See INSTRUCTIONS on back.

V0 8

62539

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 62539

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1239 W. Lombard St
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 1729 A, Duncan St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John T. Neal

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 19, 1879

8. AGE Years	Months	Days	If less than one day hr.	min.
60	4	12		

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Painter

11. Industry or business

FATHER
12. Name Henry Neal
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Mary Williams
15. Birthplace Baltimore, Md

16 (a) Informant Carrie Neal
(b) Address 2812 Orleans St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/4/39 (month) (day) (year)
(c) Cemetery or crematory Baltimore, Cem
Location Baltimore, Md

18 (a) Funeral director Denwood & Cannington
(b) Address 21 W. 25th St.

19 (a) NOV 2 - 1939 (Date rec'd by registrar) (b) [illegible] Registrar

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH November 1 1939, at 9:50 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. M. Vandegrift M.D. Medical Examiner
Date signed 11/1/39

Please see that correct age is especially important. [illegible]

62540

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

210-M Registered No. E 62540

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address South Bellaire Court
(c) Hospital or institution: Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 528 E. Fort Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anastasia Starr
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	Wh	Married

6 (b) Name of husband or wife Thos. B. Starr
6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) June 10, 1870 If less than one day hr min

8. AGE: Years	Months	Days
69	4	21

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER 12. Name	John Dougherty
13. Birthplace	Ireland
MOTHER 14. Maiden Name	Catherine Burns
15. Birthplace	Ireland

16 (a) Informant Mrs Ethel Norton
(b) Address 528 E. Fort Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof NOV 3 39 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location Balto., Md.
18 (a) Funeral director Margaret G. Flynn
(b) Address 1422 Light St
19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION 11 25 a

20. DATE OF DEATH November 1 1939, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to h death on the day stated above.

Immediate cause of death	Duration
Cerebral Concussion	
Due to	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 10 31 39
(c) Where did injury occur? Fort & Loring Ave Balto (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Street (Specify type of place) While at work? No
(e) Means of injury Struck by automobile

23. Signature H. M. Blanden Griffith M.D. (Medical Examiner)
Date signed 11/1/39 address [illegible]

Correct age is especially important

M. D. B. 1268-9

62541 HEALTH DEPARTMENT—CITY OF BALTIMORE 62541

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 3134 Gwynn Falls Pkwy St., (15th Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? 57 yrs. mos. ds.

2. FULL NAME Bridget Murray Kavanagh
(a) Residence: No. 3134 Gwynn Falls Parkway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John J. Kavanagh

6. DATE OF BIRTH (month, day, year) Feb 24 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	8	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home
10. Date deceased last worked at this occupation (month and year) 1934
11. Total time (years) spent in this occupation 53

12. BIRTHPLACE (city or town) (State or country) Inam Galway Ireland

FATHER
13. NAME Patrick murray
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Mary Leach
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary Kavanagh Daughter
(Address) 3134 Gwynn Falls Parkway

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Nov. 3 39

19. UNDERTAKER Margaret F. Flynn
(Address) 1429 Light St.

20. FILED Nov 3 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 6 1938 to November 1 1939
I last saw h[illegible] alive on October 28 1939 Death is said to have occurred on the date stated above, at 8:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I. Cerebral Cardio vascular Hemorrhage	
Arteriosclerosis	2 yrs
Cerebral Hemorrhage	18 months
Hemiplegia	
Other contributory causes of importance:	
Decubitis	3 yrs

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.

(Signed) William Sullivan M. D.
(Address) 29 E. Harrison St.

Information should be given in plain terms, so that it may be properly classified. State CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B

Registered No. F 62542

62542

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1226 Washington Blvd
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1226 Washington Blvd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine Stewart

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widow

6 (b) Name of husband or wife Unknown.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown 1871

8. AGE: Years	Months	Days	If less than one day: hr.	min.
68				

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation House work

11. Industry or business Unknown

FATHER
12. Name Unknown
13. Birthplace " "

MOTHER
14. Maiden Name " "
15. Birthplace " "

16 (a) Informant Mrs Nellie E Famont
(b) Address 208 E Fort Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/3/1939 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem
Location 4300 Old Frederick Road.

18 (a) Funeral director John J Cowan & Son
(b) Address 901 Hollins Street.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 31 1939, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W W VanDeGrift M.D.
Medical Examiner.
Date signed 11/1/39

Correct age in capitals only

356

62543 E 62543

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH West Balto Gen Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Stamon

(a) Residence: No. 1132 W. Pratt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 4, 1939

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Samuel Stamon

14. BIRTHPLACE (city or town) (State or country) Rumania

MOTHER

15. MAIDEN NAME Fillian Vogel

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Fillian Stamon
(Address) 1132 Pratt St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Nov 2 1939

19. UNDERTAKER Comborn, Inc
(Address) 1212 W Cross St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/31 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 26 1939 to Oct 31 1939

I last saw h[illegible] alive on Oct 31 1939 Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

Dehydration
Prematurity

Date of onset Oct 26

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

OCCUPATION is very important. See instructions on back.

VS 3

1C

62544

HEALTH DEPARTMENT—CITY OF BALTIMORE

62544

CERTIFICATE OF DEATH

56

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. Cummings & Lutland 15-6 Ward)

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Samuel Kersh

If U. S. Veteran specify WAR

(a) Residence: No. 3311 Forest Park Ave. S. S. No. 216-01-1381

(Usual place of abode) Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thelma Kersh

6. DATE OF BIRTH (month, day, year) 1906

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	33			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Food Stores

10. Date deceased last worked at this occupation (month and year) 1908

11. Total time (years) spent in this occupation 31

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Emanuel Kersh

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Etta Crook

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Wash. Rel. Date 11-2-39 19

19. UNDERTAKER Jack Laura Inc

(Address) 1439 E. Balto St

20. FILED ____ 19 ____ Registrar.

OCCUPATION is very important. See instructions on reverse side.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 9, 1939 to Nov. 1, 1939

I last saw h/m alive on Oct. 31, 1939 Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute bacterial endocarditis.	Sept. 1939
Rheumatic endocarditis & valvulitis.	1915

Other contributory causes of importance:

Was an operation performed? Yes Date of ____

For what disease or injury? ____

Name of operation ____

What test confirmed diagnosis? Blood cult. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19 ____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ____

(Signed) J. Elliot Ford, M. D.

(Address) Sinai Hospital

Spec.—8-16-29—L. F. S.—100 Bks.

F 62545 HEALTH DEPARTMENT—CITY OF BALTIMORE F 62545

CERTIFICATE OF DEATH 131

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 112 Henrietta ST. 23-1 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sadie Taylor

(a) RESIDENCE NO. 1178 W. Henrietta ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Taylor

6 DATE OF BIRTH (month, day, and year) March 14th 1896

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	7	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Houswork

(c) Name of employer Self.

9 BIRTHPLACE (city or town) (State or country) Cuba

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Cuba

12 MAIDEN NAME OF MOTHER Isabella Fonseca

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Cuba

14 Informant Isabella Fonseca

(Address) 1178 W. Henrietta St

15 Filed NOV 2 1939, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-31-39

17 I HEREBY CERTIFY, That I attended deceased from Aug 20, 1939, to Oct 31st, 1939, that I last saw her alive on Oct 30, 1939 and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Nephritis Endocarditis

or

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Dropsy

Pneumonia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Yes

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) James C. Carlson, M. D.

19 (Address) 1016 S. Sharp St

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem.

DATE OF BURIAL 11/4 1939

20 UNDERTAKER Walter B. Pugh & Co

ADDRESS 1310 Hollins St

OF DEATH is plain and important. See instructions on back of certificate.

F 62546

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53-EF 62546 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wyman Park Drive and 31st St.

(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 da.

(e) Length of stay in Baltimore (yrs., mos., or days) 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore, Maryland (If outside city or town limits, write RURAL and give town)

(d) Street No. 608 W. Montgomery St., Balto. Md. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William H. Patterson

3 (b) If veteran, name war: NK

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Viola Scott

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 15, 1896

8. AGE: Years 43 | Months 3 | Days 15 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Machine Rigger

11. Industry or business

FATHER

12. Name Clayborn Patterson

13. Birthplace Danville, Va.

MOTHER

14. Maiden Name Harriet Garret

15. Birthplace Baltimore, Md.

16 (a) Informant Records-U. S. Marine Hospital,

(b) Address Baltimore, Maryland.

17 (a) (Burial, cremation, or removal) (b) Date thereof 11-4-39. (month) (day) (year)

(c) Cemetery or crematory Maternal Cemty

Location Balto

18 (a) Funeral director Martha B. Sprigg

(b) Address 139 Lafayette Ave. E.

19 (a) (Made record by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 30, 1939, at 7:55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 27, 1939, to Oct. 30, 1939, and that I last saw h im alive on Oct. 30, 1939.

Immediate cause of death: Tumor of pituatary gland, with hemorrhage

Duration: Unknown

Due to

Due to

Other Conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Same as above

over

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature M. D.

Address U. S. Marine Hospital, Baltimore, Md. Date signed 10-30-39

F 62547

F 62547 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 46-F

1. PLACE OF DEATH Woman's Hospital

Registered No.

CITY OF BALTIMORE: (No. St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella Unger

If U. S. Veteran specify WAR

(a) Residence: No. 22 N 7th St. St., Ward Shamokin, Penna.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William H. Unger

6. DATE OF BIRTH (month, day, year) Nov 12th 1869

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	69	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME Joseph Guskey

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Hannah Delleplane

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Shamokin Pa. Date Nov 2 1939

19. UNDERTAKER Wm. J. Ricker & Sons
(Address) Shamokin Pa.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 2nd, 1939

22. I HEREBY CERTIFY, That I attended deceased from September 29, 1939, to November 2nd, 1939

I last saw h[illegible] alive on November 2nd, 1939. Death is said to have occurred on the date stated above, at 2.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of head of the pancreas	?

Other contributory causes of importance:

Was an operation performed? yes Date of October 27, 1939

For what disease or injury?

Name of operation Exploratory laparotomy

What test confirmed diagnosis? Operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Richard H. Wolfangle M. D.

(Address) Hospital for the Women Road

OCCUPATION is very important. See instructions on back.

NOV 2 - 1939

62548

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 93-L-62548

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1717 N Montford Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1717 N Montford Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Reuben Childress

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-07-4197

4. Sex	5. Color or race	6 (a) Single, married, ~~widowed~~, or divorced.
Male	White	Married

6 (b) Name of ~~husband~~ or wife Elizabeth

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 28 1873

8. AGE: Years	Months	Days	If less than one day hr.	min.
66	11	2		

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Machanist

11. Industry or business Baltimore Dock

FATHER 12. Name James Childress

13. Birthplace Richmond Va

MOTHER 14. Maiden Name Margaret Boshall

15. Birthplace Md

16 (a) Informant Mrs Elizabeth Childress

(b) Address 1717 N Montford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 3rd 1939 (month) (day) (year)

(c) Cemetery or crematory, Location St Johns Mem. Long Green, Md

18 (a) Funeral director Leo E. Cook

(b) Address 1701-03 N Patt Park Ave

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 30, 1939, at 8:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 3, 1939, to Oct. 30, 1939, and that I last saw him alive on Oct. 29, 1939.

Immediate cause of death	Duration
Coronary Occlusion	1 month
Due to Arteriosclerosis & Chronic Myocarditis.	2 years
Due to	
Other Conditions Chronic Bronchitis	2 years

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Albert Singewald M. D.

Address 613 E. North Ave Date signed 11-1-39

Correct as to items

62549

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62549 Registered No. 82-6

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3628 Ristirstown Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 3628 Ristirstown Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Meyer Cohen

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex male
5. Color or race White
6 (a) Single, married, widowed, or divorced. married
6 (b) Name of ~~husband~~ wife Rose Cohen
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 16 1872
8. AGE: Years 67 Months 3 Days ~~26~~ 15 If less than one day hr. min.
9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Dry good Merchant
11. Industry or business Retired

MOTHER / FATHER
12. Name Jacob Jonas Cohen
13. Birthplace Russia
14. Maiden Name Eva Weiss
15. Birthplace Russia

16 (a) Informant Louis Cohen
(b) Address 2803 Violet Ave
17 (a) Burial (Burial, cremation, or removal)
(b) Date thereof Nov. 2 /39 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale Cemetery
Location Philia Road
18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-26 W. North ave
19 (a) (b) (Date rec'd by registrar) Registrar

VS 3

correct age is engraved

MEDICAL CERTIFICATION

20. DATE OF DEATH November 1st 1939 at 9.25 p. M
21. I certify that death occurred on the date above stated; that I attended deceased from July 16 1939. to Nov. 1st 1939. and that I last saw him alive on Nov. 1 1939.

	Duration
Immediate cause of death: Cerebral hemorrhage	3½ mo
Due to: Arterio sclerosis	
Due to:	
Other Conditions: Acute cardiac dilatation	1 day

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. Kadin M. D.
Address 2306 Eutaw Pl Date signed 11-1-39

F 62550

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

F 62550 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2813 Winchester St.
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days) 66 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County City Balto
(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2813 Winchester St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME G. William Carstens Sr.
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced Married.
6 (b) Name of husband or wife Rose E Carstens
6 (c) If alive, give age 61 years
7. Birth date of deceased (mo., day, yr.) July. 5 1873
8. AGE: Years 66 Months 3 Days 26 If less than one day hr. min.
9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name John F Carstens
13. Birthplace Germany.

MOTHER
14. Maiden Name Elizabeth Kunker
15. Birthplace Germany.

16 (a) Informant Rose E Carstens
(b) Address 2813 Winchester St
17 (a) burial (Burial, cremation, or removal) (b) Date thereof 11-3-39 (month) (day) (year)
(c) Cemetery or crematory St Pauls Violetsville
Location Balto Md.
18 (a) Funeral director Mrs Chas A G Rohde
(b) Address 2327 Edmondson ave
19 (a) (Date) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 31st 1939, at 3 P M
21. I certify that death occurred on the date above stated, that I attended deceased from May 6 1939 to Oct 31 1939.
and that I last saw him alive on Oct 29 1939.

Immediate cause of death: Arteriosclerotic cardio vascular disease — Duration ?
Due to
Due to
Other Conditions Cerebral Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis T. Levy M. D.
Address 1874 W. North ave Date signed 11/1/39

correct age if supplied later

VS 3

F 62551

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 c

F 62551

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4910 Cordelia Avenue

(c) Hospital or institution: ---

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED: --

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 4910 Cordelia Avenue (If rural give location)

(e) If foreign born, how long in U. S. A.? --- years

3 (a) FULL NAME MARK HILL

3 (b) If veteran, name war: No

3 (c) Social Security Account No. No

4. Sex: Male

5. Color or race: white

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife: Florence Hill

6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) July 12, 1858

8. AGE: Years 81 | Months 3 | Days 19 | If less than one day: hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Retired Fireman

11. Industry or business

FATHER 12. Name Mark H. Hill

13. Birthplace England

MOTHER 14. Maiden Name Elizabeth Towend

15. Birthplace England

16 (a) Informant Mrs. Florence Hill

(b) Address 4910 Cordelia Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 4/39 (month) (day) (year)

(c) Cemetery or crematory Cathedral Cemetery

Location

18 (a) Funeral director Chas. J. Graves Sons Inc.

(b) Address 118 W. Mt. Royal Ave

19 (a) (b) Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 1 1939, at A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1939 to Nov. 1st 1939.

and that I last saw him alive on Oct. 31st 1939.

Immediate cause of death

1. Carcinoma of the prostate

Due to

2. Due to

Other Conditions Contributing but not related to cause Arter. Sclerotic Heart disease

(Include pregnancy within 3 months of death)

Major findings: Of operations Laparotomy Biopsy of prostate gland

Of autopsy

Duration: 2 years 1/2 year

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature M. D.

Address 701 Edmondson Ave Date signed Nov 1/39

VS 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 62552

62552

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1728 N. Caroline St. St., 9-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Thomas F. McCabe

(a) Residence: No. 1728 N. Caroline St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of of Ada McCabe

6. DATE OF BIRTH (month, day, year) March-4-1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63Yrs.	7Mo.	17Days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labratory Machanic at

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Edgewood Arsenal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Joseph McCabe

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Ann J. Ward

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT (Address) Mrs. Ada McCabe 1728 N. Caroline St.

18. BURIAL, CREMATION, OR REMOVAL Nov.-3-1939
Place Moreland Memorial Park Date 19

19. UNDERTAKER (Address) Henry Stroech & Son Inc 1301 E. Eager St.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct.-31-1939

22. I HEREBY CERTIFY, That I attended deceased from July 16 1939 to October 31 1939

I last saw him alive on October 31 1939 Death is said to have occurred on the date stated above, at 5.35 P.M.

The principal cause of death and related causes of importance were as follows:

Hypertrophic Arthritis
Myocardial Insufficiency — Date of onset 2 years

Other contributory causes of importance:

Pulmonary Tuberculosis
Cardiac Dilatation — Date of onset 2 Months, 2 Days

Was an operation performed? — Date of —

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical Exam & X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If yes, what?

(Signed) Albert Eisenberg M. D.

(Address) 3025 E. Little Dr.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 62553

CERTIFICATE OF DEATH

11-a

F 62553

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1005 Bradley ave (St.) (Ward)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James T. Gibson

(a) Residence: No. 1005 Bradley ave St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) Dec. 12, 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Jacob T. Gibson

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Rebecca L. Lynch

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Rebecca L. Gibson

(Address) 1005 Bradley Ave.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~

Place Laurel Cem. Date 11/2 1939

19. UNDERTAKER Mrs. Geo. H. Holland

(Address) 1631 Druid Hill Ave.

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 30, 1939.

22. I HEREBY CERTIFY, That I attended deceased from Oct. 23 1939 to Oct. 30 1939

I last saw him alive on Oct. 30, 1939 Death is said to have occurred on the date stated above, at 6 p.m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
La-grippe	10/23/39.
Lobal Pneumonia	10/30/39.
Other contributory causes of importance: Endocarditis.	?

Was an operation performed? no Date of ?

For what disease or injury? ?

Name of operation ?

What test confirmed diagnosis? ? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ?

Manner of injury ?

Nature of injury ?

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ?

(Signed) C. J. Pifer M. D.

(Address) 1536 N. Lanvale St

VS 3

F 62554

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-a F 62554 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 811 Whitehead
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 811 Whitehead (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William F Scott

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race Col

6 (a) Single, married, widowed, or divorced. Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 1 1899

8. AGE: Years 40 Months 6 Days 29 If less than one day hr. min.

9. Birthplace Montgomery Co. Md (Town, county, and state)

10. Usual Occupation Paper Hanger

11. Industry or business

FATHER 12. Name James F Dodge

13. Birthplace Unknown

MOTHER 14. Maiden Name Susan Unknown

15. Birthplace

16 (a) Informant Margaret Tally

(b) Address 608 S. Pt. N.H. Wash DC

17 (a) (Burial, cremation, or removal) (b) Date thereof Nov. 2-39 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location

18 (a) Funeral director Samuel M. Chase Inc

(b) Address 638 N. Eutaw St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 30 1939 at 1309 hr.

21. I certify that death occurred on the date above stated, that I attended deceased from Sept 29 1939 to Oct 30 1939 and that I last saw h alive on Oct 30 1939

Immediate cause of death: Duration

(a) Surgical Operation (Incomplete) 3 months

Due to

(b) Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work)

(e) Means of injury

23. Signature [illegible]

Address 130 W Lanvale Date signed Nov 1 1939

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

62555 CERTIFICATE OF DEATH X 159 F 62555

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Boy Paul

(a) Residence: No. 2631 Sparrows Pt Rd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/1/39

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or 15 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

FATHER

13. NAME James Paul

14. BIRTHPLACE (city or town) Md.
(State or country) Virginia

MOTHER

15. MAIDEN NAME Mary Eliz Worlick

16. BIRTHPLACE (city or town) North Carolina
(State or country)

17. INFORMANT Mr. James Paul
(Address) 2631 Sparrows Point Road

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet C. G. Date Nov. 2nd, 1939

19. UNDERTAKER H. W. Amoroso
(Address) 1002 E. Baltimore Street

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/1/39

22. I HEREBY CERTIFY, That I attended deceased from 11/1, 1939 to 11/1, 1939

I last saw him alive on 11/1/39. Death is said to have occurred on the date stated above, at 10.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity 6. mo.	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. B. Kunnamo Jr. M. D.

(Address) Mercy Hospital

OCCUPATION IS NOT important

VS 9

62556

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62556

93-C Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5100 Franklintown Rd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3 5100 Franklintown Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Jane Kidwell

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife | 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 3, 1850

8. AGE: Years	Months	Days	If less than one day: hr.	min.
89	9	29		

9. Birthplace Va. (Town, county, and state) colored
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Charles W. Kidwell
13. Birthplace Not Known

MOTHER
14. Maiden Name Sarah E. Warfield
15. Birthplace Not Known

16 (a) Informant Mrs. Ella A. Gohr (Sister)
(b) Address 5100 Franklintown Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 3, 1939 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Woodlawn, Md.

18 (a) Funeral director J. Howard Strong
(b) Address 715 Light St.,

19 (a) NOV 2, 1939 (b) (Date filed by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 1, 1939, at 12,50 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1939. to Nov 1st 1939. and that I last saw h alive on Oct 31 1939.

Immediate cause of death Myocarditis — Duration 2 days

Due to

Due to

Other Conditions Arteriosclerosis 5 years

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. C. Bunnell M. D.
Address 4 s-0 8 Liberty Tower Date signed Nov 1st

62557

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 B

Registered No. F 62557

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2623 Greenmount Ave
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2623 Greenmount Ave (If rural give location)
94
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME David Clausen
3 (b) If veteran, name war Worlds
3 (c) Social Security Account No. 213-10-6249

4. Sex M | 5. Color or race Wh. | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 15 1890

8. AGE: Years 49 | Months 4 | Days 16 | If less than one day hr. min.

9. Birthplace Minn. (Town, county, and state)

10. Usual Occupation Carpenter
11. Industry or business Contractor

FATHER 12. Name Andrew Clausen
13. Birthplace Minn.

MOTHER 14. Maiden Name Christine Nelson
15. Birthplace Wis.

16 (a) Informant John C Clausen
(b) Address Smith Ave Mt Wash

17 Burial (Burial, cremation, or removal) (b) Date thereof 11-4-39 (month) (day) (year)
(c) Cemetery or crematory Balto National
Location Balto Md

18 (a) Funeral director George A Farley
(b) Address Fulton Ave & Fayette

19 (a) NOV 2 – 1939 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 1 1939, at 7 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W B Sandkuhl M.D.
Medical Examiner.
Date signed 11/7/39

VS 6

62558

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1,140 Registered No. 62558

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 Caroline St.
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. Caves Road - Green Spring Valley (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bertha Snowden

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Samuel Snowden

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 11, 1908

8. AGE: Years 30 | Months 31 | Days 9 10 | If less than one day hr. | min. 20

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

MOTHER / FATHER

12. Name Elijah Royston

13. Birthplace N. C.

14. Maiden Name Ebora Chase

15. Birthplace Chas. Co. Md

16 (a) Informant Saml. Snowden

(b) Address Caves Rd. Green Spring Valley

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 3, 1939 (month) (day) (year)

(c) Cemetery or crematory St Lukes

Location Riverstown Md

18 (a) Funeral director Mrs. Frances A. Hensley

(b) Address 578 N. Eddle St

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-31 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-27 1939, to 10-31 1939, and that I last saw her alive on 10-31 1939.

Immediate cause of death
Generalized peritonitis

Due to Incomplete abortion, infected.

Due to [redacted] (Pregnancy about 2½ mo.)

Other Conditions Sub diaphragmatic abscess

(Include pregnancy within 3 months of death)

Major findings:
Of operations Infected retained secundines

Of autopsy B. coli pure (see abstr)

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Kelmenson M. D.

Address St. Joseph's Hosp Date signed 11-1-39

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

62559 50 ✓ Registered No. E 62559

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2609 E. Biddle Ste.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2609 E. Biddle Ste. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma H. Green

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Widowed.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 12 - 1865

8. AGE: Years 74 | Months 10 | Days 19 | If less than one day hr. min.

9. Birthplace Washington D. C. (Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name John Kriesoner
13. Birthplace Germany

MOTHER
14. Maiden Name Unterdorn
15. Birthplace Germany

16 (a) Informant Mr. Philip Green
(b) Address 3329 Mc Elderry Ste.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-3-39 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location Jew Hills Md.

18 (a) Funeral director John B. Connelly
(b) Address Essex, Md.

19 (a) NOV 2 - 1939 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 31 1939, at 4.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 27 1937 to Oct. 31 1939, and that I last saw her alive on Oct. 30 1939.

Immediate cause of death Myocardial insufficiency. Metastatic carcinoma. — Duration 1 day

Due to

Due to

Other Conditions Carcinoma of left breast. (Include pregnancy within 3 months of death)

Major findings:
Of operations Duck cell carcinoma of left breast.
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harold C. Pillsbury M.D.

Address 31 E. North Ave. Date signed 11/2/39

correct age is especially important

VS 3

F 62560

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-B

Registered No. F 62560

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wyman Park Drive and 31st St.

(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo. 26da.

(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore City

(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)

(d) Street No. 228 N. High St., Baltimore, Md. (If rural give location)

(e) If foreign born, how long in U. S. A.? (Unknown) years

3 (a) FULL NAME Peter ANGELUS

3 (b) If veteran, name war	3 (c) Social Security Account No.
WW	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Divorced

6 (b) Name of husband or wife Isabelle Monti

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 13. 1888

8. AGE: Years	Months	Days	If less than one day
50	10	18	hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER

12. Name Joseph Angelus

13. Birthplace Italy

MOTHER

14. Maiden Name Providence (Unknown)

15. Birthplace Italy

16 (a) Informant Records-U. S. Marine Hospital,

(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 3rd 1939 (month) (day) (year)

(c) Cemetery or crematory Baltimore National

Location Frederick Ave

18 (a) Funeral director Robert Brooks & Son.

(b) Address N.E.Cor. Calhoun & Hollins Sts

19 (a) (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 31, 1939 at 5:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 5, 1939 to Oct. 31, 1939 and that I last saw him alive on Oct. 31, 1939.

Immediate cause of death: Carcinoma of left lung — Duration: Unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Same as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature T. B. H. Anderson M. D.

Address U. S. Marine Hospital, Baltimore, Md. (Date signed) 11-1-39

VS 3

62561

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 D

Registered No. 62561

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 13. West LEE Street

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. 13 W. Lee St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Frazier

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Charles Frazier

6 (c) If alive, give age Dead years

7. Birth date of deceased (mo., day, yr) May. 20. 1863

8. AGE: Years	Months	Days	If less than one day
76	5	11	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

MOTHER / FATHER

12. Name Thomas Hyde

13. Birthplace Baltimore City

MOTHER / FATHER

14. Maiden Name Elizabeth Seaman King

15. Birthplace Baltimore City

16 (a) Informant Viola Dunsen

(b) Address 13 West Lee Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 3 38 (month) (day) (year)

(c) Cemetery or crematory Baltimore [illegible]al

Location East North Ave

18 (a) Funeral director Robert Brooks & Son

(b) Address N.E. Cor Calhoun & Hollins Sts

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11. 1st 1938. at 6. P M

21. I certify that death occurred on the date above stated, that I attended deceased from July 1938. to Oct. 30 1938. and that I last saw h[illegible] alive on Oct 30 1938.

Immediate cause of death

Carcinoma of Rectum

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

Duration

Unknown

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. A. Smith, M.D.

Address 5 W. Franklin St. Date signed 11-7-38

VS 3

62562

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124-13 F 62562

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 530 East 23rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) ~~County~~ City Baltimore
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
Street No. 530 E. 23rd St
(If rural give location)
(e) If foreign born, how long in U. S. A? years

3 (a) FULL NAME Henry Krumholtz

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Catherine

6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) July 13-1865

8. AGE: Years 74 | Months 3 | Days 18 | If less than one day: hr. ___ min. ___

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business Self

FATHER
12. Name Fleming Krumholtz
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth ?
15. Birthplace Germany

16 (a) Informant Mrs Catherine Krumholtz
(b) Address 530 East 23rd St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 4 39 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd. Balto Md

18 (a) Funeral director Wellington Cook
(b) Address 1217 St Paul St

19 (a) (b) (Date rec'd by registrar) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 1st 1939, at 845 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 23 1939 to Nov 1 1939, and that I last saw h im alive on Nov 1 1939.

Immediate cause of death Myocarditis - about

Duration 2 mo.

Due to

Due to Arteri-sclerosis ?

Other Conditions ~~Pulmonary Stenosis~~ Cirrosis of Liver ?
(Include pregnancy within 3 months of death)

Major findings: —
Of operations

Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Walter Stabler M. D.
Address 2220 Garrison Blvd Date signed Nov 2, 39

F 62563

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a F 62563 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2823 Baker Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2823 Baker Street. (If rural give location)
(e) If foreign born, how long in U. S. A? years

15-6

3 (a) FULL NAME SARAH ELIZABETH GORRIE

3 (b) If veteran, name war —
3 (c) Social Security Account No. NONE

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 18th 1849

8. AGE: Years 89 | Months 10 | Days 13 14 | If less than one day hr. min.

9. Birthplace Wilmington, Del. (Town, county, and state) 20 + 8

10. Usual Occupation None Retired Nurse
11. Industry or business

FATHER
12. Name John Gorrie
13. Birthplace Glasgow, Scotland

MOTHER
14. Maiden Name Sarah Balderson
15. Birthplace Chestertown, Kent Co, Md

16 (a) Informant Marian Faulkner Ford
(b) Address 2823 Baker St.

17 (a) Burial (Burial, ~~cremation~~, or removal) (b) Date thereof 11/4/39 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Loudon Park
Location Balto md

18 (a) Funeral director William Cook
(b) Address 1207 St Paul st

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH November 1st 1939. at 8:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from December 1933. to November 1939. and that I last saw her alive on May 1st 1939.

Immediate cause of death Intracranial Hemorrhage — Duration 2 hours.
Due to Arteriosclerosis. — 25 years.
Due to Senility — 30 years.
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature I. H. Chattard M. D.
Address 6210 York Road Date signed Nov. 1st 39

Chief Municipal Medical Examiner

F 62564

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

453 F 62564 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3103 Windsor Av
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County City Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3103 Windsor Blvd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Minnie M Norris

3 (b) If veteran, name war — No
3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Thomas Norris
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 26 1848

8. AGE: Years 91 | Months 0 | Days 6 | If less than one day hr. min.

9. Birthplace Harrisburg Pa (Town, county, and state)

10. Usual Occupation Housework
11. Industry or business None

FATHER
12. Name John Kaylo
13. Birthplace Md

MOTHER
14. Maiden Name Mary Louise Bott
15. Birthplace Md

16 (a) Informant Mrs Lulu E Norris
(b) Address 3103 Windsor Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/4/39 (month) (day) (year)
(c) Cemetery or crematory Fairmount
Location Libertytown Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 2 1939. at 8:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1931 to Nov 2 1939 and that I last saw h alive on Nov 2 1939.

Immediate cause of death Arteriosclerotic Cardio Vascular Disease — Duration

Due to senility.

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Raymond Byrne M. D.
Address 3045 W North Ave Date signed 11-7-39
Byrne

F 62565

Oliver

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91

F 62565
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1133 Fremont ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 67 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1133 N. Fremont ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Lauren Oliver

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex M
5. Color or race C.
6 (a) Single, married, widowed, or divorced Widowed
6 (b) Name of husband or wife Louis Oliver
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 19 1863

8. AGE: Years 76 Months 6 Days 21 If less than one day hr. min.

9. Birthplace Balto City (Town, county, and state) Md

10. Usual Occupation Retired
11. Industry or business Housework

MOTHER / FATHER
12. Name Louis Oliver
13. Birthplace Md
14. Maiden Name Elizabeth Neal
15. Birthplace Md

16 (a) Informant Mrs. Alice Brown
(b) Address 462 6 Fallsway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 4, 1939 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md.

18 (a) Funeral director Mrs Frances A. Hunsley
(b) Address 578 N. Biddle St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/31/39 19 at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1938 to 10/31/39. and that I last saw h— alive on 10/27/39.

Immediate cause of death: Duration
Cerebral Arterio Sclerosis
Due to
Due to
Other Conditions Abscess Leg

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Lee Ellis M. D.
Address 927 York Ave Date signed 11/1/39

VS 3

62566 HEALTH DEPARTMENT—CITY OF BALTIMORE 62566

CERTIFICATE OF DEATH

V 82-aF

Registered No. 42640

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 308 N. Conkling St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Sheppard

If U. S. Veteran specify WAR

(a) Residence: No. 611 Gilmor St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of John Sheppard

6. DATE OF BIRTH (month, day, year) June 20, 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Essex Co Va

MOTHER FATHER

13. NAME Wallace Burnett

14. BIRTHPLACE (city or town) (State or country) Essex Co Va

MOTHER

15. MAIDEN NAME Fannie Corbin

16. BIRTHPLACE (city or town) (State or country) Essex Co Va

17. INFORMANT John Sheppard (Address) 611 Gilmor St

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date Nov 5, 39

19. UNDERTAKER Mrs Katie R Williams (Address) 322 N Schroeder St.

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1939 to Nov 1, 1939

I last saw her alive on Nov 1, 1939 Death is said to have occurred on the date stated above, at 5.25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Oct 31/39
Other contributory causes of importance:	
Hypertension	?

Was an operation performed? No Date of —

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. H. Watts M. D.

(Address) 5154 Allendale Rd

62567

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B Registered No. ✓ F 62567

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3354 Chestnut Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LESTER GREEN. Sr.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Minnie Green
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) April 6, 1874

8. AGE: Years 65 | Months 6 | Days 26 | If less than one day: hr. min.

9. Birthplace Maryland (town, county, and state)

10. Usual Occupation Janitor

11. Industry or business

FATHER 12. Name John D. Green
13. Birthplace md

MOTHER 14. Maiden Name Laura Williams
15. Birthplace md

16 (a) Informant Minnie Green
(b) Address 3354 Chestnut Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 6, 1939 (month) (day) (year)
(c) Cemetery or crematory St. Marys Kampdun
Location Roland Ave.

18 (a) Funeral director Ehrenwelts & Son
(b) Address 3615 Chestnut Ave

19 (a) (Date rec'd by registrar) (b) JC Registrar

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 2nd 1939, at 6 20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquest)
obtained by said inquiry find that said deceased came (Autopsy or Inquest)
to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration —

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H L Wollenweber M.D.
Medical Examiner
Date signed Nov. 2nd, 1939

625568

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131

F 625568
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2717 Eastern Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 59 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2717 Eastern Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? 59 years

153

3 (a) FULL NAME Jadwiga Holmes formerly Jadwiga Welzant also known as Hetty Holmes or as Hedwig Welzant

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Separated

6 (b) Name of husband or wife: Frederick Holmes

6 (c) If alive, give age: 77 years

7. Birth date of deceased (mo., day, yr.): August 16, 1866

8. AGE: Years: 73 Months: 3 2 Days: 15 If less than one day: hr. min.

9. Birthplace: Mogilno, Poland (Town, county, and state)

10. Usual Occupation: Retired

11. Industry or business

MOTHER / FATHER

12. Name: Kazimierz Lisiecki

13. Birthplace: Mogilno, Poland

14. Maiden Name: Katarzyna --------

15. Birthplace: Mogilno, Poland

16 (a) Informant: George P. Welzant

(b) Address: 2737 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/4/39 (month) (day) (year)

(c) Cemetery or crematory: Holy Rosary

Location: German Hill Road

18 (a) Funeral director: M. F. Sadowski & Sons

(b) Address: 1808 Eastern Ave.

19 (a) (b) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 1st 1939, at 5:45 P. M.

21. I certify that death occurred on the date above stated, that I attended deceased from May 6 1935 to Nov. 1 1939, and that I last saw her alive on Oct 31 1939.

Immediate cause of death	Duration
(a) Hypertensive Heart disease & decompensation	10 yrs?
Due to Arteriosclerosis chronic	15 yrs.
Due to Chronic dysentery.	10 yrs
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Earl L. Chambers M. D.

Address: 4108 Liberty Hts. Date signed 11/3/39

VS 3

62569

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

F 62569 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Calhoun & Fayette Sts.

(c) Hospital or institution: Franklin Square Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Balto.

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 303 Skinner's Alley. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Mary Mattera.

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex Fe

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Joseph.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5. 1879.

8. AGE: Years 60 Months 4 Days 26 If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation House-Wife

11. Industry or business

FATHER 12. Name August Brandau

13. Birthplace Germany

MOTHER 14. Maiden Name Unknown

15. Birthplace Germany

16 (a) Informant Joseph Mattera

(b) Address 306 Skinner Alley

17 (a) (Burial, cremation, or removal) (b) Date thereof 11/4/1939 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Road

18 (a) Funeral director Wendell Hippel

(b) Address 1405 Lorman St.

19 (a) (Date rec'd by registrar) Hunting for Williamsport Md

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-1 1939. at 8 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-1 1939. to 11-1 1939. and that I last saw her alive on 11-1 1939.

Immediate cause of death	Duration
Cardiac Insufficiency	
Due to Hypertensive Cardiovascular Disease	
Due to Arteriosclerotic Heart Disease.	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible] Halbrecht M. D.

Address Franklin Square Hosp. Date signed 11/2/39

62570

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

11-a Registered No. F 62570

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1843 N. Monroe
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) no
(e) Length of stay in Baltimore (yrs., mos., or days) 56

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1843 N. Monroe (If rural give location)
(e) If foreign born, how long in U. S. A.? 56 years

3 (a) FULL NAME Frederick Albach

3 (b) If veteran, name war no | 3 (c) Social Security Account No. no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Mary Albach 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 11 1861

8. AGE: Years	Months	Days	If less than one day hr.	min.
78	8	22		

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Retired Confectioner
11. Industry or business Store

MOTHER / FATHER
12. Name John Albach
13. Birthplace Germany
14. Maiden Name Barbara Braun
15. Birthplace Germany

16 (a) Informant Mrs. Wilhelmina Meier
(b) Address 27 Park Rd Brompton Pl.

17 (a) Park Wood (Burial, cremation, or removal) (b) Date thereof Nov 4 1939 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Harford Rd

18 (a) Funeral director C. Schlosman & Son
(b) Address 1039 Hanover St.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 2 1939, at 12 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 29 1939, to Nov. 2 1939, and that I last saw him alive on Nov 1 1939.

Immediate cause of death Lobar Pneumonia — Duration 3 d.
Due to Influenza — 3 d.
Due to
Other Conditions Valvular Heart — 1 yr

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no.
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo. F. A Sterne M. D.
Address 2478 Harford Rd Date signed

62571

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

210-M

Registered No. F 62571

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street and No. 1004 Granby (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lawrence (Laurence) Kluka

3 (b) If veteran, name war: World War

3 (c) Social Security Account No. 215-07 4144

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Laura Kluka

6 (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) Oct 12 1899

8. AGE: Years 40 | Months | Days 19 | If less than one day: hr. | min.

9. Birthplace: Russia (Town, county, and state)

10. Usual Occupation: Steel Worker

11. Industry or business: Bethlehem Steel Co

FATHER 12. Name: George Kluka

13. Birthplace: Russia ?

MOTHER 14. Maiden Name

15. Birthplace: Russia

16 (a) Informant: Laura Kluka

(b) Address: 2107 Moyer St

17 (a) Burial (Burial, cremation, or removal)

(b) Date thereof: Nov 4-39 (month) (day) (year)

(c) Cemetery or crematory: U S National Cem

Location: Balto Md.

18 (a) Funeral director: Fred W. Ozarowski

(b) Address: 1930 Eastern Ave.

19 (a) 11-3-1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-1- 1939, at 1.40 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Ruptured liver & kidney
Fractured ribs & right arm

Due to: Burns and contusions.

Due to: Broncho-pneumonia.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Ruptured liver & kidney
Fractured arm & ribs
Of autopsy: as above

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: accident
(b) Date of occurrence: 10-29-1939
(c) Where did injury occur? City (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public Place (Specify type of place) While at work? no
(e) Means of injury: Struck by auto - fractured - Broadway

23. Signature: Howard J. Madden M.D. Medical Examiner

Date signed 11-2-39

VS 6

62572

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

146-a

48902 62572

Registered No. .....

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore Maryland

(c) Hospital or institution:
Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) .....

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County .....

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 565 Mosher St. (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME John Ross

3 (b) If veteran, name war .....

3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife Harriett

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 5-2-72

8. AGE: Years	Months	Days	If less than one day
67	5	29	hr. ..... min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business .....

FATHER

12. Name William Ross

13. Birthplace Md.

MOTHER

14. Maiden Name Margaret

15. Birthplace Md.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 3rd 39 (month) (day) (year)

(c) Cemetery or crematory not auburn

Location Mt Wmans.

18 (a) Funeral director Elroy O Wilson

(b) Address 1000 Brantley ave.

19 (a) 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-31 1939, at 12 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-30 1939, to 10-31 1939, and that I last saw h[illegible] alive on 10-31 1939.

Immediate cause of death Carcinoma Oesophagus — Duration ?

Due to .....

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....

(e) Means of injury .....

23. Signature L. T. Woodward Jr. M. D.

Address Balto City Hosp. Date signed 10-31-39.

VS 3

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

62573 — 12-B — 49334 Registered No. 62573

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore Maryland

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town) 12-B

(d) Street No. 1214 Myrtle Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George A. Watty

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Effie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 7, 1875

8. AGE: Years	Months	Days	If less than one day hr.	min.
64	7	25		

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Shipping Clerk

11. Industry or business

FATHER

12. Name Addison

13. Birthplace Va.

MOTHER

14. Maiden Name Susan Wood

15. Birthplace Va.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-5-39 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Balto.

18 (a) Funeral director Samuel W. Edmondson

(b) Address 638 N. Edmondson Ave

19 (a) NOV 3 1939 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-2 1939 at 7:0 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-18-1939 to 11-2 1939. and that I last saw h/m alive on 11-2 1939.

Immediate cause of death: Paralytic Ileus and Post Operative Shock — Duration: Less than 1 day

Due to

Due to

Other Conditions Diabetes mellitus and arteriosclerotic gangrene foot — ?

(Include pregnancy within 3 months of death)

Major findings:

Of operations Exploratory laparotomy

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature L. K. Woodward M. D.

Address Balto City Hosp. Date signed 11-2-39

VS 3

62574

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-A Registered No. F 62574

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2662 Wilkens Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 2662 Wilkens Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

20-5

3 (a) FULL NAME Susie E. Evans.
3 (b) If veteran, name war None.
3 (c) Social Security Account No. None.
4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Widowed
6 (b) Name of husband or wife Edward Evans.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb. 7 - 1864.
8. AGE: Years 75 Months 8 Days 26 If less than one day hr. min.
9. Birthplace Baltimore - Md. (Town, county, and state)
10. Usual Occupation Housewife "at home"
11. Industry or business

FATHER
12. Name Zachena Mills.
13. Birthplace Maryland.

MOTHER
14. Maiden Name Unknown.
15. Birthplace Maryland.

16 (a) Informant Mrs. Sue Pearson.
(b) Address 2646 Wilkens Ave.
17 (a) Burial (Burial, cremation, or removal)
(b) Date thereof 11/4/39. (month) (day) (year)
(c) Cemetery or crematory Morgan Chapel
Location Carroll Co. Md.
18 (a) Funeral director Charles L. Schwab
(b) Address 505 N. Monroe St.
19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 2 1939. at 2.45 A. M.
21. I certify that death occurred on the date above stated, that I attended deceased from Oct 16 1939. to Nov 2 1939. and that I last saw h-r alive on Nov 1 1939.

Immediate cause of death Pneumonia (Aplenic Atelectasis Bronchiolitis Endocarditis)
Due to
Due to
Other Conditions Pulmonary Edema

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert C. Natale M. D.
Address 2351 - Wilkens Ave Date signed Nov 3/39

NOV 3 - 1939

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a

F 62575 Registered No.

2575 LB 12006

PLACE OF DEATH:

1) Baltimore City, Maryland

2) Street address 4940 Eastern Avenue

3) Hospital or institution:

Baltimore City Hospitals

4) Length of stay in hospital or inst. (yrs., mos., or days) 9 mths. 3 yr.

5) Length of stay in Baltimore (yrs., mos., or days) 4 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. Homeless (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) **FULL NAME** James McDonald

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Widowed

(b) Name of husband or wife Jennie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/12/1864

8. AGE: Years 75 | Months 6 | Days 18 | If less than one day: hr. min.

9. Birthplace St. Louis, Mo. (Town, county, and state)

10. Usual Occupation unknown

11. Industry or business

MOTHER / FATHER

12. Name Ellis (d)

13. Birthplace Ireland

14. Maiden Name Martha Davis (d)

15. Birthplace Ireland

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/3/39 (month) (day) (year)

(c) Cemetery or crematory Sacred Heart Lawn Cemetery Hillen Rd - Baltimore, Md

18 (a) Funeral director John J. Fahey & Sons

(b) Address 131 Abington St.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 30 1939, at 9.00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 30 1936, to Oct 30 1939, and that I last saw him alive on Oct 30 1939.

Immediate cause of death Cerebral hemorrhage — Duration 1 week

Due to

Due to

Other Conditions hypertension — Duration unknown

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible] M. D.

Address Balto City Hosp. Date signed 11-3-39

V8 3

LB 48926

62576

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

Registered No. F 62576

PLACE OF DEATH:

1. (a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 137 Rochester Place (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Jacob Eck
(b) If veteran, name war
(c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: widowed
(b) Name of husband or wife: Lizzie (d)
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 23, 1864

8. AGE: Years 75 | Months 7 | Days 9 | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation unknown
11. Industry or business

FATHER
12. Name George Henry Eck
13. Birthplace Germany

MOTHER
14. Maiden Name ?
15. Birthplace ?

16. (a) Informant Records
(b) Address Baltimore City Hospitals

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-4-1939 (month) (day) (year)
(c) Cemetery or crematory Baltimore City
Location
18. (a) Funeral director J. A. Moran
(b) Address 3330 E. Baltimore

19. (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-2- 1939, at 8 05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 10-4- 1939 to 11-2- 1939 and that I last saw h[illegible] alive on 11-2- 1939

Immediate cause of death: Uremia — Duration: 4 days

Due to Hypertensive CVD Ch. arteriosclerosis — Duration: ? (2 yrs)

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Murray Hebstein M. D.
Address Balto City Hosp Date signed 11-3-39

VS 3

44686 - RB

62577

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 51-f

Registered No. F 62577

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mos. - 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 529 N. Howard St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Byron

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 7, 1889

8. AGE: Years 50 | Months 7 | Days 20 | If less than one day hr. min.

9. Birthplace Penna. (Town, county, and state) 1045

10. Usual Occupation Storekeeper

11. Industry or business Back No. Magazine Store

MOTHER | FATHER

12. Name Harry Byron

13. Birthplace Penna.

14. Maiden Name Emma (unknown)

15. Birthplace Penna.

16 (a) Informant Records

(b) Address B. C. H.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 3rd 39 (month) (day) (year)

(c) Cemetery or crematory Loudon Park.

Location Baltimore, Md.

18 (a) Funeral director Wm. J. Dickner & Son

(b) Address Morton & Penna Aves.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-27 1939, at 6.50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-12 1939, to 10-27 1939, and that I last saw him alive on 10 27 1939.

Immediate cause of death: Carcinoma penis with metastasis — Duration: over 6 months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. H. Edwards M. D.

Address Balto City Hosp. Date signed 11-8-39

VS 3

62578

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-a

Registered No. F 62578

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore City
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 317 N. Ellwood Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME FRED EDWARD FEISS

3 (b) If veteran, name war —
3 (c) Social Security Account No. 213-03-0594

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Lillian Johns
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 26, 1895

8. AGE: Years	Months	Days	If less than one day hr.	min.
44	4	5		

9. Birthplace Brooklyn, New York (Town, county, and state)
10. Usual Occupation Newspaper Work
11. Industry or business Baltimore News Post

FATHER
12. Name Frederick Feiss
13. Birthplace New York City

MOTHER
14. Maiden Name Ellen Callahan
15. Birthplace New York City

16 (a) Informant Records-U. S. Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Place of disposition: Calvary Cemetery, Queens, N. Y. (burial) (b) Date thereof 11/4/39 (month) (day) (year)
(c) Cemetery Calvary Cemetery
Location Queens, New York City N. Y.

18 (a) Funeral director William Cook
(b) Address 127 St. Paul St

19 (a) (b) (Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-1-39 19 . at 6:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-23-39 19 , to 11-1-39 19 , and that I last saw him alive on Nov. 1, 19 39 .

Immediate cause of death Cardiac disease, aortic insufficiency — Duration: Unknown

Due to Rheumatic fever — Duration: Unknown

Due to — Duration:

Other Conditions Generalized arteriosclerosis (Include pregnancy within 3 months of death) — Duration: Unknown

Major findings:
Of operations
Of autopsy No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. M. H. Anderson. M. D.
Address U. S. Marine Hospital, Baltimore, Md. Date signed 11-2-39

(62579)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C Registered No. (62579)

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 617 McKewin Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 617 McKewin Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 54 years

3 (a) FULL NAME John Deuerling

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Elizabeth Deuerling

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 10 1858

8. AGE: Years 80 Months 11 Days 22 If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Cabinet Maker

11. Industry or business Furniture

FATHER
12. Name [illegible] Deuerling
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Francis Deuerling
(b) Address 617 McKewin Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/6/39 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director William Bork
(b) Address 1217 E. Paul St.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 2nd 1939, at 7 P M

21. I certify that death occurred on the date above stated, that I attended deceased from Nov 1 1939, to Nov 2 1939, and that I last saw h[illegible] alive on Nov. 2 1939.

Immediate cause of death: Cerebral Hemorrage — Duration: 2 days
Due to Chronic Myocarditis — 2 years
Due to arteriosclerosis
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Elizabeth Mortimer MD
Address 2706 St Paul Date signed 11/3/39 (M. D.)

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 62580

CERTIFICATE OF DEATH

V 95-B F 62580

1. PLACE OF DEATH West Baltimore Hospital Registered No.

CITY OF BALTIMORE: (No. St. 16-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Agnes Hanger

If U. S. Veteran specify WAR

(a) Residence: No. 603 Claymont St. Ward. 603 Claymont Ave

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 20 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	-	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. City Md.

FATHER

13. NAME Carl Ross

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Madine Kandler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Edith DeSantis

(Address) 2122 N Wolfe St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 11/6 No. 38

19. UNDERTAKER

(Address) 1211 E Baltimore St

20. FILED 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 3 , 19 37

22. I HEREBY CERTIFY, That I attended deceased from Oct 31 , 19 37 to Nov 3 , 19 37

I last saw h[illegible] alive on Nov 1 , 19 37 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subarachnoid Hemorrhage	10/25
Hypertension	
Cardiovascular disease	?
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

VS 8

F 62581

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1108

Registered No. F 62581

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 907 Lemmon St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 907 Lemmon St (If rural give location)
(e) If foreign born, how long in U. S. A.? years ✓

3 (a) FULL NAME GEORGE MARLEY

3 (b) If veteran, name war: NW

3 (c) Social Security Account No. NONE

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 15 1867

8. AGE: Years 70 | Months | Days 18 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state or foreign country)

10. Usual Occupation Steam Engineer

11. Industry or business Stone Dresser

FATHER 12. Name Henry Morley

13. Birthplace Germany

MOTHER 14. Maiden Name Mary Ann Hartline

15. Birthplace Baltimore Md

16 (a) Informant Margaret A Morley

(b) Address 907 Lemmon St.

17. Burial (Burial, cremation, or removal) (b) Date thereof 11-6-39 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Baltimore Md

18 (a) Funeral director Mor

(b) Address 1219 E Fort Ave

19 (a) (Date rec'd by registrar) Registrar

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 3rd, 1939, at 2:30 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Pneumonia, Lobar — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work)
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner

Date signed Nov. 3rd, 1939

62582

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

146-3

Registered No. F 62582

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1404 W. Lexington St.
(c) Hospital or institution: Aged Women's Home.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 years
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1400 W Lexington St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Katharina Dill

3 (b) If veteran, name war: NV
3 (c) Social Security Account No. NONE
4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife:
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 26. 1857
8. AGE: Years 82 Months 5 Days 8 If less than one day hr. min.
9. Birthplace Balto., Md (Town, county, and state)
10. Usual Occupation Seamstress
11. Industry or business None
12. FATHER Name Conrad Dill
13. Birthplace Germany
14. MOTHER Maiden Name Elizabeth Heaky
15. Birthplace Germany
16 (a) Informant Homeless Woman 62d Mar
(b) Address 1404 W Lexington St
17. Burial Date thereof 11/4/39 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md
18 (a) Funeral director Tilhorn Co
(b) Address 1217 E Conlon St
19 (d) Date rec'd by registrar NOV 2 - 1939 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 3rd 1939, at 6 10 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/18/1939 to 11/3/39 19 .
and that I last saw her alive on 11/2/39 19 .

Immediate cause of death: Carcinoma of the stomach — Duration 8yrs.?

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify) While at work?
(e) Means of injury

23. Signature Edwin B Jarrell M. D.
Address 1115 St. Paul St., City. Date signed 11/3/39

VS 3

62583

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107-a

48391 62583

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore Maryland

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1717 Brentwood Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Stephen Bond

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-12-1861

8. AGE: Years	Months	Days	If less than one day
78 ~~77~~ 78	10	19	hr. min.

9. Birthplace Penna (Town, county, and state)

10. Usual Occupation Laborer 0040

11. Industry or business

FATHER

12. Name Unknown

13. Birthplace Unknown

MOTHER

14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 3, 1939 (month) (day) (year)

(c) Cemetery or crematory ~~Mt~~ Calvary Cem

Location A. A. Co.

18 (a) Funeral director Rayner Sander

(b) Address 1432 E Preston St.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH November 1 1939, at 6:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 30 1939, to Nov 1 1939, and that I last saw h~~im~~ alive on Nov 1 1939.

Immediate cause of death Bronchopneumonia — Duration 4 days

Due to

Due to

Other Conditions arteriosclerosis generalized — Duration unknown.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. M. [illegible] M. D.

Address Balto City Hosp. Date signed 11-3-39

F 62584

81

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-6 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 702 Reservoir St.
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ---
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 702 Reservoir St. (If rural give location)
(e) If foreign born, how long in U. S. A.? --- years

3 (a) FULL NAME Mrs. Bessie Oliver Jarvis
(b) If veteran, name war NONE
(c) Social Security Account No. NONE

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Widow
(b) Name of husband or wife Jedd W. Jarvis
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12, 1862

8. AGE: Years 77 Months 3 Days 21 If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation NONE
11. Industry or business NONE

MOTHER / FATHER

12. Name William Oliver
13. Birthplace Ireland
14. Maiden Name Margaret Scarborough
15. Birthplace Baltimore, Maryland

16 (a) Informant Henry O. Jarvis (Son)
(b) Address 702 Reservoir St., City.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-4-39 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Maryland.

18 (a) Funeral director STEWART & HOWEN COMPANY
(b) Address (w. f. HOWEN Sec.) 108 W. NORTH AVENUE

19 (a) (Date received by registrar) (b) (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 2, 1939, at 3.45 M

21. I certify that death occurred on the date above stated, that I attended deceased from June 11, 1939, to Nov 2, 1939, and that I last saw her alive on Nov 2, 1939.

Immediate cause of death Cardiac exhaustion — Duration 1 day

Due to chronic valvular disease of heart, — 10 years

Due to paralysis agitans arterio-sclerosis and hyper tension — "

Other Conditions — "

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John W. Sanderson, M. D.
Address 1714 N Caroline St Date signed 11/2/39

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 62585

F 62585

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline and Oliver St.
(c) Hospital or institution: St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore City.
(c) City or town (If outside city or town limits, write RURAL and give town) 1610
(d) Street No. 604 N. Highland Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma Matschuck
3 (b) If veteran, name war ------
3 (c) Social Security Account No. ---------

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Adolph Matschuck
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) July 4th, 1858

8. AGE: Years	Months	Days	If less than one day hr.	min.
81	3	29		

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

MOTHER / FATHER

12. Name ? Lindner
13. Birthplace ?
14. Maiden Name ? Bostin
15. Birthplace ?

16 (a) Informant Emma L. Dunk (Niece)
(b) Address 4610 Keswick Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/6/39 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location End of East North Avenue
18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735 Harford Ave
19 (a) (b) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 3rd 1939, at 4 A.M

21. I certify that death occurred on the date above stated, that I attended deceased from Oct. 10th 1939, to Nov. 3 1939, and that I last saw her alive on Nov. 3 1939.

Immediate cause of death Hypostatic Pneumonia — Duration 1 week
Due to Arterio sclerotic Cardio-Vascular Disease – Decompensated — ? 10-25-39
Due to Cerebral Accident — ?
Other Conditions Chronic Nephritis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Kelmenson M. D.
Address St. Joseph's Hosp Date signed 11-3-39

NOV 3 - 1939

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 93-cf 62586

62586

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1608-Hisquith Street
(c) Hospital or institution: --
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1608-Hisquith Street (If rural give location)
(e) If foreign born, how long in U. S. A.? --- years

3. (a) FULL NAME Ida Cora Carroll

3 (b) If veteran, name war --

3 (c) Social Security Account No. none

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Wm. W. Carroll

6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) 7/20/1861

8. AGE: Years 78 Months 3 Days 13 If less than one day -- hr. ------ min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Thomas D. Dougherty
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary Jane Taylor
15. Birthplace Maryland.

16 (a) Informant Carrie Dougherty
(b) Address 2001-E. 30th Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/4/39 (month) (day) (year)

(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Geo. J. Roth, Inc.
(b) Address 1725-Harford Ave.

19 (a) NOV 3 - 1939 (b) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 2, 1939 at 1:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 26 1938 to Nov 2, 1939. and that I last saw h e alive on Nov 2, 1939.

Immediate cause of death Chronic Myocarditis — Duration 3 yrs.

Due to Generalized Arteriosclerosis — 5 yrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel B. Wolfe M. D.
Address 1331 E. North Ave. Date signed 11-2-39

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

62587

CERTIFICATE OF DEATH

161 aF 62587

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. The Johns Hopkins Hospital St., or 5 Ward) 13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bean

If U. S. Veteran specify WAR

(a) Residence: No. Florence Crittenton Home St., ... Ward. B3

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	white	single

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of single

6. DATE OF BIRTH (month, day, year) September 27, 1939

7. AGE Years	Months	Days	If LESS than 1 day 34 hrs. or 1½ min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Clarence Bowens (?)

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Sarah Elizabeth Bean

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date NOV 3 - 1939.

19. UNDERTAKER Commissioner of Health

(Address) Rec'd. & Moore

20. FILED ... 19... Registrar.

NOV 3 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 28. 1939

22. I HEREBY CERTIFY, That I attended deceased from September 27. 1939. to September 28. 1939.

I last saw her alive on September 28. 1939. Death is said to have occurred on the date stated above, at 4pm m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis	9-27-39
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) E. W. Overholt, M. D.

(Address) Johns Hopkins Hospital

V8 8

5141

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 62588 CERTIFICATE OF DEATH 160-13 F 62588

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Johns Hopkins Hospital St. 14-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Valathas If U. S. Veteran specify WAR

(a) Residence: No. 1413 Hollins St. St., Ward. B3
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of single

6. DATE OF BIRTH (month, day, year) October 6, 1939

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 9 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Charles Valalkas

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Ruth Thorpe

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place ... Date NOV 3 - 1939, 19

19. UNDERTAKER

(Address)

20. FILED ..., 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from October 6, 1939, to October 6, 1939

I last saw her alive on October 6, 1939. Death is said to have occurred on the date stated above, at 10:44 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra-cranial hemorrhage	10-6-39

Other contributory causes of importance:

Forceps delivery

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) E. W. Cornbrooks, M. D.

(Address) Johns Hopkins Hospital

NOV 3 - 1939

Commissioner of Health

5142

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 62589 ✓159 F 62589

F 62589

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. The Johns Hopkins Hospital St., 1-11 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Pasqualane

If U. S. Veteran specify WAR .....

(a) Residence: No. 2220 Essex St. St., ... Ward. B3
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) October 8, 1939

7. AGE	Years	Months	Days	If LESS than 1 day 20 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Michael Pasqualane

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Genevievedewendowski

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place ..... Date 3 ..... 19 .....

JOHNS HOPKINS MEDICAL SCHOOL NOV 3 - 1939

19. UNDERTAKER Commissioner of Health

(Address) Per W. A. Moore

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from October 8, 1939, to October 9, 1939.

I last saw him alive on October 9, 1939. Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) E. W. Overstreet, M. D.

(Address) Johns Hopkins Hospital

VS 8

5143

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 62590

CERTIFICATE OF DEATH

✓ 159 F 62590

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Johns Hopkins Hospital St. 5-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME ..... Richardson ..... If U. S. Veteran specify WAR .....

(a) Residence: No. 1125 E. Jerrington St. St., ... Ward. B2

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of single

6. DATE OF BIRTH (month, day, year) October 21, 1939

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 45 min.
				8

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Gertrude Richardson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT .....

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date NOV 3 - 1939

19. UNDERTAKER Commissioner of Health

(Address) .....

20. FILED ..... 19.... Registrar. .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from October 21, 1939 to October 21, 1939

I last saw him alive on October 21, 1939 Death is said to have occurred on the date stated above, at 3 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) E. W. Overbey ..... M. D.

(Address) Johns Hopkins Hospital

VS 8

511

HEALTH DEPARTMENT—CITY OF BALTIMORE

62591 CERTIFICATE OF DEATH V 117-a F 62591

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1424 Pennsa ave St. 14-7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert Garrett — If U. S. Veteran specify WAR

(a) Residence: No. 1424 Pennsa Ave St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: William Garrett

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Sarah Garrett

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mrs Young
(Address) 567 Winsted St

18. BURIAL, CREMATION, OR REMOVAL
Place: UNIVERSITY MEDICAL SCHOOL Date: NOV 3 - 1939, 19
Commissioner of Health
For H. A. Moore

19. UNDERTAKER
(Address)

20. FILED NOV 3 1939, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10-26, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1939 to Oct 25, 1939
I last saw him alive on Oct 23, 1939. Death is said to have occurred on the date stated above, at 4P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystine ulcer	
Other contributory causes of importance: Anaemia	

Was an operation performed? ns Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
ns If so, specify

(Signed) Thos L Steuart M. D.

(Address) 120 Rutland Ave

5146

Sup. 5-16-39 L. F. S.—100 Bks.

2592

F 62592

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1024 Peach alley ST. 23-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Fannie Kirkman

(a) RESIDENCE NO. 1024 Peach alley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Kirkman

6 DATE OF BIRTH (month, day, and year):

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): Home work

(c) Name of employer: self

9 BIRTHPLACE (City or town) (State or country): N. C.

PARENTS

10 NAME OF FATHER: Solomon Best

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. C.

12 MAIDEN NAME OF MOTHER: Kirkman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. C.

14 Informant: Bessie Dawson

(Address): 1548 W. West St

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-2-39

17 I HEREBY CERTIFY, That I attended deceased from Oct 16, 1939, to Nov 2, 1939, that I last saw he alive on Nov 1st, 1939, and that death occurred, on the date stated above, at 1:30 P m.

The CAUSE OF DEATH* was as follows:

Acute Bronchial Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) James C. Carter, M. D.

19 (Address) 1016 State St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cemetery

DATE OF BURIAL: 11/4 1939

20 UNDERTAKER: Walter B. Spriggs

ADDRESS: 1394 Whitelock St.

62593

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B

Registered No. F 62593

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1201 Dukeland St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
16-1
(d) Street No. 1201 Dukeland St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine E. Baxter,

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Samuel R. Baxter,

6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) February 2. 1854

8. AGE: Years 75 | Months 9 | Days 1 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Christian Aubel.
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs Agnes Aviles,
(b) Address 1201 Dukeland St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-6-39 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore City

18 (a) Funeral director Robert S. Little
(b) Address 2700 Edmondson Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH NOV 3 1939 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from October 15 1939. to November 3 1939. and that I last saw h[er] alive on November 3 1939.

Duration 19 days

Immediate cause of death: Coronary Thrombosis

Due to: Arteriosclerosis

Due to:

Other Conditions: None

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None

Of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leo Ashman M. D.

Address 1201 Poplar Grove St Date signed 11/3/39

✓ F 62594

94

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2431 E. Monument St., 7-2 Ward)

Length of residence in city or town where death occurred 56 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Barbara Hemer

If U.S. Veteran specify WAR

(a) Residence: No. 2431 E. Monument St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Benjamin Hemer

6. DATE OF BIRTH (month, day, year) April 24, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
75	yrs	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 30 years ago

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Munich Germany

FATHER

13. NAME John Mayer

14. BIRTHPLACE (city or town) (State or country) Munich Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Katherine Jacobs
(Address) 2431 E. Monument St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Date Nov. 4/39

19. UNDERTAKER John J. Miller
(Address) 2334 Jefferson St.

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from August 20, 1937 to Nov. 2, 1939

I last saw her alive on Nov. 1, 1939 Death is said to have occurred on the date stated above, at 2:15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis.	10 yrs.
Chronic Myocarditis with Cardiac Failure	2-3 yrs.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Examination Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Jared Rosen M. D.
(Address) 2413 E. Monument St.

EHE

2595

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

958 ✓ Registered No. F 62595

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1732 Aliceanna St
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 57 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, City. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1732 Aliceanna Street (If rural give location)
(e) If foreign born, how long in U. S. A.? 57 years

3 (a) FULL NAME Anna Pietrowiak

3 (b) If veteran, name war: ----

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband ~~or wife~~: John F. Pietrowiak
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April, 20/1861

8. AGE: Years 78 | Months 6 | Days 13 14 | If less than one day: hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Housework
11. Industry or business

MOTHER / FATHER

12. Name Unknown
13. Birthplace Poland

14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Mrs. Mary Groncki
(b) Address 1732 Aliceanna Street

17 (a) (Burial, cremation, or removal) (b) Date thereof 11/6/39 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus Cem,
Location Baltimore, Md.

18 (a) Funeral director George A. Weber
(b) Address 700 S. Ann street

19 (a) (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov, 3rd 1939, at M

21. I certify that death occurred on the date above stated, that I attended deceased from 10/26 1939 to 11/3 1939. and that I last saw her alive on 11/2 1939.

Immediate cause of death: Hypertension Cardio Vascular Disease — Myocardial Insufficiency — Duration

Due to

Due to

Other Conditions Secondary Anemia

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Andrew Pietrowiak M. D.
Address 2079 Eastern Ave Date signed 11/6/39

VS 8

62596

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 B

Registered No. E 62596

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 206 E. 20th St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 206 E. 20th St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry L. Sommers
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M
5. Color or race wh
6 (a) ~~Single~~, married, ~~widowed, or divorced~~ Married
6 (b) Name of ~~husband~~ or wife Mary Etta Sommers
6 (c) If ~~wife~~, give age years
7. Birth date of deceased (mo., day, yr.) Oct 9 - 1876
8. AGE: Years 63 | Months — | Days 25 | If less than one day hr min
9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business B&O Machinist

FATHER
12. Name Henry Sommers
13. Birthplace Balto Md

MOTHER
14. Maiden Name Z Hess
15. Birthplace Balto Md

16 (a) Informant Mrs Mary Etta Sommers
16 (b) Address 206 E 20th St
17 (a) Burial (Burial, ~~cremation~~ or ~~removal~~)
17 (b) Date thereof Nov. 6/39 (month) (day) (year)
17 (c) Cemetery or crematory Loudon Pk Cemy
Location Balto Md.
18 (a) Funeral director Jos Iserdemer & Son
18 (b) Address 217 S Paca St
19 (a) NOV 4 - 1939 (Date received by registrar)
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 3 1939, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Coronary Occlusion

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Medical Examiner

Date signed 11/3/39

VS 4

62597

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-3 Registered No. F 62597

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Church Home & Infirmary

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days

(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. 1811 Ruttland Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

1. (a) FULL NAME Mrs Elizabeth Stevens

(b) If veteran, name war

3. (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced Widow

(b) Name of husband or wife Nicholas C. Stevens

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 26, 1883

8. AGE: Years 56 | Months 6 | Days 7 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Michael Grant

13. Birthplace Baltimore

MOTHER 14. Maiden Name Elizabeth Merritt

15. Birthplace Baltimore

16 (a) Informant Elizabeth A. Stevens

(b) Address 1811 Ruttland Ave

17 (a) Burial (Burial, cremation, or removal)

(b) Date thereof 11-7-39 (month) (day) (year)

(c) Cemetery or crematory Baltimore Co.

Location

18 (a) Funeral director Leonard J. Ruck

(b) Address 5305 Harford Rd.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 8 10-38

MEDICAL CERTIFICATION

20. DATE OF DEATH November 3 1939 at 7.45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 31 1939 to Nov 3 1939 and that I last saw her alive on Nov 3 1939

Immediate cause of death: Cerebral Thrombosis, Primary Arteriosclerotic Hypertension C. Pulmonary — Duration 7 3 yrs

Due to

Due to

Other Conditions Terminal Bronchial Pneumonia

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature John F. Coolahan M. D.

Address Church Home & Inf. Date signed 11-5-39

98

HEALTH DEPARTMENT—CITY OF BALTIMORE

62598

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1537 Division St. 14 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Smith Jr

If U. S. Veteran specify WAR

(a) Residence: No. 1537 Dawson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Annie Smith

6. DATE OF BIRTH (month, day, year) 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME William Smith

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Amanda

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Mrs Agnes Smith

(Address) 1537 Dawson St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Nov. 4 39

19. UNDERTAKER Chas Alexander

(Address) 1200 McCulloh St

20. FILED NOV 4 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-2-1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1939 to Nov 2, 1939

I last saw him alive on Oct 31, 1939. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia	
Following Cerebral Hemorrhage	
Arteriosclerosis	
Other contributory causes of importance:	
Senility	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. S. Hawkins M. D.

(Address) 1302 Park Ave

VS 5

62599

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93c Registered No. F 62599

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1225 Patapsco St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 65 yrs

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto City

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1225 Patapsco St (If rural give location)

(e) If foreign born, how long in U. S. A.? ... years

3. (a) FULL NAME De Lollie Kinsley.

(b) If veteran, name war

(c) Social Security Account No. none

4. Sex Female 5. Color or race White 6 (a) Single, married, widowed, or divorced Widowed

(b) Name of husband or wife William P. Kinsley

6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) July 21, 1861 If less than one day ... hr. ... min.

8. AGE: Years 78 Months 3 Days 12

9. Birthplace Port Deposit Md (Town, county, and state)

10. Usual Occupation at home.

11. Industry or business

FATHER 12. Name Daniel Sherlock

13. Birthplace Md

MOTHER 14. Maiden Name Dont know.

15. Birthplace Md

16 (a) Informant Mrs Myrtle Glocker

(b) Address 1225 Patapsco St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 6 1939 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill Mem Co Location U.S. 40 Md

18 (a) Funeral director U. Howard Ellis

(b) Address 1400-02 N. Charles St

19 (a) ... (b) ... Registrar

(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH November 3 1939 at 6 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 29 1939 to Nov 3 1939.

that I last saw her alive on Nov 2 1939.

Immediate cause of death Myocardial insufficiency

Due to ...

Due to ...

Other Conditions Aortic sclerosis Thrombosis of Pulmonary artery

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —

(Specify type of place)

(e) Means of injury —

23. Signature John A. Schmunk M. D.

Address 1305 S. Charles St Date signed Nov 3 1939

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

62600

CERTIFICATE OF DEATH

82 a F 62600

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1507 Mt. Royal Ave. St. 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 83 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Lydia A. Johns

(a) Residence: No. 1507 Mt. Royal Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of **********

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
About 83	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Richard H. Johns

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Margaret Ann Pearce

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT T. Morris Johns

(Address) 214 Oakdale Road, R. Park

18. BURIAL, CREMATION, OR REMOVAL Burial

Place Greenmount Cemetery Date 11/5/39 19

19. UNDERTAKER Henry H. Meaks & Son

(Address) 805 N. Eutaw St.

20. FILED 19 Registrar

NOV 4 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 3 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 21 1931 to Nov. 3 1939

I last saw h[illegible] alive on Nov. 2 1939 Death is said to have occurred on the date stated above, at 12:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac sclerosis	?
Hypertension	?
Cerebral hemorrhage	10/21/39

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Blood Pressure Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robt. B. Wiltshire M. D.

(Address) Medical Arts Bldg.

62601

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93c

Registered No. F 62601

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Lake Drive - Linden Ave - Riviera Apts.

(c) Hospital or institution:

13-1

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City ~~or town~~ Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. Riviera Apts. (If rural give location)

(e) If foreign born, how long in U. S. A? years

1. (a) **FULL NAME** Theresa G. Burgunder

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

(b) Name of husband or wife Jos. Burgundy Jr.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 10, 1858

8. AGE: Years 80 | Months 11 | Days 24 | If less than one day: hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

MOTHER / FATHER

12. Name Joseph Gundusheimer

13. Birthplace Germany

14. Maiden Name Esther Greenstein

15. Birthplace Germany

16 (a) Informant Mrs. B. Burgundow

(b) Address Riviera Apt.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/6/39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Balto. Hebrew

Location Balto. Md.

18 (a) Funeral director Baird Sondheim & Co.

(b) Address 702 Eutaw Place

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 3 1939, at 11 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from January 1939, to Nov 3 1939, and that I last saw h alive on Nov 1st 1939.

Immediate cause of death

Coronary Thrombosis — Duration Instantaneous

Due to Arteriosclerosis

Due to Hypertension — 3 yrs.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Michael A. Abrams M. D.

Address 2360 Eutaw Pl. Date signed

VS 3

F 62602

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 62602 Registered No. 59

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden & Madison
(c) Hospital or institution: Maryland General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days)

USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Howard
(c) City or town Jessups (If outside city or town limits, write RURAL and give town)
Street No. 1113 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. (a) FULL NAME Mrs. Florence Wheeler
(b) If veteran, name war
3. (c) Social Security Account No.
4. Sex female
5. Color or race white
6. (a) Single, married, widowed, or divorced married
(b) Name of husband or wife J. Frank Wheeler
(c) If alive, give age 64 years
7. Birth date of deceased (mo., day, yr.) Sept 5, 1879
8. AGE: Years 60 Months 1 Days 29 If less than one day hr. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Home Wife
11. Industry or business

MOTHER / FATHER
12. Name John Hess
13. Birthplace Baltimore, Md.
14. Maiden Name Mary Diederick
15. Birthplace Earlton, Md.

16. (a) Informant Frank Wheeler
(b) Address Jessups Md
17. (a) (Burial, cremation, removal) (b) Date thereof Nov 7, 1939 (month) (day) (year)
(c) Cemetery or crematory Guilford Cem.
Location Guilford Md
18. (a) Funeral director Lloyd Keyser
(b) Address Laurel Md.
19. (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/4 1939, at M
21. I certify that death occurred on the date above stated; that I attended deceased from 10/27 1939, to 11/4 1939, and that I last saw h[illegible] alive on 11/4 1939.

Immediate cause of death: Myocardial Insuff.
Due to: Chronic Myocarditis
Due to:
Other Conditions: Non Toxic Thyroid goitre and Diabetes
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. C. Post M. D.
Address Maryland Gen. Hosp. Date signed 11/4/39

VS 3

370348 62603

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137

F 62603

Registered No.

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Charles

(c) City or town White Plains (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

X

3 (a) FULL NAME Benjamin Hancock

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-19-65

8. AGE: Years 74 | Months 6 | Days 15 | If less than one day: hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Farmer 2856

11. Industry or business Farm

FATHER 12. Name Joseph Hancock

13. Birthplace Md

MOTHER 14. Maiden Name Maggie Southe

15. Birthplace Md

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/5/39 (month) (day) (year)

(c) Cemetery or crematory St. Joseph's

Location Morganza, St. Mary's Co.

18 (a) Funeral director Hartdegen & Ryon

(b) Address Meadow, Md.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 4 1939. at 5:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 22 1939. to Nov 4 1939. and that I last saw h im alive on Nov 4 1939.

Immediate cause of death Cardiac Failure and Bronchopneumonia (pneumococcus type XVIII

Duration 6 days.

Due to

Due to

Other Conditions post-op. perineal prostatectomy (Include pregnancy within 3 months of death)

Major findings:

Of operations Benign prostatic hypertrophy.

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Russell B. Roth M. D.

Address Johns Hopkins Hosp. Date signed 11-4-39

62604 HEALTH DEPARTMENT—CITY OF BALTIMORE 62604

CERTIFICATE OF DEATH

160a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 1500 Ward

Length of residence in city or town where death occurred ... yrs. ... mos. 1½ ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Boy Mayhew

(a) Residence: No. 3912 Belle Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-2-39 11-14 PM

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1½	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John D. Mayhew

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Gwen Greiner

16. BIRTHPLACE (city or town) (State or country) New Mexico

17. INFORMANT Norma Reard
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Fairview Cem - Roanoke Va. Date Nov. 6- 1939

19. UNDERTAKER Harry N. Armacost
(Address) 4204 Edgewood Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-4 , 1939

22. I HEREBY CERTIFY, That I attended deceased from 11-14 PM 11-2 , 1939 to 1 PM 11-4 , 1939

I last saw him alive on 11-4 , 1939. Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	11-2-39
? intracranial haemorrhage	11-2-39

Other contributory causes of importance:

Maternal - pre-eclampsia, premature separation - placenta

Was an operation performed? Yes maternal Date of 11-2-39

For what disease or injury?

Name of operation Maternal - Caesarean section

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) E. W. Quesstret M. D.

(Address) Johns Hopkins Hospital.

V8 8

62605

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 62605

PLACE OF DEATH:

1. Baltimore City, Maryland
2. Street address
3. Hospital or institution: Md. Gen. Hosp.
4. Length of stay in hospital or inst. (yrs., mos., or days)
5. Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2804 Suffolk Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 22 years

1. (a) FULL NAME Mrs. Sarah Wigodner

(b) If veteran, name war

3. (c) Social Security Account No.

4. Sex F.

5. Color or race W.

6 (a) Single, married, widowed, or divorced. Widow

(b) Name of husband or wife Late Jacob

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1864

8. AGE: Years 75 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

MOTHER / FATHER

12. Name Morris Friedless

13. Birthplace Russia

14. Maiden Name Dora ?

15. Birthplace Russia

16 (a) Informant Mrs Mollie Fine

(b) Address 2804 Suffolk ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 5 / 39 (month) (day) (year)

(c) Cemetery or crematory Hebrew Herring Run

Location Bowleys Lane

18 (a) Funeral director Sol Levinson & Bro

(b) Address 1124-26 W North ave

19 (a) (b) Registrar (Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 3, 1939. at 10.55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 21 1939. to Nov 3 1939. and that I last saw h-- alive on Nov 3 1939.

Immediate cause of death: Bronchopneumonia — Duration: aow

Due to

Due to

Other Conditions Post-operative Cholecystectomy (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Edward L. Glassman M.D.

Address Md. Gen. Hosp. Date signed 11/4/39

626606

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

F 626606 Registered No.

PLACE OF DEATH:

1. Baltimore City, Maryland
   Street address Levindale
   Hospital or institution Hebrew Home for Aged
2. Length of stay in hospital or inst. (yrs., mos., or days) 27 17
3. Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Levindale (If rural give location)
(e) If foreign born, how long in U. S. A.? 45 years

4. (a) FULL NAME Lena Harris
(b) If veteran, name war —
3 (c) Social Security Account No. —

5. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. W
(b) Name of husband or wife Late Samuel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years 63 | Months — | Days — | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Morris Margolis
13. Birthplace Roland

MOTHER
14. Maiden Name Unknown
15. Birthplace Roland

16 (a) Informant Nathan Harris
(b) Address 1503 N. Pulaski st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 5/39 (month) (day) (year)
(c) Cemetery or crematory Hebrew Cemetery Washington Blvd Robb
Location Washington Blvd

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-26 W. North ave

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 4 1939, at 9:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-31 1936, to 11-4 1939, and that I last saw her alive on 11-4 1939.

Immediate cause of death Chronic cardio vascular disease, hypertension — Duration 10 years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Edmund Levin M. D.
Address Levindale Date signed 11-7-39

VS 3

626907

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48 ✓ F 626907 Registered No.

PLACE OF DEATH:

1. (a) Baltimore City, Maryland
(b) Street address 1905 Christian St
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 D

(e) Length of stay in Baltimore (yrs., mos., or days) 17yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Baltimore City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1905 Christian St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 23 years years

3. (a) FULL NAME Helen Hatfield

(b) If veteran, name war —

(c) Social Security Account No. 215-05-3913

4. Sex F

5. Color or race W.

6. (a) Single, married, widowed, or divorced Married

(b) Name of husband or wife J Edmund

(c) If alive, give age 34 years

7. Birth date of deceased (mo., day, yr.) Feb. 12- 1907

8. AGE: Years 32 Months 8 Days 22 If less than one day: hr. — min.

9. Birthplace Yugoslavia
(town, county, and state)

10. Usual Occupation Machine Operator

11. Industry or business Knitted Manufacturing

FATHER

12. Name Michial Renner

13. Birthplace Yugoslavia

MOTHER

14. Maiden Name Marie Bricker

15. Birthplace Yugoslavia

16. (a) Informant Pauline Renner

(b) Address 1905 Christian St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 7- 39 (month) (day) (year)

(c) Cemetery or crematory Morland Park

Location Balto. Co. Md

18. (a) Funeral director W. C. Cook

(b) Address 1217 St Paul St

19. (a) (b) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 7- 1939, at 2 P. M

21. I certify that death occurred on the date above stated, that I attended deceased from Nov. 20 1938, to Nov. 4 1939, and that I last saw her alive on Nov. 3 1939.

Immediate cause of death: Carcinoma of Cervix — Duration: 1 yr.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature James. Blumling M. D.

Address 2000 Hollins St Date signed 11/4/39

VS 3

F 62608 LB 49540

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107-W F 62608 Registered No.

PLACE OF DEATH:

1. Baltimore City, Maryland
2. Street address 4940 Eastern Avenue
3. Hospital or institution: Baltimore City Hospitals
4. Length of stay in hospital or inst. (yrs., mos., or days) 8 days
5. Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1226 E. North Avenue (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME George Kohlhepp (Henry Kohlhepp)

(b) If veteran, name war —

3 (c) Social Security Account No. NONE

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

(b) Name of husband or wife Annie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/15/1869

8. AGE: Years 70 | Months 4 | Days 18 | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state) 0086

10. Usual Occupation Truck Body Maker, RETIRED

11. Industry or business unemployed

FATHER: 12. Name Valentine (d)

13. Birthplace Balto.

MOTHER: 14. Maiden Name Margaret ? (d) KRAUS

15. Birthplace Balto.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 11/7/39 (month) (day) (year)

(c) Cemetery or crematory St Mathews

Location Balto Md.

18 (a) Funeral director Wm Cook

(b) Address 217 St. Paul st

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-3 1939, at 8 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-25 1939, to 11-3 1939, and that I last saw him alive on 11-3 1939.

Immediate cause of death: Bronchio pneumonia and uremia — Duration: several days

Due to Benign prostatic hypertrophy with urinary obstruction ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature L. K. Weisenhoff M. D.

Address Balto City Hosp. Date signed 11-4-39

V8 8

62609

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

133 F 62609 Registered No.

PLACE OF DEATH:

1. Baltimore City, Maryland
2. Street address
3. Hospital or institution: Franklin Sq. Hospital
4. Length of stay in hospital or inst. (yrs., mos., or days) 1 14
5. Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 517 Fallsway (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) **FULL NAME** Anna Farb

(b) If veteran, name war —

3 (c) Social Security Account No. 212-05-9275

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
(b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 10-4-1904

8. AGE: Years 30 | Months 1 | Days | If less than one day: hr. min.

9. Birthplace Balto U. S. A. (Town, county, and state)
10. Usual Occupation Clerical Work
11. Industry or business

FATHER
12. Name Isaac Farb
13. Birthplace Poland

MOTHER
14. Maiden Name Rose Kamenman
15. Birthplace Poland

16 (a) Informant Mother
(b) Address 517 Fallsway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-5-39 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Druid Hill Ave

18 (a) Funeral director Jos. Lewis & Son
(b) Address 1939 E. Balto St

19 (a) (b) Registrar
(Date rec'd by registrar)

VS 3a 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH November 4 1939, at 5:50 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-20 1939, to Nov. 4 1939, and that I last saw h[illegible] alive on Nov. 4 1939.

Immediate cause of death Bronchopneumonia — Duration

Due to

Due to

Other Conditions Congenital polycystic degeneration of Kidneys (Include pregnancy within 3 months of death)

Major findings:
Of operations Congenital polycystic Kidneys - rgt.
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis H. Goodman, M. D.
Address Franklin Sq. Hosp. Date signed Nov. 4/39

62610

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107-a

F 62610 Registered No.

PLACE OF DEATH:
1. Baltimore City, Maryland
Street address
Hospital or institution: Hebrew Home for Aged & Infirm
Length of stay in hospital or inst. (yrs., mos., or days) 7 yrs
Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Belvedere & Greenspring (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Sarah Yavitz

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

(b) Name of husband or wife Max

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 57 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (town, county, and state)

10. Usual Occupation Housewife

11. Industry or business None

FATHER 12. Name Jacob Maltzin

13. Birthplace Russia

MOTHER 14. Maiden Name Hannah

15. Birthplace Russia

16 (a) Informant Sigmund Lambert

(b) Address Belvedere & Greenspring

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-5-39 (month) (day) (year)

(c) Cemetery or crematory Mt Carmel

Location Sherman Mills Rd

18 (a) Funeral director Jack Levin Inc

(b) Address 1439 E. Balto St.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 4 1939, at 9:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 14 1939 to Nov 4 1939, and that I last saw her alive on Nov 4 1939.

Immediate cause of death bronchopneumonia — duration 3 days — Duration

Due to hypertension — hemiplegia — 5 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edmund Levin M.D.

Address Lemidale Date signed Nov. 5, 39

VS 3

62611

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 62611

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 1300 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Samuel I. Michelson If U. S. Veteran specify WAR .....

(a) Residence: No. 2200 Park Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 60 | Months | Days | If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cigar Mfg.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired - 10 yrs.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Not Known

14. BIRTHPLACE (city or town) (State or country): Balto Md.

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Hospt. Record.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Friendship Date 11-5-39 19

19. UNDERTAKER: Jack Lowe Inc
(Address) 1439 E. Balto St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-4 . 1939

22. I HEREBY CERTIFY, That I attended deceased from 11-3 . 1939 to 11-4 . 1939

I last saw him alive on 11-4 . 1939 Death is said to have occurred on the date stated above, at 1:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Disease	
Congestive Heart Failure	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. Rosskam . M. D.

(Address) Sinai Hospital

Stivers

62612

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 62612

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2113 E Preston St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 Mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2113 E Preston St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Nellie A. Stivers.
(b) If veteran, name war
3 (c) Social Security Account No.
4. Sex Fem
5. Color or race White
6 (a) Single, married, widowed, or divorced. Widowed
(b) Name of husband or wife George Stivers,
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov 4, 1859
8. AGE: Years 79, Months 11, Days 13, If less than one day hr. min.
9. Birthplace Ohio (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business U S Govt

MOTHER / FATHER
12. Name Thomas Stivers
13. Birthplace Ohio.
14. Maiden Name Mary Covell.
15. Birthplace Ind.

16 (a) Informant Mrs. Nellie.
(b) Address 2113 E Preston
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 7 1939 (month) (day) (year)
(c) Cemetery or crematory Adamstill Cem
Location Washington D C
18 (a) Funeral director Thos F Murray
(b) Address 2007 Arc Nob Ave
19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 4 1939, at 1.50 PM
21. I certify that death occurred on the date above stated; that I attended deceased from October 25, 1939 to Nov. 4, 1939. and that I last saw him alive on Nov. 3, 1939.

Immediate cause of death: (a) Chronic Interstitial Nephritis — Duration 6 Mos
Due to
Due to
Other Conditions Aortic Regurgitation — 6 Mos
(Include pregnancy within 3 months of death.)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas D Engwall M. D.
Address 613 E North Ave Date signed 11/5/39

VS 8

62613

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C 62613 Registered No. F 62613

PLACE OF DEATH:

1. Baltimore City, Maryland
   Street address 1200 Valley St.
   Hospital or institution: Little Sisters of the Poor
2. Length of stay in hospital or inst. (yrs., mos., or days) 8 mos. 10 ds.
3. Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town) Little Sisters of the Poor
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) **FULL NAME** John Todd

(b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

(b) Name of husband or wife: Marcella White | 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 1850

8. AGE: Years: 89 | Months | Days | If less than one day: hr. min.

9. Birthplace: Somerset Co. Md. (Town, county, and state)

10. Usual Occupation: Sailor

11. Industry or business

FATHER 12. Name: James Todd
13. Birthplace: Great Britain

MOTHER 14. Maiden Name: Milchiann Wallace
15. Birthplace: Great Britain

16 (a) Informant: Little Sisters of the Poor
(b) Address: 1200 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 6. 1939 (month) (day) (year)
(c) Cemetery or crematory Giles
Location Princeton Ave

18 (a) Funeral director Rita Windfield
(b) Address 914 Greenmount Ave

19 (a) (Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 4, 1939 19 at 2.30a M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1- 1939. to Nov 4 1939. and that I last saw him alive on Nov 1- 1939.

	Duration
Immediate cause of death: Acute Dilatation of Heart	1 day
Due to Chronic Myocarditis	1 yr
Due to Arterio-Sclerosis	5 yrs
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Gil Hall M. D.
Address 1631 E. North Ave Date signed 11/4/39

62614

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

121 Registered No. F 62614

PLACE OF DEATH:

1. (a) Baltimore City, Maryland
   (b) Street address
   (c) Hospital or institution: Maryland General Hospital
   (d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
   (e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Balto
(c) City or town Pikesville (If outside city or town limits, write RURAL and give town)
(d) Street No. 40 E. Seven Mile Lane (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME John B Hudgins
(b) If veteran, name war
(c) Social Security Account No. 212-05-5210

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Separated
(b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/4/1890

8. AGE: Years 49 | Months 2 | Days | If less than one day: hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Welder
11. Industry or business Gas Electric Co. of B

FATHER
12. Name Charles Hudgins
13. Birthplace Virginia

MOTHER
14. Maiden Name Betty Alice Latimore
15. Birthplace Virginia

16. (a) Informant John C. Hudgins
(b) Address 40 Sevenmile Lane Pikesville Md.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 7-1939 (month) (day) (year)
(c) Cemetery or crematory Clarksburg
Location Amberg - Baltimore Co Md

18. (a) Funeral director Bertram Bloom
(b) Address 222 N Eutaw St

19. (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 4 1939, at 6 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-28 1939 to 11-4 1939, and that I last saw h/m alive on 11-4 1939.

Immediate cause of death Aorta Ruptured Appendicitis — Duration

Due to

Due to

Other Conditions Massive Pulmonary Embolism (Include pregnancy within 3 months of death)

Major findings:
Of operations Ruptured Appendix & Peritonitis
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A Starbaugh M.D.
Address Md Gen Hosp. Date signed 11/4/39

VS 8

62615

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-e

F 62615 Registered No.

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1825 East 29th St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)

(d) Street No. 1825 East 29th St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Elizabeth R. Cole

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

(b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 6, 1854

8. AGE: Years 84 | Months 11 | Days 27th | If less than one day: hr. min.

9. Birthplace Talbot County - Md. (Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER 12. Name James Cole

13. Birthplace Harford County Md.

MOTHER 14. Maiden Name Caroline M. Jones

15. Birthplace Talbot County Md.

16 (a) Informant Nellie E. Wrightson

(b) Address 1825 E. 29th Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 6-1939 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore Md.

18 (a) Funeral director Charles J. Black

(b) Address 742 W. North Ave.

19 (a) NOV 5 1939 (b) (Date filed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 2 1939, at 7 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 4 1937 to Nov 2 1939. and that I last saw her alive on Nov 2 1939.

Immediate cause of death Arteriosclerosis & Myocarditis — Duration 1 yr

Due to Age

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Dr. J. Zimmerman M. D.

Address 9858 Harford Rd Date signed

VS 3

62616

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a Registered No. F 62616

PLACE OF DEATH:
(1) Baltimore City, Maryland
(2) Street address 1010 Valley Street
(3) Hospital or institution:

(4) Length of stay in hospital or inst. (yrs., mos., or days)
(5) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1016 E. Monument St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Charles Long
(b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Wh	Married

(b) Name of husband or wife Sarah A Long.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-16-1895

8. AGE: Years	Months	Days	If less than one day
44	6	17	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Plumber Self
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Charles H Long
(b) Address 1016 E Monument St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location

18 (a) Funeral director Wendell C Humphreys
(b) Address 1701 N Broadway.

19 (a) 11-5-1939 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 3 1939, at 12:55 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said .. find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Crushing injury of face and pelvis	
Due to	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 11/3/39
(c) Where did injury occur? 1010 Valley St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial While at work? Yes (Specify type of place)
(e) Means of injury Fell Off Roof

23. Signature [illegible] M.D
Medical Examiner
Date signed 11/3/39

V8 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 62617

62617

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Belvedere & Entland St. 3-2 (Ward) 72-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Minnie Blum

(a) Residence: No. 2111 Callow Ave St., ... Ward. S.S. 216-01-6357

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Singels.

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 31; Months; Days; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: No

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Soloman

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Mary

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Hosp. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL: Place Rosedale Date 11/4/39

19. UNDERTAKER: Jos. Levy Inc. 1439 E. Baltimore St.

(Address)

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Nov. 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 28, 1939 to Nov. 5, 1939

I last saw h[illegible] alive on Nov. 5, 1939 Death is said to have occurred on the date stated above, at 12:25 a.m.

The principal cause of death and related causes of importance were as follows:

Leukemia ? — Date of onset 9-28-39

Other contributory causes of importance:

Bronchopneumonia

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. Elliott King M. D.

(Address) Sinai Hospital

F 62618

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 62618

PLACE OF DEATH

(a) Baltimore City, Maryland

(b) Street address Caroline & Hoffman

(c) Hospital or institution St. Joseph's Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Fullerton (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME James K Rigg

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Widowed

(b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 12, 1874

8. AGE: Years 65 Months 3 Days 27 If less than one day hr. min.

9. Birthplace South Dakota (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

MOTHER / FATHER

12. Name James Rigg

13. Birthplace S. Dakota

14. Maiden Name Not Known

15. Birthplace

16 (a) Informant Miss Eva Andrews

(b) Address 121 Patapsco Ave. Glendale

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 6 1939 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill

Location Annapolis Blvd. Brooklyn Md

18 (a) Funeral director E. Howard Strong

(b) Address 715 Light St.

19 (a) (Date received by registrar) (b) Registrar

VR 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 4th 1939, at 7 35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 3rd 1939, to Nov 4th 1939, and that I last saw him alive on Nov 4th 1939.

Immediate cause of death Ruptured abdominal aorta

Duration 16 hrs.

Due to Arteriosclerosis

Due to

Other Conditions Old healed TBC.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Harry Kelmenson M. D.

Address St. Joseph's Hosp Date signed 11-4-39

62619

49374 - RB

F 62619

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 95-B

PLACE OF DEATH:

1. Baltimore City, Maryland
2. Street address 4940 Eastern Ave.
3. Hospital or institution: Baltimore City Hospitals
4. Length of stay in hospital or inst. (yrs., mos., or days) 14 days
5. Length of stay in Baltimore (yrs., mos., or days) 74 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. No Home (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) **FULL NAME** Henry Shipley

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Widowed

(b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 7, 1858

8. AGE: Years 81 | Months 4 | Days 7 | If less than one day: hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business

FATHER

12. Name George Lewis Shipley (dead)

13. Birthplace West Minister, Carroll Co.

MOTHER

14. Maiden Name Eliza Hanson (dead)

15. Birthplace Va.

16 (a) Informant B.C.H. - Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 6th 1939 (month) (day) (year)

(c) Cemetery or crematory Baltimore

Location Balto. City Md.

18 (a) Funeral director F. Lassahn & Son

(b) Address 7401 Belair Rd.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 3 1939, at 6:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 19 1939, to Nov. 3 1939, and that I last saw h[im] alive on Nov 3 1939.

Immediate cause of death: Hypertensive Cardiovascular disease — Duration: unknown.

Due to

Due to

Other Conditions Generalized arteriosclerosis — unknown.

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. McCaughelstein M. D.

Address Balto City Hosp Date signed 11-4-39

VS 3

F 62620

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-3 F 62620 Registered No.

PLACE OF DEATH:

1. Baltimore City, Maryland
   Street address 1715 Linden Ave, City
   Hospital or institution: Union Memorial Hospital
2. Length of stay in hospital or inst. (yrs., mos., or days) 340
3. Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County
(c) City or town Balto City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1715 Linden ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

4. (a) FULL NAME Mrs. Charles E. Watkins (Annie A)
(b) If veteran, name war
3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	widow

(b) Name of husband or wife Charles E. Watkins
6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Feb 6, 1856

AGE: Years	Months	Days	If less than one day
83	8	29	hr. min.

9. Birthplace Baltimore Md (State, County, and city)
10. Usual Occupation retired
11. Industry or business

MOTHER
12. Name
13. Birthplace

FATHER
14. Maiden Name
15. Birthplace

16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location
18. (a) Funeral director
(b) Address
19. (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 5 1939, at 8:01 A M
21. I certify that death occurred on the date above stated; that I attended deceased from Oct 3 1939 to Nov 5 1939.
and that I last saw h alive on Nov. 4 1939.

Immediate cause of death Hypostatic Pneumonia
+ Generalized Atherosclerosis +
Hypertension - Arteriosclerotic Heart Disease
Due to Acute Gastro Enteritis
senility
Due to

Other Conditions Osteoarthritis, Senile Cataract
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
2 weeks
(1 year?
2 weeks, Time?)
Not known

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph M. Cordi M. D.
Address Union Memorial Hosp Date signed 11/5/39

VS 3

62621

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 62621

CERTIFICATE OF DEATH

108

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 N Arunnin St., 14 Ward)

Length of residence in city or town where death occurred ....yrs.....mos.....da. How long in U. S. If of foreign birth?....yrs.....mos.....da.

If U. S. Veteran specify WAR

2. FULL NAME Roland Smith

(a) Residence: No. 574 Baker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Nov 2, 1904

8. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
34	34	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal Co

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. md.

FATHER

13. NAME Oliver Smith

14. BIRTHPLACE (city or town) (State or country) Balto md

MOTHER

15. MAIDEN NAME Wilamena Owens

16. BIRTHPLACE (city or town) (State or country) Centerville Queen Anne md

17. INFORMANT Wilamena Smith
(Address) 574 Baker St

18. BURIAL, CREMATION, OR REMOVAL Pa
Place Arbutus Memorial Park Date Nov 5, 1939

19. UNDERTAKER Charles H Cooper
(Address) 5147 Caltonsville

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1939 to Nov 1, 1939

I last saw him alive on Nov 1, 1939. Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Oct 25

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
.....If so, specify.....

(Signed) M Kirshbaum M. D.

(Address) 803 N Fremont Ave

Wilson

F 62622

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

210-M F 62622 Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED
(a) State Md (b) County Balto
(c) City or town York Pa (If outside city or town limits, write RURAL and give town)
(d) Street No. 1500 West Mulberry St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Violet Young
(b) If veteran, name war —
3 (c) Social Security Account No. NKF
4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced Seperated
(b) Name of husband or wife Charles P Young
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.)
8. AGE: Years 60 Months Days If less than one day hr. min.
9. Birthplace York Penna (Town, county, and state)
10. Usual Occupation at Home
11. Industry or business

MOTHER FATHER
12. Name Charles Ogden
13. Birthplace York Pa
14. Maiden Name Mary E Lascan
15. Birthplace York Pa

16 (a) Informant C. A. Strack & Son
(b) Address York Penna

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 6-39 (month) (day) (year)
(c) Cemetery or crematory York Penna
Location York Penna
18 (a) Funeral director William Cook
(b) Address 1219 St Paul Street

19 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-4-1939, at 4.30 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death: Fractured skull — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 11-4-39 (and hour)
(c) Where did injury occur? Balto Co. Reisterstown Rd (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury auto - collision (2)

23. Signature Howard J. Walden M.D. Medical Examiner
Date signed 11-5-39

2623

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62623
Registered No.

PLACE OF DEATH:
Baltimore City, Maryland
Street address 608 S. Wolfe St.
Hospital or institution:

Length of stay in hospital or inst. (yrs., mos., or days)
Length of stay in Baltimore (yrs., mos., or days) 35

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 608 S. Wolfe St. (If rural give location)
(e) If foreign born, how long in U. S. A? 39 years

1. (a) FULL NAME Frances Kalski
(b) If veteran, name war No
3. (c) Social Security Account No. None
4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced. Widowed
(b) Name of husband or wife Frank Kalski
6 (c) If alive, give age years
Birth date of deceased (mo., day, yr.) 1866
AGE: Years 73 Months Days If less than one day hr. min.
9. Birthplace Poland (Town, county, and state)
10. Usual Occupation House work
11. Industry or business at home
12. Name Ferdinand Brak
13. Birthplace Poland
14. Maiden Name Unk.
15. Birthplace Poland
16. (a) Informant Mr. Albert Kalski Son
(b) Address 608 S. Wolfe St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 7. 1939 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore Md.
18. (a) Funeral director Fred W Gaczewski
(b) Address 1930 Eastern Ave.
19. (a) Date rec'd by registrar (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nove. 3 1939, at 11 P M
21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1 1939 to Nov 3 1939.
and that I last saw her alive on Nov. 3, 1939.

Immediate cause of death — Duration
Asphyxia
Due to Hydrostatic Insufficiency
Due to
Other Conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Andrew Turkowski
Address 2529 Eastern Ave. Date signed M. D. 11/6/39

VS 3

62624

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 62624

PLACE OF DEATH:
Baltimore City, Maryland
Street address 1800 N Caroline St
Hospital or institution:

Length of stay in hospital or inst. (yrs., mos., or days)
Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 1800 N. Caroline St (If rural give location)
If foreign born, how long in U. S. A.? — years

(a) FULL NAME Dennis Michael McKittrick

(b) If veteran, name war | 3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

(b) Name of husband or wife —

6 (c) If alive, give age — years

Birth date of deceased (mo., day, yr.) 8/15/1939

AGE: Years	Months	Days	If less than one day
—	2	19	— hr. — min.

Birthplace Baltimore (Town, county, and state)

10. Usual Occupation
11. Industry or business

MOTHER FATHER

12. Name Laurence McKittrick
13. Birthplace Baltimore
14. Maiden Name Virginia O'Donnell
15. Birthplace Baltimore

16 (a) Informant Laurence McKittrick
(b) Address 1800 N Caroline St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/6/39 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Geo. J. Kuth Sons
(b) Address 1745 Madison Ave. Baltimore

19 (a) (Date rec'd by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH November 7 1939 at 7 a.m. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said — (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Congenital Heart Disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide NA
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. H. Lankenau M.D.
Medical Examiner
Date signed 11-7-39

F 62625

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C Registered No.

PLACE OF DEATH:

1. Baltimore City, Maryland
2. Street address 505 N. Luzerne Ave
3. Hospital or institution:

4. Length of stay in hospital or inst. (yrs., mos., or days)
5. Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 505 N. Luzerne Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Henry Tellen

(b) If veteran, name war

3. (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Single

(b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) May 22 1904

8. AGE: Years 35 Months 5 Days 13 If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER 12. Name Karl Tellen

13. Birthplace Baltimore Md.

MOTHER 14. Maiden Name Lena Feld

15. Birthplace Germany

16 (a) Informant Mrs. Katherine Timmerle

(b) Address 505 N. Luzerne Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-7-39 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Baltimore Md.

18 (a) Funeral director Thos. E. Hillegas

(b) Address 1115 E. Oliver St.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 4 1939, at 5:45 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 15 1939, to Nov 4 1939, and that I last saw h[im] alive on Nov 4 1939.

Immediate cause of death: chronic myocarditis — myocardial failure —

Duration: 1 yr. Nov 4/39

Due to —

Due to —

Other Conditions Mucous Colitis

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Louis F. Krumen M. D.

Address 722 N. Kenwood Ave Date signed Nov 5 1939

VS 3

62626

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62626

Registered No.

PLACE OF DEATH:

1. Baltimore City, Maryland
2. Street address 5220 Tramore Road
3. Hospital or institution:
4. Length of stay in hospital or inst. (yrs., mos., or days)
5. Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 5220 Tramore Rd (If rural give location)

(e) If foreign born, how long in U. S. A.? years

1. (a) FULL NAME Mary Lucy Edwards

(b) If veteran, name war

3. (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6. (a) Single, married, widowed, or divorced: Widow

(b) Name of husband or wife: John R. Edwards

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 20 - 1862

8. AGE: Years 77 | Months 8 | Days 12 | If less than one day: hr. min.

9. Birthplace St Marys County Md. (town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER — 12. Name John Graves

13. Birthplace St Marys county md

MOTHER — 14. Maiden Name Lucinda Jones

15. Birthplace St Marys County Md

16. (a) Informant Chas Stafford

(b) Address 5220 Tramore Road

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-6-39 (month) (day) (year)

(c) Cemetery or crematory Forrest Cemetery

Location Balto Md.

18. (a) Funeral director John C. Fuller Inc.

(b) Address 2433-35 E. Oliver St.

19. (a) (Date rec'd by registrar) (b) Registrar

VS-3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 3 1939, at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 28 1939 to Nov 3 1939.

and that I last saw her alive on Nov 3 1939.

Immediate cause of death: Chronic myocarditis — Duration: 3 years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature R. L. Eagle M. D.

Address 5706 Harford Rd Date signed 11-4-39

HEALTH DEPARTMENT—CITY OF BALTIMORE 62627

62627

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 817 N. Bruce St. 16-3 Ward)

Length of residence in city or town where death occurred 22 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Bayley

(a) Residence: No. 817 N. Bruce St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widow

6. If married, widowed or divorced: HUSBAND of (or) WIFE of Charles Bayley

7. DATE OF BIRTH (month, day, year)

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic, D

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Va
(State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Va
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Va
(State or country)

17. INFORMANT Elizabeth Colvin
(Address) 815 N. Bruce St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 11-6 1939

19. UNDERTAKER Hugh A. Nolan
(Address) 1308 Pennsylvania Ave

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1 1939 to Nov. 4 1939

I last saw her alive on Nov. 4, 1939. Death is said to have occurred on the date stated above, at 1:27 p.m.

The principal cause of death and related causes of importance were as follows:

Cause	Date of onset
Acute Cardiovascular Collapse	
Hypertension	Years
Arteriosclerosis	
Acute cardiovascular collapse	
Other contributory conditions: Bronchopneumonia	Days

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? None Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. J. Colvin M. D.

(Address) 1039 McCulloh St

62628

49375 - BB

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-B F 62628 Registered No.

PLACE OF DEATH:

1. Baltimore City, Maryland
1. Street address 4940 Eastern Ave.
1. Hospital or institution: Baltimore City Hospitals
1. Length of stay in hospital or inst. (yrs., mos., or days) 14 days
1. Length of stay in Baltimore (yrs., mos., or days) 5 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1801 Loretta Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Phyllis Slaughter
(b) If veteran, name war
(c) Social Security Account No.

4. Sex: Female
5. Color or race: Black
6. (a) Single, married, widowed, or divorced: Widowed
(b) Name of husband or wife: Henry (dead)
(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) ?
8. AGE: Years 67 ? Months ? Days ? If less than one day hr. min.
9. Birthplace Va. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

MOTHER'S PARENTS

12. Name Harrison Prichard
13. Birthplace Va.
14. Maiden Name Lucy ?
15. Birthplace Va.

16. (a) Informant Records
(b) Address B.C.H.

17. (a) (Burial, cremation, or removal) (b) Date thereof 11-6/39 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore Md.

18. (a) Funeral director John Mitchell Sons
(b) Address 906 Eutaw Place

19. (a) (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-4 1937, at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-17 1937 to 11-7 1937, and that I last saw her alive on 11-3 1937.

Immediate cause of death: Intestinal Obstruction — Duration: about 3 weeks ?
Due to: Post operative adhesions
Due to:
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operation None
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. K. Woodward Jr. M. D.
Address Balto City Hosp. Date signed 11-4-37.

VS 3

F 62629

62629

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 306 D. Streeker St
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore Maryland (If outside city or town limits, write RURAL and give town)
(d) Street No. 306 D. Streeker St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

4-3

(a) FULL NAME Augusta Sandman

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, ~~married, widowed, or divorced~~: Widowed

(b) ~~Name of husband~~ or wife: Herman Sandman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) June 4th - 1851

8. AGE: Years 88 | Months 5 | Days 1 | If less than one day: hr min

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Housework
11. Industry or business None

FATHER
12. Name Herman Sandman
13. Birthplace Germany

MOTHER
14. Maiden Name Augusta Baumeister
15. Birthplace Germany

16 (a) Informant Johanna Steinmann
(b) Address 306 D Streeker St.

17 (a) (Burial, cremation, or removal)
(b) Date thereof 11-7-39 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location Mt. Olivet Md

18 (a) Funeral director A. Lopez & L. Edmondson
(b) Address 111 S. Edmondson Ave.

19 (a) 11-6-1939 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-5- 1939, at 12.05 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~Autopsy~~ Inquiry thereon and from the evidence obtained by said ~~Autopsy~~ Inquiry find that said deceased came to her death on the day stated above.

Duration

Immediate cause of death: Coronary Artery Disease

Due to Generalized Athero-Sclerosis

Due to Senility.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide / / /
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Maldeis M.D.
Medical Examiner

Date signed 11-5-39

VS 6

62630 | F 62630

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 150

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Kirkwood ave. and Eaton

(c) Hospital or institution: St. Agnes Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 115 S. Payson St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) **FULL NAME** Mrs. Lama Smith

(b) If veteran, name war

3 (c) Social Security Account No.

Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

(b) Name of husband or wife Walter Smith

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Aug. 23-1895

AGE: Years 44 | Months 2 | Days 10 | If less than one day: hr. | min.

Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

12. Name Benj. F. & C. Talley

13. Birthplace Md.

14. Maiden Name Ella

15. Birthplace Md.

16 (a) Informant Robt C. Smith

(b) Address 115 S. Payson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 6/1939 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill

Location Baltimore Md.

18 (a) Funeral director George C. Schwab

(b) Address 2101 Frederick Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 2 1939. at 9 05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 20 19.39. to Nov 2 1939. and that I last saw her alive on Nov 2 1939.

Immediate cause of death Metastatic Carcinoma to the brain & lungs — **Duration**

Due to Carcinoma of left breast

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations Carcinoma with axillary metastasis (1.27.39)

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Edward J. Anderson M. D.

Address St Agnes Hosp Date signed 11-2-39

V8 3

62631

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C Registered No. F 62631

PLACE OF DEATH:
Baltimore City, Maryland
Street address 6306 Belair Rd.
Hospital or institution:

1. Length of stay in hospital or inst. (yrs., mos., or days)
Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6306 Belair Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME George Albaugh
(b) If veteran, name war —
3 (c) Social Security Account No. —

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

(b) Name of husband or wife Imogene Albaugh
6 (c) If alive, give age years
Birth date of deceased (mo., day, yr.) Jan. 11 1854

AGE: Years	Months	Days	If less than one day
85	9	22	hr. min.

Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business
12. Name John Albaugh
13. Birthplace Germany
14. Maiden Name Katherine Mohr
15. Birthplace Germany
16 (a) Informant Samuel F. Morris
(b) Address 6306 Belair Rd
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 6 39 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md
18 (a) Funeral director Philip Herring Sons
(b) Address 2016 Orleans St
19 (a) (b) Registrar
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 7 1939, at A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 3 1939, to Nov. 3 1939, and that I last saw him alive on Nov. 3 1939.

Immediate cause of death	Duration
Chronic Myocarditis	unknown
Senility	—
Due to	
Due to	
Other Conditions Broncho pneumonia	4 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A Mackenzie M. D.
Address 6304 Belair Rd Date signed 11/5/39

2632

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62632

Registered No. 94-B

PLACE OF DEATH

Baltimore City, Maryland

Street address 122 N. Poppleton St

Hospital or institution

Length of stay in hospital or inst. (yrs., mos., or days)

Length of stay in Baltimore (yrs., mos., or days) 60 years

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town Baltimore Maryland (If outside city or town limits, write RURAL and give town)

(d) Street No. 122 N. Poppleton St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME George W. Burke

(b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widower

(b) Name of husband or wife: Amanda E. Burke

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) June 26-1848

AGE: Years 91 Months 4 Days 7 If less than one day hr. min.

9. Birthplace: Maryland (Town, county, and State)

10. Usual Occupation: Retired - Machinist

11. Industry or business: R.R. employee

12. Name of father: George W Burke Sr.

13. Birthplace: Maryland

14. Maiden Name of mother: Susannah Upperco

15. Birthplace: Maryland

16 (a) Informant: George Burke

(b) Address: 122 N Poppleton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 8-1939 (month) (day) (year)

(c) Cemetery or crematory: St Paul's

Location: Arcadia, Balto Co.

18 (a) Funeral director: Edie & Tipton

(b) Address: Hampstead Md

19 (a) (b) Signature by registrar: Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-5-1939, at 4:30 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or inquiry thereon and from the evidence obtained by said Autopsy or inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Occlusion

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Howard J. Muldein M.D. Medical Examiner.

Date signed 11-5-39

2633 1

F 62633

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 Registered No.

PLACE OF DEATH:

1. Baltimore City, Maryland
   Street address Fulkeen & Catan Ave
   Hospital or institution: St. Agnes Hospital
   Length of stay in hospital or inst. (yrs., mos., or days)
   Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County
(c) City or town Roland Park Balt.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 631 St Johns Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Mrs. Rose L. Kenealy

(b) If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

(b) Name of husband or wife Michael
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 6-1857

AGE: Years	Months	Days	If less than one day hr.	min.
82	7	27		

8. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation House Work
11. Industry or business at Home

12. Name Bennett R. Lawson
13. Birthplace Baltimore Md.

14. Maiden Name Margaret Bowling
15. Birthplace Baltimore Md.

16 (a) Informant Mary Rose Patterson
(b) Address 631 St. John Road

17 (a) Burial (b) Date thereof 11-7-39
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Road

18 (a) Funeral director Lilly & Geiler INC
(b) Address 403 S. Wolfe St.

19 (a) (b) Registrar
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-4 1939. at 1:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-17 1939. to 11-4 1939.
and that I last saw her alive on 11-4 1939.

	Duration
Immediate cause of death Coronary thrombosis. (a) arteriosclerosis c-v disease. (b) Chr. nephritis	
Due to (c) hypertrophic arthritis.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James H. Evans M. D.
Address St. Agnes Hospital Date signed 11/4/39

Cruett

HEALTH DEPARTMENT—CITY OF BALTIMORE T 62634

CERTIFICATE OF DEATH

1. PLACE OF DEATH West. Balto. Gen. Hospital (Ward) 95-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 7)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Irving Cruett

(a) Residence: No. 3211 Hamilton Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dora Wilson Cruett

7. DATE OF BIRTH (month, day, year) July 4th. 1873

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Sup't

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S.F.G.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME John H. Cruett

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Sarah Hawings

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Dora Wilson Cruett

(Address) 3211 Hamilton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Nov. 7. 1939

19. UNDERTAKER Leonard Mench

(Address) 5800 Harford road

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1939 to Nov 4 1939

I last saw her alive on Nov 4 1939. Death is said to have occurred on the date stated above, at 10.15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary A. D.	
Circulatory Obstruction, Cardiac Hypertrophy & Dilatation Class III	
Other contributory causes of importance:	
Congestive Heart Failure (Class III)	

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) M. D.

(Address)

62635

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59 Registered No. E 62635

PLACE OF DEATH:
Baltimore City, Maryland
Street address Provisional D. & G. at
Hospital or institution Johns Hopkins Hosp
Length of stay in hospital or inst. (yrs., mos., or days)
Length of stay in Baltimore (yrs., mos., or days) 38 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1533 E Monument St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. (a) FULL NAME Rachel Bell
(b) If veteran, name war
3. (c) Social Security Account No.
4. Sex F
5. Color or race Col
6. (a) Single, married, widowed, or divorced Married
(b) Name of husband or wife Milburn Bell.
6. (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.)
8. AGE: Years 55 Months Days If less than one day hr. min
9. Birthplace Md (Town, county, and state)
10. Usual Occupation Domestic 031
11. Industry or business
12. Name William Thomas
13. Birthplace Md
14. Maiden Name Priscilla Stanley
15. Birthplace Md
16. (a) Informant Milburn Bell
(b) Address 1533 E. Monument St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/8/39 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location Cedar Hill Md.
18. (a) Funeral director Joseph G. Locke Jr
(b) Address 1307 N. Central Ave.
19. (a) (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 7 1939, at 10:30 A M
21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

	Duration
Immediate cause of death: Arteriosclerosis	
Due to Hypertension	
Due to Renal insufficiency	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature W. H. Vandegrift M.D. Medical Examiner
Date signed 11/9/39

VS 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 62636

CERTIFICATE OF DEATH

62636 A 131

Registered No.

1. PLACE OF DEATH West Balto Genl Hosp (If death occurred in a hospital or institution, give its NAME instead of street and number.)

St. 16-6 Ward)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? 44 yrs. 2 mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Martha Hoffeld

(a) Residence: No. Severn Md St., S. S. No. 214-18-3640 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married.

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph A. Hoffeld

7. DATE OF BIRTH (month, day, year) Oct. 21 1889

8. AGE: Years 50; Months 1; Days 14 13; If LESS than 1 day, hrs. or min.

OCCUPATION

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress 60 yrs.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Edmondson Cleaners + Dyers.

11. Date deceased last worked at this occupation (month and year) L

12. Total time (years) spent in this occupation L

13. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

15. NAME William Schultz

16. BIRTHPLACE (city or town) (State or country) Germany

17. MAIDEN NAME Wilmena Shamberg

18. BIRTHPLACE (city or town) (State or country) Germany

19. INFORMANT Mr Joseph Hoffeld

(Address) Severn Md

20. BURIAL, CREMATION, OR REMOVAL

Place Friendship, MD Date Nov 7 1939

21. UNDERTAKER Thomas W Livingston

(Address) Glen Burnie, Md

22. FILED 19 Registrar.

NOV 6 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from October 31, 1939 to Nov 4, 1939

I last saw h[illegible] alive on Nov. 4, 1939. Death is said to have occurred on the date stated above, at 705 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Glomerular Nephritis	yrs
Other contributory causes of importance: Hypertension - Hypertensive H. D.	
Uremia	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Bl. Chem. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible], M. D.

(Address) [illegible]

46096 - BB F 62637

2637

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a Registered No.

PLACE OF DEATH:

1. Baltimore City, Maryland
2. Street address 4940 Eastern Ave.
3. Hospital or institution: Baltimore City Hospitals
4. Length of stay in hospital or inst. (yrs., mos., or days) 1 mo. - 9 days
5. Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2070 Druid Park Drive (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) **FULL NAME** Frances Bamber

(b) If veteran, name war No

3 (c) Social Security Account No. None

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

(b) Name of husband or wife Thomas

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 28, 1865

AGE: Years 74 | Months 5 | Days 7 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

12. Name Joshua Wilson (d)

13. Birthplace Md.

14. Maiden Name ? Griffith (d)

15. Birthplace Md.

16 (a) Informant Records

(b) Address B.C.H.

17 (a) Final (Burial, cremation, or removal) (b) Date thereof 11 7 39 (month) (day) (year)

(c) Cemetery or crematory Greenmount Cem. Co.

Location Greenmount Ave.

18 (a) Funeral director Wilson Bros.

(b) Address 1219 or 1221 Cook St.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-4 1939, at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-26 1939 to 11-4 1939. and that I last saw h[illegible] alive on 11-4 1939.

Immediate cause of death Bronchopneumonia — Duration four days

Due to Fracture neck left femur — 40 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide accident

(b) Date of occurrence 9-24-39

(c) Where did injury occur? Baltimore (City or town) Md. (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No

(e) Means of injury Fell down stairs

23. Signature [illegible] M. D.

Address City Hosp. Date signed 11-5-39

Howard J. Madden Medical Examiner

VS 8

2638

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62638
Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland Balto. City
(b) Street address The Belvedere Hotel
(c) Hospital or institution: ✓

(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) 6 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Conn. (b) County Fairfield
(c) City or town New Canaan (If outside city or town limits, write RURAL and give town)
(d) Street No. Rose Brook Road (If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

(a) **FULL NAME** George Fall Gardner

(b) If veteran, name war ✓ No

3 (c) Social Security Account No. None 137-05-6682

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

(b) Name of husband or wife Marie Louise Gardner
6 (c) If alive, give age 39 years

Birth date of deceased (mo., day, yr.) Nov. 3-1901

AGE: Years	Months	Days	If less than one day
38	0	2	✓ hr. ✓ min.

Birthplace Nashville Tenn. (Town, county, and state) U.S.A.

10. Usual Occupation Real estate broker
11. Industry or business "

12. Name W. M. Gardner
13. Birthplace Nashville Tenn.
14. Maiden Name Sadie Polk Fall
15. Birthplace Nashville Tenn.

16 (a) Informant R. H. Gardner
(b) Address Sewickley Penna

17 (a) Burial (~~Cremation~~ or removal) (b) Date thereof Nov 6 1939 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt Olivet
Location Nashville Tenn

18 (a) Funeral director William Cox
(b) Address 1217 St. Paul St

19 (a) (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 5 1939, at 7a M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 3 1939, to Nov 5 1939, and that I last saw h[illegible] alive on Nov 4 1939.

Immediate cause of death — **Duration**

Coronary thrombosis — 2 days

Due to

Due to

Other Conditions No evidence of any other condition
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
✓
Of autopsy ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work? ✓
(e) Means of injury ✓

23. Signature J. Frederick Leitz M. D.
Address Temple Garden Date signed Nov 5 39

Heart f. Underlying [illegible] Examiner.

VS 3

539

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62639

Registered No. 46-B

PLACE OF DEATH:
Baltimore City, Maryland
Street address
Hospital or institution: University Hospital
Length of stay in hospital or inst. (yrs., mos., or days) 3 days
Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County Balto.
(c) ~~City~~ or town Sparks (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Joseph Ringgold
(b) If veteran, name war
3 (c) Social Security Account No.

Sex: M | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married
(b) Name of husband or wife: Gladys Jenkins
6 (c) If alive, give age 37 years

Birth date of deceased (mo., day, yr.) May 6, 1901

AGE: Years 38 | Months 5 | Days 30 | If less than one day: hr. min.

Birthplace Sparks, Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

12. Name Joseph Ringgold Jr.
13. Birthplace Sparks, Md.
14. Maiden Name Ida Jenkins
15. Birthplace Sparks Md.
16 (a) Informant Mrs Gladys Ringgold
(b) Address Sparks, Md.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 9, 1939 (month) (day) (year)
(c) Cemetery or crematory Stephenson Chapel
Location Sparks, Md.
18 (a) Funeral director London, M. Brooks
(b) Address Sparks, Md.
19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 6 1939, at 10.4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 3 1939 to Nov 5 1939 and that I last saw h alive on Nov 5 1939

Immediate cause of death	Duration
Immediate Intussusception and Bronchopneumonia	
Due to intestinal obstruction	
Due to Carcinoma of Stomach	
Other Conditions Tuberculous Lymphadenitis (cervical)	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of stomach
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry A. Brill M. D.
Address University Hosp Date signed 11-6-39

VS 3

2640

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B F 62640 Registered No.

PLACE OF DEATH:

1. Baltimore City, Maryland
   Street address 4600 Pimlico Road
   Hospital or institution:

Length of stay in hospital or inst. (yrs., ~~mos.~~, or days) 33 yrs

Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 4600 Pimlico Road. (If rural give location)

(e) If foreign born, how long in U. S. A.? 33 years

(a) FULL NAME Thomas Scherr

(b) If veteran, name war

3 (c) Social Security Account No.

Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

(b) Name of husband or wife Lillie

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) 1893

AGE: Years 46 | Months | Days | If less than one day: hr. min.

Birthplace Russia (Town, county, and state)

10. Usual Occupation grocer store

11. Industry or business

12. Name Robert Scherr

13. Birthplace Russia

14. Maiden Name Fannie Krantz

15. Birthplace Russia

16 (a) Informant Irwin Scherr

(b) Address 4600 Pimlico Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 6/39 (month) (day) (year)

(c) Cemetery or crematory Hebrew Young Men's Cem Location Windsor Mill Rd

18 (a) Funeral director Sol Levinson & Bro.

(b) Address 1124-26 N Howard

19 (a) (Date rec'd by registrar) (b) [illegible] Registrar

VS 8 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 6 1939. at 2:55 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1937 to Nov 6 1939. and that I last saw h[illegible] alive on Nov 6 1939.

Immediate cause of death: Hypertension Heart disease / Coronary sclerosis — Duration: 2 years / 1 day

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Manuel Levin M. D.

Address 4818 Reisterstown Rd Date signed Nov. 6, 1939

62641

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62641

Registered No. 131

PLACE OF DEATH:
Baltimore City, Maryland
Street address 19 N Gilmor st
Hospital or institution:

Length of stay in hospital or inst. (yrs., mos., or days) 14 Y

Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ——
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 19 N Gilmor (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Ella M Hargadon

(b) If veteran, name war

3 (c) Social Security Account No.

Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

(b) Name of husband or wife ——

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Jan 17 1869

AGE: Years 70 | Months 9 | Days 19 | If less than one day hr. / min.

Birthplace Maryland (Town, county, and state)

10. Usual Occupation Home

11. Industry or business

12. Name Bryan Hargadon

13. Birthplace Maryland

14. Maiden Name Ruth Colm

15. Birthplace Maryland

16 (a) Informant Mrs Mary Davis

(b) Address 19 N Gilmor

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-7-39 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet

Location Baltimore Md

18 (a) Funeral director Geo A Kelly

(b) Address Sulgrave & Fayette

19 (a) (Date rec'd by registrar) (b) H. L. Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 5th 1939, at 7 A. M.

21. I certify that death occurred on the date above stated, that I attended deceased from Sept 30 1939, to Nov 5 1939, and that I last saw her alive on Nov 4 1939.

Immediate cause of death Cerebral Hemorrhage, — Duration 3 days

Due to Arteriosclerosis — S.

Due to ——

Other Conditions ——

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? no (Specify type of place) While at work? Retired
(e) Means of injury

23. Signature Herbert E. Zepp M. D.
Address 3048 N. North Ave. Date signed Nov 6th 1939.

2642 HEALTH DEPARTMENT—CITY OF BALTIMORE 62642

CERTIFICATE OF DEATH ✓ 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 12-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas S. Abbott

If U. S. Veteran specify WAR

(a) Residence: No. 2749 Winchester Ave St., S. S. No. 213-10-1129 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Abbott

6. DATE OF BIRTH (month, day, year) March 1872

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
67	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Streetcar Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Street car service

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Baltimore (State or country)

FATHER

13. NAME Thomas S. Abbott

14. BIRTHPLACE (city or town) Maryland (State or country)

MOTHER

15. MAIDEN NAME Rebecca Sturbury

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT wife

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery Date 11/6/39

19. UNDERTAKER George A. Farley

(Address) Fulton & Fayette

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1939 to Nov 3, 1939

I last saw h alive on Nov 3, 1939 Death is said to have occurred on the date stated above, at 3 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive C.V.D.	?
Other contributory causes of importance: Cerebral hemorrhage	Oct 25

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Edwin Schenthal M. D.

(Address) Mercy Hospital

2643

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a F 62643 Registered No.

PLACE OF DEATH:
Baltimore City, Maryland
Street address 3516 Old Frederick Rd.
Hospital or institution:
At Her Sons Home
Length of stay in hospital or inst. (yrs., mos., or days)
Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 504 East 41 St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. (a) FULL NAME Margaret De Crette
(b) If veteran, name war —
3 (c) Social Security Account No. 216-03-5993
4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced Widowed
(b) Name of husband or wife Paul M. DeCrette
6 (c) If alive, give age years
Birth date of deceased (mo., day, yr.) Sept. 3, 1875
AGE: Years 64 Months 2 Days 2 If less than one day hr. min.
Birthplace Pittsburg Pa.
10. Usual Occupation Cleaner at Hotel
11. Industry or business Hotel Belmont
12. Name Mr Priesler
13. Birthplace Pa
14. Maiden Name Not known
15. Birthplace "
16 (a) Informant Son Mr Walter K. DeCrette
(b) Address 3516 Old Frederick Rd
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 7. 1939 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cemetery
Location 2930 Frederick Ave
18 (a) Funeral director Elmer W. Corkran & Son
(b) Address 924 E. Eager St.
19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 5 1939, at 2 06 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 4 1939, to Nov. 5 1939, and that I last saw h~~e~~ alive on Nov 4, 1939.

Immediate cause of death Cerebral Hemorrhage — Duration 6 hours
Due to Essential Hypertension — 1 month
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature George E. Silverton, M.D.
Address 827 Light St. Date signed 11/5/39 M. D.
Howard J. Walden M.D. Examiner

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 62644

2644

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3232 Keswick Rd St., (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ida V. Bossom

(a) Residence: No. 3232 Keswick Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of late Thomas J. Bossom

7. DATE OF BIRTH (month, day, year) June 15 - 1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	4	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

MOTHER	FATHER
13. NAME Wm. Jeffries	
14. BIRTHPLACE (city or town) (State or country) Md	
15. MAIDEN NAME Elizabeth Cross	
16. BIRTHPLACE (city or town) (State or country) Md	

17. INFORMANT Mr. Clarence Bossom

(Address) 3232 Keswick Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge C. Date Nov 7 1939

19. UNDERTAKER Geo. L. Berry Jr.

(Address) 1512 Pulaski St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 3 1939 to Nov 4 1939

I last saw her alive on Nov 4 1939 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:	Date of onset
Acute cardiac dilatation	6 hrs.
Other contributory causes of importance: Chronic myocarditis	14 yr.
Hypertension — Cerebral hemorrhage	6 hrs

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) H. Calaio M. D.

(Address) 4 N. Fulton

62645

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 Registered No. F 62645

PLACE OF DEATH:
Baltimore City, Maryland
Street address 803 S. Luzerne St.
Hospital or institution: Home

Length of stay in hospital or inst. (yrs., mos., or days) —
Length of stay in Baltimore (yrs., mos., or days) 55 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Balto. (If outside city or town limits, write RURAL, and give town)
(d) Street No. 803 S. Luzerne Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Joseph Kozlowski
(b) If veteran, name war —
3 (c) Social Security Account No. —

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

(b) Name of husband or wife Mary Kozlowski
6 (c) If alive, give age 80 years

Birth date of deceased (mo., day, yr.) Mar. 19. 1855

AGE: Years	Months	Days	If less than one day
84	7	15	hr. min.

Birthplace Poland (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business —
12. Name Unknown
13. Birthplace Unknown
14. Maiden Name Unknown
15. Birthplace Unknown
16 (a) Informant Mary Kozlowski
(b) Address 803 S. Luzerne St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 7 1939 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location O'donnell St. Ext
18 (a) Funeral director Wm. S. Fialkowski
(b) Address 2007 Eastern Ave
19 (a) (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 4 1939, at 1.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 21 1939 to Nov 4 1939. and that I last saw him alive on Nov 4 1939.

Immediate cause of death — Duration
Chr Cardio pneumonia Renal Disease. — Oct 21, 1939
Myocardial Failure
Due to
Due to
Other Conditions None
(Include pregnancy within 3 months of death)
Major findings:
Of operations None.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature [illegible] M. D.
Address 842 S. Eastern Date signed 11-7-39

VS 3

46 F 62648

BALTIMORE CITY HEALTH DEPARTMENT 46F Registered No.

CERTIFICATE OF DEATH

PLACE OF DEATH:
Baltimore City, Maryland
Street address 33 E. Calvert
Hospital or institution:
Union Memorial Hosp.
Length of stay in hospital or inst. (yrs., mos., or days) 11
Length of stay in Baltimore (yrs., mos., or days) 11

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carrol
(c) ~~City or town~~ Rural - Westminster County home
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. (a) FULL NAME Mrs Letty R. Brashear
(b) If veteran, name war
3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W.	Widowed

(b) Name of husband or wife
6 (c) If alive, give age years
Birth date of deceased (mo., day, yr.) Oct 20, 1868

AGE: Years	Months	Days	If less than one day
71	0	16	hr. min.

Birthplace Md (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business none
12. Name Sylvester Hood
13. Birthplace Md.
14. Maiden Name Margaret Brashear
15. Birthplace Md.
16 (a) Informant Mr Clarence Baker
(b) Address Mt Airy, Md.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 9 1937 (month) (day) (year)
(c) Cemetery or crematory Evergreen M.E.
Location near Mt. Airy, Md.
18 (a) Funeral director Chas. Walter
(b) Address Mt. Airy, Md.
19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 6 1937, at 3 30 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 26 1937, to Nov 6 1937, and that I last saw h[er] alive on Nov 6 1937.

Immediate cause of death	Duration
~~Bronchopneumonia~~ Cardiac failure	6 hrs.
Due to Bronchopneumonia, post operative.	12 hrs.
Due to	
Other Conditions Carcinoma of Pancreas, head (Include pregnancy within 3 months of death)	5 mon.

Major findings:
Of operations Carcinoma of head of pancreas.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert L. Crawford M. D.
Address Union Memorial Hosp. Date signed 11/8/37

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-8

F 62647
Registered No.

62647

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison Ave & Linden Ave
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2806 Ulman Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ? 32 years

3. (a) FULL NAME Dr. Joseph Futterman
(b) If veteran, name war
(c) Social Security Account No. 213-09-9945

4. Sex Male | 5. Color or race Russian Jew | 6 (a) Single, married, widowed, or divorced. Married
(b) Name of husband or wife Mrs. Lillian Futterman
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr) ? 1-8-1891

8. AGE: Years 48 | Months 9 | Days 27 | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Pharmacist
11. Industry or business

MOTHER'S MAIDEN NAME
12. Name Louis Futterman
13. Birthplace Russia
14. Maiden Name Fanni Perlstein
15. Birthplace Russia

16 (a) Informant Hospt. Records.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-6-39 (month) (day) (year)
(c) Cemetery or crematory Balto-Hebrew
Location Beloir Rd.

18 (a) Funeral director Jack Levin Inc.
(b) Address 2100 Eutaw Place

19 (a) (Date rec'd by registrar) (b) Registrar

0025

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/4 1939, at 3:20 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/26 1939, to 11/4 1939, and that I last saw him alive on 11/4 1939.

Immediate cause of death: Coronary Thrombosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. E. Post, M. D.
Address Maryland General Hosp. Date signed 11/4/39

VS 8

F 62648

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163

F 62648 Registered No.

PLACE OF DEATH:
Baltimore City, Maryland
Street address
Hospital or institution: West Baltimore General
Length of stay in hospital or inst. (yrs., mos., or days)
Length of stay in Baltimore (yrs ~~mos. or days~~) 37

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1805 N Hunter St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 37 years

1. (a) FULL NAME ROSE BINDER
(b) If veteran, name war —
3 (c) Social Security Account No. —

Sex female | 5. Color or race white | 6 (a) Single, married, widowed, or divorced Widow

(b) Name of husband or wife Aaron
6 (c) If alive, give age — years

Birth date of deceased (mo., day, yr.)

AGE: Years 55 | Months | Days | If less than one day hr. min.

Birthplace Russia (Town, county, and state)

10. Usual Occupation Home Style
11. Industry or business

12. Name Chain Kart
13. Birthplace Russia
14. Maiden Name Unknown
15. Birthplace Russia

16. (a) Informant Allen Binder
(b) Address 133 N. Broadway

17. Burial (Burial, cremation, or removal) (b) Date thereof 11-6-39 (month) (day) (year)
(c) Cemetery Lebrew Fremdshaft Cemetery
Location Balto st. Md

18. (a) Funeral director Jack Levin
(b) Address 1439 E. Balto St

19. (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 5th, 1939, at 8 45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Lysol poisoning — Duration

Due to

Due to

Other Conditions Bronchopneumonia terminal (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence Nov. 3, 1939
(c) Where did injury occur? 1805 N Hunter St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work?
(e) Means of injury Lysol

23. Signature H. L. Wallenmeyer M.D (Medical Examiner)
Date signed Nov 6th, 1939

VS 6

2649

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C Registered No. F 62649

PLACE OF DEATH:
Baltimore City, Maryland
Street address 317 Woodlawn Road
Hospital or institution: (Home) Roland Park
Length of stay in hospital or inst. (yrs., mos., or days) 0
Length of stay in Baltimore (yrs., mos., or days) 70yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 317 Woodlawn Rd - Balto Md (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

1. (a) FULL NAME William Henry Wardin
(b) If veteran, name war none
3. (c) Social Security Account No. Don't know
4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Widower
(b) Name of husband or wife (Clara S. Wardin)
6. (c) If alive, give age 0 years
Birth date of deceased (mo., day, yr.) Feb 28-1864
AGE: Years 75 Months 8 Days 3 If less than one day — hr. — min.
7. Birthplace Philadelphia Pa. (Town, county, and state)
8. Usual Occupation Retired
9. Industry or business Retired
10. Name William H Wardin
11. Birthplace Ireland
12. Maiden Name Anne Owens
13. Birthplace England
14. (a) Informant Miss Sarah Medcalf (Friend)
(b) Address 317 Woodlawn Rd - Balto
15. (a) Burial (Burial, cremation, or removal)
(b) Date thereof Nov-7-39 (month) (day) (year)
(c) Cemetery or crematory Greenmount - Location Balto. Md.
16. (a) Funeral director Stewart & Moran Company
(b) Address 108 W North Ave - Balto.
17. (a) Date rec'd by registrar NOV 6 1939
(b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 4 1939, at 9-55 P M
21. I certify that death occurred on the date above stated, that I attended deceased from Oct-21 1939, to Nov-4 1939, and that I last saw h m alive on Nov 4 1939.

Immediate cause of death: Acute Pulmonary Edema — Duration 24 hours
Due to Chronic Myocarditis — July 1938
Due to Senile Arterio Sclerosis — 12 days
Due to Left Cerebral Hemiplegia
Other Conditions Infection Cold
(Include pregnancy within 3 months of death)

Major findings: Of operations No operation
Of autopsy No Autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature H. Gibson Porter M. D.
Address 4822 Roland Ave Date signed 11/5/39

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 Registered No. F 62650

62650

PLACE OF DEATH:

1. Baltimore City, Maryland
   Street address 336 E. 28th St.
   Hospital or institution:
2. Length of stay in hospital or inst. (yrs., mos., or days)
3. Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 336 E. 28th St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Michael T. Hayes

(b) If veteran, name war none.

3 (c) Social Security Account No. none.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

(b) Name of husband or wife Margaret C. Hayes
6 (c) If alive, give age 74 years

Birth date of deceased (mo., day, yr.) March 20, 1864

AGE: Years	Months	Days	If less than one day
75	7	12	hr. min.

7. Birthplace Baltimore City. (Town, county, and state)
10. Usual Occupation Retired Salesman
11. Industry or business Wholesale Grocery.

12. Name John Hayes
13. Birthplace Ireland.

14. Maiden Name Ann D'Arcy.
15. Birthplace Ireland

16 (a) Informant Mrs. Margaret C. Hayes
(b) Address 336 E. 28th St.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof 11/8/1939 (month) (day) (year)
(c) Cemetery or crematory Cathedral.
Location Balto. Md.

18 (a) Funeral director Vernon Emmons
(b) Address 4611 Park Heights Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 5 1939. at 2:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 25 1939. to Nov 5 1939. and that I last saw him alive on Nov. 3 1939.

Immediate cause of death	Duration
Coronary occlusion	
Due to Myocarditis	
Due to Arterio-sclerosis	
Other Conditions Chr. Nephritis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Young M. D.
Address 1817 E. Broadway Date signed

VS 3

62651 : F 62651

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46-C Registered No.

PLACE OF DEATH:
Baltimore City, Maryland
Street address Fulwood & Greenmount
Hospital or institution: University Hospital
Length of stay in hospital or inst. (yrs., mos., or days) 26 days
Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1708 Montrey Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. (a) FULL NAME Conrad J Schultheis
(b) If veteran, name war
3. (c) Social Security Account No. 215-01-4966

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced	6 (c) If alive, give age
Male	White	Married	years

(b) Name of husband or wife Tena

Birth date of deceased (mo., day, yr.) Oct 17 - 1872

AGE: Years	Months	Days	If less than one day hr.	min.
67	6	18		

4. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Car Parker
11. Industry or business Rare Truck
12. Name John P Schultheis
13. Birthplace Germany
14. Maiden Name Mgt Metzger
15. Birthplace Germany
16. (a) Informant Tena Schultheis
(b) Address 1708 Montrey Ave
17. (a) (Burial, cremation, or removal)
(b) Date thereof 11-8-39 (month) (day) (year)
(c) Cemetery or crematory Westlawn
Location Edmondson Ave
18. (a) Funeral director Edgar Spalga
(b) Address 2309 E Baltimore Blvd
19. (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 5 1939 at 2:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 10 1939 to Nov 5 1939, and that I last saw him alive on Nov 5 1939.

Immediate cause of death Ineanition — Duration 1 month

Due to Carcinoma of Splenic flexure of Colon — 8 months

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of Splenic flexure of colon
Of autopsy Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A Wagner M. D.
Address University Hospital Date signed Nov. 8, 1939

VS 2

F 62652

F 62652

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

Registered No. .....

PLACE OF DEATH:

Baltimore City, Maryland

Street address Wilkins + Caton Aves.

Hospital or institution: St. Agnes' Hospital

Length of stay in hospital or inst. (yrs., mos., or days)

Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County .....

(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)

(d) Street No. 1312 S. Caton Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

1. (a) FULL NAME Marie R. Herrmann

(b) If veteran, name war —

3 (c) Social Security Account No. —

Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

(b) Name of husband or wife: Henry F.

6 (c) If alive, give age 49 years

Birth date of deceased (mo., day, yr.) July 17, 1896

AGE: Years 43 | Months 3 | Days 19 | If less than one day: hr. ..... min.

Birthplace Balt. (Town, county, and state)

9. Usual Occupation Housewife 0037

10. Industry or business own home

12. Name Peter D. Bartel

13. Birthplace Pa

14. Maiden Name Mary Dear

15. Birthplace Balto Md

16. (a) Informant Henry F. Herrmann

(b) Address 1312 S. Caton Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/8/39 (month) (day) (year)

(c) Cemetery or crematory Fondren

Location Balto Md

18. (a) Funeral director Margaret B. Flynn

(b) Address 1422 Light St.

19. (a) (b) (Date filed by registrar) *Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-5 1939, at 4:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-0 1939, to 11-5 1939, and that I last saw her alive on 11-5 1939.

Immediate cause of death cerebral hemorrhage — Duration .....

Due to Hypertensive C-V disease. .....

Due to ....

Other Conditions Obesity. .....

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....

(e) Means of injury .....

23. Signature James N. Evans M. D.

Address St Agnes Hospital signed 11-5-39

62653

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131 Registered No. F 62653

PLACE OF DEATH:
Baltimore City, Maryland
Street address 486. Hill St.
Hospital or institution:

Length of stay in hospital or inst. (yrs., mos., or days)
Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 48 E. Hill St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

1 FULL NAME Mary ann Jenkins
(b) If veteran, name war
3 (c) Social Security Account No.

4 Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married
(b) Name of husband or wife Wm. Jenkins
6 (c) If alive, give age 70 years
Birth date of deceased (mo., day, yr.) Feb. 15. 1878

AGE: Years 61 | Months 8 | Days 20 | If less than one day hr. min.

Birthplace ~~Ireland~~ England (Town, county, and state)
Usual Occupation none
Industry or business

12. Name James Finn
13. Birthplace Ireland
14. Maiden Name ann Flaherty
15. Birthplace Ireland
(a) Informant Miss Catherine Finn
(b) Address 30 E. Henrietta

(a) Burial (Burial, cremation, or removal) (b) Date thereof 11/8/39 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto., Md.
(a) Funeral director Margaret J. Flynn
(b) Address 1422 Light St.

(a) (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 5 1939, at 11:01 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1939 to Nov 5 1939
and that I last saw her alive on 11/5 1939

Immediate cause of death
Due to Cerebral Hemorrhage
Due to
Other Conditions Cardiovascular renal disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel Rubin M. D.
Address 203 Calhoun Date signed 11/6/39

VS 3

Anastasios E Tzoumides

2654 HEALTH DEPARTMENT—CITY OF BALTIMORE 62654

CERTIFICATE OF DEATH

117-a

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Sinai Hospital St. 26-1 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME ANASTASIOS Ernest Tzoumides If U. S. Veteran specify WAR

(a) Residence: No. 404 S. Mason St., Ward S.S. 213-07-8192

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Despina Koufaila

7. DATE OF BIRTH (month, day, year) 1896

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43			
	43			

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. sheet metal

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. steel mill

11. Total time (years) spent in this occupation 15

12. Date deceased last worked at this occupation (month and year) nov. 1939

13. BIRTHPLACE (city or town) (State or country) Turkey

FATHER

14. NAME George Tzoumides

15. BIRTHPLACE (city or town) (State or country) Turkey

MOTHER

16. MAIDEN NAME Anna Souanidies

17. BIRTHPLACE (city or town) (State or country) Turkey

18. INFORMANT (Address) Mrs A. E. Tzoumides Baltimore, Md.

19. BURIAL, CREMATION, OR REMOVAL Place Nov. 7, 1939 Woodlawn

19. UNDERTAKER (Address) John R. Byers Westminster Md.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from 11/4/ 1939 to 11/5/ 1939

I last saw h[illegible] alive on 11/5/ 1939 Death is said to have occurred on the date stated above, at 12:45 A m.

The principal cause of death and related causes of importance were as follows:

Ruptured gastric ulcer
Peritonitis

Duration 11/3/39

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Stefanos Detsalis M. D.

(Address) Sinai Hospital

62655

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59

Registered No. F 62655

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3609 Chestnut Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State md. (b) County —

(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)

(d) Street No. 3609 Chestnut Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

1537

(a) **FULL NAME** Edith Latham.

(b) If veteran, name war —

3 (c) Social Security Account No. —

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	widow

(b) Name of husband or wife Ira E. Latham.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 5, 1884

AGE: Years	Months	Days	If less than one day
55	✓	✓	hr. min.

8. Birthplace Maryland. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

MOTHER'S MAIDEN

12. Name Phillip F. Justice.

13. Birthplace Maryland.

14. Maiden Name Nancy A. Keyer.

15. Birthplace Maryland.

16 (a) Informant Jack Latham.

(b) Address 3609 Chestnut Ave.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof Nov 7, 1939 (month) (day) (year)

(c) Cemetery or crematory Mouland Memorial Park

Location Taylor Ave.

18 (a) Funeral director Edmonds Son

(b) Address 3615 Chestnut Ave.

19 (a) (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 5, 1939. at 8 45 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 27 1939. to Nov 5 1939. and that I last saw h[illegible] alive on Nov 4 1939.

Immediate cause of death	Duration
Diabetis Mellitus	4 yrs.
Due to Endo x Myocarditis	1 1/4 yrs.
Due to	
Other Conditions Acute uremia.	10 days.
Toxitis (Include pregnancy within 3 months of death)	

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [illegible]

Address 846 W 36 St. Date signed 11/6/39 (M.D.)

VS 3

62656

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 62656

PLACE OF DEATH:
1. Baltimore City, Maryland
Street address: Barber Shop, New Howard
Hospital or institution: Hotel
Length of stay in hospital or inst. (yrs., mos., or days)
Length of stay in Baltimore (yrs., mos., or days) 25yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1106 Weldon Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Donald H. Kelley
(b) If veteran, name war
(c) Social Security Account No. 216-09-0059

4. Sex M | 5. Color or race Wh | 6. (a) Single, married, widowed, or divorced married.
(b) Name of husband or wife C. Josephine Kelley
6. (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) Nov 8, 1889

AGE: Years 49 | Months 11 | Days 26 | If less than one day hr. min

8. Birthplace Va (Town, county, and state)

9. Usual Occupation Barber
10. Industry or business New Howard Hotel

11. Name Jesse Kelley
12. Birthplace Va
13. Maiden Name Elizabeth J. Traider
14. Birthplace Va

15. (a) Informant C. Josephine Kelley
(b) Address 1106 Weldon Ave

16. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 8 1939 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Woodland Park
Location Taylor Ave
17. (a) Funeral director Thompson & Co
(b) Address 3615-17 Chelsea Ave

18. (a) NOV 6 - 1939 (Date received by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH November 4 1939, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. W. Underhill M.D. Medical Examiner
Date signed 11/6/39.

62657

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-BV

Registered No. F 62657

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1735 E Federal St
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 64-3-14

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1735 E Federal St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Oscar G. Panetti
(b) If veteran, name war
3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	wh	Married

(b) Name of husband or wife Elise Panetti
6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) July 20th 1875

AGE: Years	Months	Days	If less than one day
64	3	14	hr. min

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Inspector
11. Industry or business U. S Customs Service
12. Name Ferdinand Panetti
13. Birthplace Germany
14. Maiden Name Barbara Gamner
15. Birthplace Germany
16 (a) Informant Mrs. Elise Panetti
(b) Address 1735 E. Federal St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 7th 39 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto. Co. Md.
18 (a) Funeral director Wm J. Dickard Sons
(b) Address North & Pa Aves.
19 (a) NOV 6 - 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

11 30 p

20. DATE OF DEATH November 3 1939, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Cardiac failure	
Due to Arteriosclerosis & hypertension	4 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. B. Vandegrift M.D.
Medical Examiner
Date signed 11/6/39

VS 8

62658

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a F 62658 Registered No.

PLACE OF DEATH:

1. Baltimore City, Maryland
   Street address 1919 Brunt St.
   Hospital or institution:

   Length of stay in hospital or inst. (yrs., mos., or days)
   Length of stay in Baltimore (yrs., mos., or days) 5 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mayld (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1919 Brunt St
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3. (a) FULL NAME Araminta Justice Johnson
(b) If veteran, name war
3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Col	widowed

(b) Name of husband or wife Amos Johnson
6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) 87

AGE: Years	Months	Days	If less than one day
66	—	—	hr. min.

Birthplace Maryland (Town, county, and state)

9. Usual Occupation Hsw. 60
10. Industry or business —

12. Name Andrew Hawkins
13. Birthplace Maryland
14. Maiden Name Araminta Gibbs
15. Birthplace Delaware

16. (a) Informant Lottie M. Brown
(b) Address 3907 Millon St. Phila Pa

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-27-39 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem Pk.
Location Arbutus, Balto Co. Md.

18. (a) Funeral director Mrs. Geo. H. Rodland
(b) Address 1631 Druid Hill Ave

19. (a) NOV 6 - 1939 (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 4 - 1939. at 5.30 P. M.

21. I certify that death occurred on the date above stated, that I attended deceased from Aug 4 1939. to Nov. 4 1939.
and that I last saw h[illegible] alive on Nov-4 1939.

Immediate cause of death Cerebral Hemorrhage — Duration Nov. 2/39

Due to

Due to

Other Conditions Infection of Left Leg (Include pregnancy within 3 months of death) — Aug 4/39

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. C. Pettigrew M. D.
Address 817 Hamilton Ave Date signed Nov. 6/39

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

62659

CERTIFICATE OF DEATH

F 62659

1. PLACE OF DEATH Provident Hospital 349-Year

Registered No.

CITY OF BALTIMORE: (No. 1514 Division St., 17th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mon. ... ds.

2. FULL NAME Mary Hurst

If U. S. Veteran specify WAR

(a) Residence: No. 1286 Etting St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): Mar. 10, 1870

8. AGE: Years 69; Months 7; Days 20; If LESS than 1 day, ... hrs. or ... min.: 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Organist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Church

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 0

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME: John C. Hurst

14. BIRTHPLACE (city or town) (State or country): Baltimore Md.

15. MAIDEN NAME: Elinor Gray

16. BIRTHPLACE (city or town) (State or country): Penna.

17. INFORMANT: Mrs. Kate McParry

(Address): Edmondson Ave. Catonsville

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Cem. Date: 11/7/39

19. UNDERTAKER: Mrs. Geo. H. Holland

(Address): 1631 Druid Hill Ave.

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11-4-39 19

22. I HEREBY CERTIFY, That I attended deceased from 1-17-39, 19..., to 11-4-39, 19...

I last saw her alive on 11-4-39 19... Death is said to have occurred on the date stated above, at 445 m. A/M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular Disease	?
Mitral Insufficiency	-
Other contributory causes of importance: Hypertrophic Arthritis	1900 ?

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) C. F. Mahoney, M. D.

(Address) Provident Hospital.

BRAXTON

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

62660 — F 62660 — Registered No.

1. PLACE OF DEATH — Provident Hospital
CITY OF BALTIMORE: (No. Hos. 1324 Druid Hill St. 17-7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. 11 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gertrude F. Braxton — U.S. Veteran specify WAR

(a) Residence: No. 1324 Druid Hill St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): Nov. 18, 1889

8. AGE: Years 49 | Months 11 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: [illegible]
10. Date deceased last worked at this occupation (month and year): Oct 27, 1939
11. Total time (years) spent in this occupation: 17

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER
13. NAME: Thomas Hamilton
14. BIRTHPLACE (city or town) (State or country): Balt, Md.

MOTHER
15. MAIDEN NAME: Mary [illegible]
16. BIRTHPLACE (city or town) (State or country): [illegible]

17. INFORMANT: Ethel Henry
(Address) 2557 McCulloh

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~
Place Mt. Auburn Cem. Date 11/7 1939

19. UNDERTAKER: Mrs. Geo. F. Holland
(Address) 1631 Druid Hill Ave

20. FILED NOV 6 - 1939
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 27, 1939 to Nov 3, 1939
I last saw her alive on Nov 3, 1939 Death is said to have occurred on the date stated above, at 4:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Angio-Ataxia	10/27/39
Other contributory causes of importance: Cerebral Softening with Hemorrhage	5 days

Was an operation performed? no Date of
For what disease or injury?
What test confirmed diagnosis Autopsy? Were there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) George McDonald M. D.
(Address) 844 N Carey St

62661

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

23

Registered No. F 62661

PLACE OF DEATH:

Baltimore City, Maryland

Street address Eastwood and Greene Sts.

Hospital or institution: University Hospital

Length of stay in hospital or inst. (yrs., mos., or days) 5 months 26 days.

Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2418 Eutaw Place (If rural give location)

(e) If foreign born, how long in U. S. A.? years

1. (a) FULL NAME William J. Hall Jr.

(b) If veteran, name war

3. (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

(b) Name of husband or wife Leila G. Hall

6 (c) If alive, give age 74 years

Birth date of deceased (mo., day, yr.) November 5, 1861

AGE: Years	Months	Days	If less than one day
78	0	1	hr. min.

Birthplace Virginia (Town, county, and state)

9. Usual Occupation Accountant

Industry or business Retired

12. Name Wm. T. Hall

13. Birthplace Virginia

14. Maiden Name Frances Hall

15. Birthplace Virginia

16. (a) Informant Mr. Howard G. Hall

(b) Address 4205 Granada Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 8th 39 (month) (day) (year)

(c) Cemetery or crematory Lorraine

Location Woodlawn, Md.

18. (a) Funeral director Wm. J. Tickner & Sons,

(b) Address North & Pa. Avenues

19. (a) 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 6 1939, at 1 o'clock P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1 1939, to Nov. 6 1939, and that I last saw him alive on Nov. 6 1939.

	Duration
Immediate cause of death: Septicaemia	one wk.
Due to Infected massive Gangrene - Rt. Foot	one month.
Due to Debility & Decubitus ulcers due to Pulmonary Tbc, Urinary	two months one year four years.
Other Conditions Retention due to Prostatic Hypertrophy and Uremia (include pregnancy within 3 months of death)	

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Stanley Q. Bradley M. D.

Address University Hosp. Date signed 11-5-39.

VS 1

62662

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62662

Registered No. 131

PLACE OF DEATH:
Baltimore City, Maryland

Street address

Hospital or institution: St Josephs Hosp

Length of stay in hospital or inst. (yrs., mos., or days) 8 da

Length of stay in Baltimore (yrs., mos., or days) 59 yr

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 925 Lanvale (If rural give location)

(e) If foreign born, how long in U. S. A.? 59 years

1 (a) FULL NAME William P Noonan

(b) If veteran, name war No

3 (c) Social Security Account No. none

Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

(b) Name of husband or wife: Teresa M Donovan

6 (c) If alive, give age 65 years

Birth date of deceased (mo., day, yr.) June 24 1860

AGE: Years 79 | Months 2 | Days 10 | If less than one day: hr. min.

Birthplace London England (Town, county, and state)

9. Usual Occupation Attorney

10. Industry or business Gen.

12. Name Teresa C Donovan

13. Birthplace Ireland

14. Maiden Name Mary Ann Antonia

15. Birthplace Ireland

16 (a) Informant Teresa M Donovan

(b) Address 925 Lanvale

17 Burial (Burial, cremation, or removal) (b) Date thereof 11 7 39 (month) (day) (year)

(c) Cemetery or crematory Holy Cross Md

Location Baltimore Md

18 (a) Funeral director Hudson Coh

(b) Address 1217-21 Cont Av

19 (a) (b) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11 4 1939. at 11 25 P M

21. I certify that death occurred on the date above stated, that I attended deceased from 10 27 1939. to 11 4 1939.

and that I last saw h/m alive on 11 4 1939.

Immediate cause of death	Duration
Interviolar Nephrosclerosis	?
Due to Arteriosclerotic Cardio-vascular disease	?
Due to Arteriosclerotic Encephalomalacia	?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature M. P. Tumulty M. D.

Address St Josephs Hosp. Date signed 11/6/39

VS 3

62663

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

F 62663 Registered No.

PLACE OF DEATH:
Baltimore City, Maryland
Street address Calhoun & Fayette
Hospital or institution:
Franklin Square Hosp.
Length of stay in hospital or inst. (yrs., mos., or days)
Length of stay in Baltimore (yrs., mos., or days) 18 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4011 Falls Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

X

1. FULL NAME
Mrs. Mary M. Lehr.
(b) If veteran, name war
No
3 (c) Social Security Account No. NONE

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fe.	White	married

(b) Name of husband or wife John F. Lehr
6 (c) If alive, give age 80 years

Birth date of deceased (mo., day, yr.) March 6 1868

AGE: Years	Months	Days	If less than one day hr.	min.
71	8	0		

Birthplace Germany (Town, county, and state)
Usual Occupation Housework
Industry or business At Home
12. Name (Dead) Peter Hein
13. Birthplace Germany
14. Maiden Name Dead (Unknown)
15. Birthplace Germany
(a) Informant Norman R. Lehr
(b) Address 3117 Guilford Ave
(a) Burial (Burial, cremation, or removal) (b) Date thereof 11/9/39 (month) (day) (year)
(c) Cemetery ~~Cremation~~ London Park
Location Balto. Md.
(a) Funeral director Wm. Cook
(b) Address 1217 E. Paul St.
(a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-6 1939 at 12:45 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 10-19 1939 to 11-6 1939, and that I last saw her alive on 11-6 1939.

Immediate cause of death Cardiac Insufficiency
Due to Arteriosclerotic Heart Disease
Due to
Other Conditions Subsiding Left upper lobe pneumonia (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature A. J. Daugherty M. D.
Address Franklin Sq. Hosp. Date signed 11-6-39

VS 3

62664

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 62664

PLACE OF DEATH:
Baltimore City, Maryland
Street address 1627 Poplar Grove St
Hospital or institution:

Length of stay in hospital or inst. (yrs., mos., or days)
Length of stay in Baltimore (yrs., mos., or days) 63yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1627 Poplar Grove St (If rural give location)
(e) If foreign born, how long in U. S. A.? 63 years

(a) FULL NAME Robert F. Fullem

(b) If veteran, name war no | 3 (c) Social Security Account No. NONE

Sex Male | 5. Color or race White | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~ Married

(b) Name of ~~husband or~~ wife Katie O. Fullem | 6 (c) If alive, give age 65 years

Birth date of deceased (mo., day, yr.) April 1st 1864

AGE: Years	Months	Days	If less than one day hr.	min.
70	7	3		

Birthplace Ireland (Town, county, and state)
Usual Occupation Retired Motorman
Industry or business Balto Transit Co

12. Name John Fullem
13. Birthplace Ireland
14. Maiden Name Jane ~~Mahoney~~ Carty
15. Birthplace Ireland

(a) Informant Marie Fullem
(b) Address 1627 Poplar Grove St

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 11/8/39 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) 11/7-1939 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 4th 1939. at 7:20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 17 1939. to Nov 4 1939. and that I last saw h ~~im~~alive on Nov 2 1939.

Immediate cause of death Arterio-sclerotic hemiplegia - was cerebral hemorrhage | Duration Hrs 1946

Due to Coronary occlusion | Sudden death

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 1266 E. Preston St Date signed Nov 5

VS 3

62665

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62665
Registered No.

PLACE OF DEATH:
Baltimore City, Maryland

Street address
Hospital or institution: Sydenham Hospital

Length of stay in hospital or inst. (yrs., mos., or days) 5hrs.

Length of stay in Baltimore (yrs., mos., or days) 40yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2227 Ramsey St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

1. (a) FULL NAME Wobbeking, Clara, Mrs.

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

(b) Name of husband or wife: Wobbeking, Adolph (c) If alive, give age 42 years

Birth date of deceased (mo., day, yr.) Feb. 22, 1899

AGE: Years 40 | Months 8 | Days 13 | If less than one day: hr. min.

Birthplace Baltimore, Md. (Town, county, and state)

9. Usual Occupation Housewife

10. Industry or business

12. Name Schlaffer, John

13. Birthplace Germany

14. Maiden Name Schlicht, Mary

15. Birthplace Germany

16 (a) Informant Schlaffer, Charles (Brother)

(b) Address 2227 Ramsey St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 11-7-39 (Month) (day) (year)

(c) Cemetery or crematory Fair Hill Cemetery

Location Baltimore

18 (a) Funeral director J. B. Hufford & Son

(b) Address 305 Eutaw Place

19 (a) (Date rec'd by registrar) (b) Registrar

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH November 4 1939, at 5:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 4 1939 to Nov. 4 1939, and that I last saw her alive on Nov. 4 1939.

	Duration
Immediate cause of death: Scarlet Fever	4 days.
Due to: Hemolytic Streptococcus.	
Due to:	
Other Conditions: Peripheral Circulatory Failure due to Toxemia of Scarlet (Include pregnancy within 3 months of death)	1 day

Major findings:
Of operations
Of autopsy Dilated Blood Vessels

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Jacob Schiff Light M. D.

Address Sydenham Hospital Date signed 11-5-39

62666

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-a

F 62666
Registered No.

PLACE OF DEATH:
Baltimore City, Maryland
Street address Fayette & Payson Sts
Hospital or institution: Bon Secours Hospital
Length of stay in hospital or inst. (yrs., mos., or days) 7
Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 2636 Lanvale Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 6 years

1. FULL NAME Mrs. Mary Thawley { Mary-Agnes-Thawley
If veteran, name war
3. (c) Social Security Account No.
5. Color or race
6. (a) Single, married, widowed, or divorced
White Married
(b) Name of husband or wife Irving Thawley
6. (c) If alive, give age years
Birth date of deceased (mo., day, yr.) Feb. 14-1898

AGE: Years 41 Months 8 Days 27 If less than one day hr. min.

Birthplace Baltimore Maryland (Town, county, and state)
Usual Occupation Housewife at Home
Industry or business At Home
12. Name William McTiernan
13. Birthplace Baltimore Maryland
14. Maiden Name Mary Holtzike
15. Birthplace Baltimore Md
(a) Informant Mr. Irving Thawley
(b) Address 2636 Lanvale Ave
(a) Burial (Burial, cremation, or removal) (b) Date thereof 11-8-39 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave City
(a) Funeral director C. B. Heppard & Son
(b) Address 130 Eutaw Place
(c) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-5-39 19 , at 12.20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 29 1939, to Nov 5 1939, and that I last saw h[illegible] alive on Nov. 5 1939.

Immediate cause of death Congestive Heart Failure — Duration 2 wks
Due to Rheumatic Heart Disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Rheumatic Heart & Aortic Stenosis

PHYSICIAN
Underline the cause to which death should be charged

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J McClafferty M. D.
Address Bon Secours Hosp. Date signed 11-5-39

VS 8

2667

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-c

F 62667

Registered No. C 3990

PLACE OF DEATH:
Baltimore City, Maryland

Street address

Hospital or institution: JOHNS HOPKINS HOSPITAL

Length of stay in hospital or inst. (yrs., mos., or days)

Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Anne Arundel

(c) City or town Pasadena - 1 (If outside city or town limits, write RURAL and give town)

(d) Street No. R F D 5 (If rural give location)

(e) If foreign born, how long in U. S. A.? years

1. (a) FULL NAME Amos Baker

(b) If veteran, name war

3 (c) Social Security Account No.

Sex: Male

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Single

(b) Name of husband or wife

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) 2-3-39

AGE: Years | Months: 9 | Days: 7 | If less than one day: hr. min.

Birthplace: Maryland (Town, county, and state)

11. Usual Occupation: Child

11. Industry or business

12. Name: Amos Baker

13. Birthplace: Md

14. Maiden Name: Gladys

15. Birthplace: Md

16. (a) Informant: Records

(b) Address: JOHNS HOPKINS HOSPITAL

17. (a) (Burial, cremation, or removal)

(b) Date thereof: Nov. 7. 39 (month) (day) (year)

(c) Cemetery or crematory: Mass Burial Ground

Location: Anne Arundel Co. Md

18. (a) Funeral director: James A Hayes

(b) Address: 1112 W. Hill St

19. (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 5 1939, at 1.00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-4 1939, to 11-5 1939, and that I last saw h alive on 11-4 1939.

Immediate cause of death: L

Due to: Acute Dysentery with Dehydration

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

Duration:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature: Charles H Clemens M. D.

Address: 1934 McElderry Balto. Date signed 11-5-39

2668

6-8-39—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 62668

CERTIFICATE OF DEATH.

√ 93-c

REGISTERED NO...

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1122 Sarah ann St. 18-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella Taylor

(a) RESIDENCE. No. 1122 Sarah ann St.. Ward.

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): widow

6a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Geo Taylor

6 DATE OF BIRTH (month, day, and year): 3-24-1876

7 AGE: 63 Years; Months; Days: 7 910; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: unemployed

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Informant (Address): Ella Butler 1015 Myrtle ave

15 Filed NOV 7 - 1939 . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-5-39 19

17 I HEREBY CERTIFY, That I attended deceased from Oct 28 . 1939 . to Nov 3 - 39. 19 .

that I last saw h[er] alive on " . 19 .

and that death occurred, on the date stated above, at 10,30 a m.

The CAUSE OF DEATH* was as follows:

Chronic Cardiac disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Gastroenteritis, senility, debility

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? O Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H. M. Carroll M. D.

. 19 (Address) 1524 Druid Hill ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cem — DATE OF BURIAL: 11-7 19 39

20 UNDERTAKER: William A Jackson — ADDRESS: 916 Penna ave

Missing

F6269

and

F6270

62671

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62671 Registered No.

349768

PLACE OF DEATH:
Baltimore City, Maryland

Street address 4940 Eastern Avenue

Hospital or institution:
Baltimore City Hospitals

Length of stay in hospital or inst. (yrs., mos., or days) 3 days

Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 627 S. Dallas Street (If rural give location)

(e) If foreign born, how long in U. S. A.? years

1. FULL NAME Caroline Dailey

2. If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife William

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 18, 1886

AGE: Years 53 Months 5 Days 17 If less than one day hr. min.

8. Birthplace Balto. (Town, county, and state)

9. Usual Occupation Housewife

10. Industry or business

11. Name Ernest Walters

12. Birthplace Germany

13. Maiden Name Magdalena ?

14. Birthplace Germany

15. (a) Informant Records

(b) Address Baltimore City Hospitals

16. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 9, 1939 (month) (day) (year)

(c) Cemetery or crematory First Evangelical

Location Baltimore

17. (a) Funeral director H. SANDER & SON INC.

(b) Address Baltimore & Broadway

18. (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 5 1939, at 10:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 2 1939, to Nov. 5 1939, and that I last saw her alive on Nov. 5 1939.

Immediate cause of death: Cerebral hemorrhage — Duration 5 days.

Due to

Due to

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy not done.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [signature] M. D.

Address Balto City Hosp Date signed 11-5-39

VS 3

62672

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V/67

Registered No. E 62672

PLACE OF DEATH:
Baltimore City, Maryland
Street address or Hospital or institution: St Josephs Hospital

Length of stay in hospital or inst. (yrs., mos., or days)
Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1702 Homestead St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. FULL NAME: Francis Stewart Phillips
(b) If veteran, name war —
3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age — years

Birth date of deceased (mo., day, yr) 3/17/1913

AGE: Years	Months	Days	If less than one day: hr.	min.
25	7	19		

Birthplace Baltimore Md (Town, county, and state)

Usual Occupation Orderly at
Industry or business St Josephs Hospital

12. Name of father John M. Phillips
13. Birthplace Balt. Md
14. Maiden Name of mother Grace E. Thomas
15. Birthplace Balt. Md

(a) Informant John M. Phillips
(b) Address 819 N. Carrollton Ave.

17 (a) Burial (Burial, cremation, or removal)
(b) Date thereof 11/8/1939 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore Md

18 (a) Funeral director George J. Muth Inc.
(b) Address 1735 Hoffman St

19 (a) (Name paid by registrar) (b) Registrar

MEDICAL CERTIFICATION 85-2a

20. DATE OF DEATH November 6 1939, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death

Due to Bullet wound head - right temple

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 11/6/39
(c) Where did injury occur? Clifton Park (City or town) Baltimore (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public Park While at work (Specify type of place)
(e) Means of injury Bullet wound pistol

23. Signature [illegible] M.D
Medical examiner

Date signed 11/6/39

F 62673

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH:
Baltimore City, Maryland
Street address 111 McHenchen St
Hospital or institution:

Length of stay in hospital or inst. (yrs., mos., or days) 52 yrs
Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 111 McHenchen St. (If rural give location)
(e) If foreign born, how long in U. S. A.) 52 years

1. (a) FULL NAME JOSEPH GINSBERG

(b) If veteran, name war

3. (c) Social Security Account No.

Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	White	Divorced

(b) Name of husband or wife None

6. (c) If alive, give age years

Birth date of deceased (mo., day, yr.) 1877

AGE: Years	Months	Days	If less than one day: hr.	min
62				

Birthplace Russia (Town, county, and state)

9. Usual Occupation: Shoe Merchant
Industry or business: Retired

12. Name of Father: Shemia Yehuda
13. Birthplace: Russia

14. Maiden Name of Mother: Hannah Appelbaum
15. Birthplace: Russia

16. (a) Informant: Samuel Ginsberg
(b) Address: 2424 Lakeview Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-7-39 (month) (day) (year)
(c) Cemetery or crematory: Southern Ave.
Location: Southern Ave.

18. (a) Funeral director: Paul Feinz Inc
(b) Address: 1439 E. Balto St

19. NOV 7 - 1939 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 6th, 1939, at 5½ AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to death on the day stated above.

Immediate cause of death: Coronary Thrombosis
Due to: arteriosclerosis
Due to:
Other Conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

Duration

PHYSICIAN: Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: H L Wollenweber — M.D. Medical Examiner.
Date signed: Nov 6th, 1939

Murdock

2674

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

F 62674

Registered No.

PLACE OF DEATH:
Baltimore City, Maryland
Street address 1021 N. Eutaw St
Hospital or institution

Length of stay in hospital or inst. (yrs., mos., or days)
Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
Street No. 1021 N. Eutaw St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. FULL NAME Wm Murdock
If veteran, name war
3. (c) Social Security Account No. none

Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Col	Widower

(b) Name of husband or wife Sophie Murdock
6. (c) If alive, give age years

Birth date of deceased (mo., day, yr.) April 12 1870 If less than one day hr. min.

AGE: Years	Months	Days
69	6	27

Birthplace Md (town, county, and state)
Usual Occupation Laborer
Industry or business

12. Name Unknown
13. Birthplace
14. Maiden Name Mary Smith
15. Birthplace Md

9. (a) Informant Earl Murdock
(b) Address 1021 N. Eutaw St

7. (a) Burial (Burial, cremation, or removal)
(b) Date thereof Nov. 9 1939 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md

8. (a) Funeral director Wm Francis A. Hemsley
(b) Address 578 N. Biddle St.

9. (a) (Date received by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 6 1939, at 4.15 A.M.

21. I certify that death occurred on the date above stated, that I attended deceased from Nov. 3 - 1938 to Nov. 6 1939. and that I last saw him alive on Nov. 6 - 1939

Immediate cause of death Chronic Nephritis — Duration 1 year

Due to

Due to

Other Conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. C. Pettelsin M. D.
Address 817 Cathedral St Date signed

62675

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62675 Registered No.

PLACE OF DEATH:
Baltimore City, Maryland

Street address ...
Hospital or institution: Maryland Gen. Hosp
Length of stay in hospital or inst. (yrs., mos., or days) 26
Length of stay in Baltimore (yrs., mos., or days) 7

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Dundalk (If outside city or town limits, write RURAL and give town)
(d) Street No. 1811 Portalup Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

1. (a) FULL NAME Charles W. Copper

(b) If veteran, name war

3 (c) Social Security Account No.

Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

(b) Name of husband or wife Roberta Copper

6 (c) If alive, give age ... years

Birth date of deceased (mo., day, yr.) Nov 11, 1858

AGE: Years	Months	Days	If less than one day
80	11	23	hr. min.

Birthplace Maryland (Town, county, and state)

9. Usual Occupation Retired
10. Industry or business

12. Name Charles Copper
13. Birthplace Maryland
14. Maiden Name Rachael Dentan
15. Birthplace Maryland

16 (a) Informant R. Clyde Copper
(b) Address 1811 Portalup Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 7-39 (month) (day) (year)
(c) Cemetery or crematory Chestertown, Conn
Location Chestertown Md.

18 (a) Funeral director Hen G. Connelly Sons
(b) Address Chestertown Md.

19 (a) ... (b) ... Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-4 1939, at 9 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-9 1939 to 11-4 1939 and that I last saw h[illegible] alive on 11-4 1939.

Immediate cause of death: Prostatic hypertrophy
Bladder Stones
Due to Pneumonia
Bronchs.
Due to ...
Other Conditions
(Include pregnancy within 3 months of death)

Duration
?
?
10-30-39

Major findings:
Of operations Bladder stones Prostatic hypertrophy
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. K. Mansfield M. D.
Address Md Gen Hosp Date signed 11-7-39

VS 3

676

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 62676

CERTIFICATE OF DEATH

V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 548 Baker St. 14-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Isaac Howard Williams

If U. S. Veteran specify WAR

(a) Residence: No. 548 Baker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Martha Williams

7. DATE OF BIRTH (month, day, year) Aug 30-1860

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	2	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City House

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

13. NAME Isaac Williams

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Martha Williams
(Address) 548 Baker st

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cem Date 11-8 1934

19. UNDERTAKER George T. A. Gibson
(Address) 1735 Druid Hill Ave

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1933 to May 5, 1934.

I last saw him alive on May 5, 1934. Death is said to have occurred on the date stated above, at 3 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis
Uremia

Date of onset

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Wm R Lutz M. D.

(Address) 2134 Oak Ave

62677

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62677

Registered No. 82-3

PLACE OF DEATH:
Baltimore City, Maryland
Street address 6207 Biltmore Ave.
Hospital or institution:

Length of stay in hospital or inst. (yrs., mos., or days)
Length of stay in Baltimore (yrs., mos., or days) All 42 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 6207 Biltmore Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. (a) FULL NAME Oscar Samuels
(b) If veteran, name war
3 (c) Social Security Account No. 216-07-6035

Sex male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

(b) Name of husband or wife Alma W. Samuels
6 (c) If alive, give age 56 years

Birth date of deceased (mo., day, yr.) Aug. 29, 1876

AGE: Years	Months	Days	If less than one day
63	2	18	hr. min.

Birthplace New York (Town, county, and state)
9. Usual Occupation Jeweler
10. Industry or business

12. Name Max Samuels
13. Birthplace Germany
14. Maiden Name Charlotte Wiseis
15. Birthplace Germany
16 (a) Informant Mrs. O. Samuels
(b) Address 6207 Biltmore Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/9/39 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Har Sinai
Location Balto. Md.
18 (a) Funeral director Harry Goodman & Son
(b) Address 1902 Eutaw Place
19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 7 1939, at 3:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-21 1939, to Nov. 7 1939, and that I last saw him alive on Nov. 7 1939.

Immediate cause of death	Duration
Cerebral embolism.	
Due to Arteriosclerosis Hypertension.	2 years.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Bernard Cohen, M. D.
Address Marlborough 906. Date signed 11/7/39

VS 3

2678

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

49779 F 62678

Registered No. 146-C

PLACE OF DEATH:
Baltimore City, Maryland
Street address Baltimore Maryland
Hospital or institution:
Baltimore City Hospitals

Length of stay in hospital or inst. (yrs., mos., or days)

Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1135 S. Paca St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

1. FULL NAME John W. Lewis

(b) If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

(b) Name of husband or wife Kate

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Aug. 28, 1873

AGE: Years	Months	Days	If less than one day hr.	min.
6666	2	8		

Birthplace Md. (Town, county, and state)

Usual Occupation Unknown

Industry or business

12. Name William T. Lewis

13. Birthplace Md.

14. Maiden Name Elizabeth Personette

15. Birthplace Md.

(a) Informant Records

(b) Address Baltimore City Hospitals

(a) Burial (Burial, cremation, or removal) (b) Date thereof 11-9-39 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Balto Md

(a) Funeral director Barnard & Harbaugh

(b) Address 131 E West St

(a) (b) Registrar

(Date rec'd by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-6 1939 at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-2 1939, to 11-6 1939, and that I last saw him alive on 11-6 1939.

Immediate cause of death Carcinoma sigmoid colon with intestinal obstruction — Duration ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations same

Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature E. A. Woodward Jr. M. D.

Address Balto City Hosp Date signed 11-6-39

62679

F 62679

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 186-a

PLACE OF DEATH:
Baltimore City, Maryland

Street address 2848 Clifton Avenue
Hospital or institution:

Length of stay in hospital or inst. (yrs., mos., or days) --

Length of stay in Baltimore (yrs., mos., or days) 50 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County ---

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2848 Clifton Avenue (If rural give location)

(e) If foreign born, how long in U. S. A.? 50 years

1 FULL NAME Alma Alysworth Kahn

(b) If veteran, name war ---

3 (c) Social Security Account No. ---

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

(b) Name of husband or wife David S. Kahn

6 (c) If alive, give age ✓ years

Birth date of deceased (mo., day, yr.) Oct 3rd 1866

AGE: Years	Months	Days	If less than one day: hr	min.
73	1	1		

Birthplace Canada (Town, county, and state)

Usual Occupation None

Industry or business

12. Name Bowen M. Alysworth

13. Birthplace Canada

14. Maiden Name Mary Jane Hunter

15. Birthplace Canada

(a) Informant Mr. Laurence A. Kahn

(b) Address 2838 Clifton Avenue.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 7th 1939 (month) (day) (year)

(c) Cemetery or crematory Lorraine

Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons

(b) Address North & Penna Aves.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 4th 1939, at 8.38 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from Nov. 3 1939, to Nov 4 1939, and that I last saw h[illegible] alive on Nov 4th 1939.

Immediate cause of death Cerebral hemorrhage — Duration Instant (probably)

Due to fall from porch (probably)

Due to ✓

Other Conditions ✓

(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓

Of autopsy ✓

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, ~~suicide or homicide~~ Accident (probably)

(b) Date of occurrence Nov 3 - 1939

(c) Where did injury occur? Front Porch 2848 Clifton Ave (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?

(e) Means of injury ✓ Fall

23. Signature [illegible] M. D.

Address 317 Medical Arts Bldg Date signed Nov 6-39

Howard A. Mason M. D.

F 62680

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

210-M

Registered No. F 62680

PLACE OF DEATH:
Baltimore City, Maryland

Street address
Hospital or institution: University Hospital

Length of stay in hospital or inst. (yrs., mos., or days)

Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 732 George St.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

1. (a) FULL NAME CHARLES PINKNEY

(b) If veteran, name war

3. (c) Social Security Account No.

Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Colored	Married.

(b) Name of husband or wife Eliza

6. (c) If alive, give age years

Birth date of deceased (mo., day, yr.) June 17 1900

AGE: Years	Months	Days	If less than one day: hr.	min.
39	3	23		

Birthplace Maryland
(Town, county, and state)

4. Usual Occupation Laborer
Industry or business

12. Name Peter Pinkney

13. Birthplace Maryland

14. Maiden Name Maria Caldwell

15. Birthplace Maryland

16. (a) Informant Nannie Caldwell

(b) Address 732 George St.

17. (a) Burial, cremation, or removal? Burial (b) Date thereof Nov 7, 1939
(month) (day) (year)

(c) Cemetery or crematory Mt. Zion

Location Baltimore

18. (a) Funeral director Mahan & Sullivan

(b) Address 322 N. Arlington St.

19. (a) Date received by registrar (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 5th 1939, at 1 15 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said autopsy find that said deceased came
(Autopsy or Inquiry)
to death on the day stated above.

Immediate cause of death: Fracture skull — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide accident

(b) Date of occurrence Nov 4th, 1939

(c) Where did injury occur? Corner of Gilmore & Fayette Sts.
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Street While at work?
(Specify type of place)

(e) Means of injury Struck by automobile

23. Signature H. L. Wollenweber M.D.
Medical Examiner

Date signed Nov 5th, 1939

F 62681

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 Registered No. F 62681

PLACE OF DEATH:
Baltimore City, Maryland
Street address 422 N. Lakewood Ave
Hospital or institution:

Length of stay in hospital or inst. (yrs., mos., or days)
Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 422 N. Lakewood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. FULL NAME Joseph J. Vardy
(b) If veteran, name war
3. (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married
(b) Name of husband or wife Martha E. Vardy
6 (c) If alive, give age years
Birth date of deceased (mo., day, yr.) Jan 12 1878

AGE: Years 61 | Months 10 | Days 24 | If less than one day hr. min.

Birthplace Baltimore (Town, county, and state)
Usual Occupation retired
Industry or business
12. Name Joseph Vardy
13. Birthplace Md.
14. Maiden Name Priscilla Weller
15. Birthplace Md.
(a) Informant Martha E. Vardy
(b) Address 422 N. Lakewood Ave
(a) Burial (Burial, cremation, or removal) (b) Date thereof 11 7 39 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore
(a) Funeral director Philip Herwig Sons
(b) Address 2016 Orleans St
(a) (Date rec'd by registrar) (b) 11 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 5 1939, at 10 45 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Nov 3 1939 to Nov 5 1939, and that I last saw him alive on Nov 4 1939.

Immediate cause of death	Duration
Cerebral Hemorrhage	3 days
Due to Hypertensive cardio Vascular renal disease	2 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Albert P. Lakosky M.D.
Address 5939 Harford Rd Date signed 11/6/39

VS 3

Emory

682 HEALTH DEPARTMENT—CITY OF BALTIMORE F 62682

CERTIFICATE OF DEATH

Registered No. 796

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Gen. Hosp. St. 24-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. X da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Harry R Emory Sr.

If U. S. Veteran specify WAR

(a) Residence: No. Benson Ave Catonsville St., ... Ward ... Baltimore
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Emory

7. DATE OF BIRTH (month, day, year) Oct 26-1878

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	-	9	

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Basket maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Amos Emory

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Rosa Leonard

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs Walter Emory
(Address) Benson Ave Catonsville

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date Nov 7 1939

19. UNDERTAKER Albert W Gregory
(Address) 740 E North Ave

20. FILED ... 19... Registrar

NOV 7 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1939, to Nov 5, 1939.

I last saw h.i.m. alive on Nov. 4, 1939. Death is said to have occurred on the date stated above, at 7:25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis	
Aneurysm of Abd. aorta	
Old occluded coronary artery	
Other contributory causes of importance: Bronchopneumonia, at	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Ronald Landorf, M. D.

(Address) South Balto Gen Hosp

NOV 7 - 1939

LGLY

2683 ✓ F 62683

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

349-953

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 403 N. Calhoun St. (4-1 Ward)
Length of residence in city or town where death occurred 12 yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Ethel Anderson Shelton

(a) Residence: No. 403 N. Calhoun St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Granville Harry Shelton

DATE OF BIRTH (month, day, year) October 16, 1890

AGE Years	Months	Days	If LESS than 1 day, — hrs. or — min.
49	—	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. over home
10. Date deceased last worked at this occupation (month and year) November '39
11. Total time (years) spent in this occupation 12 yr

12. BIRTHPLACE (city or town) (State or country) Surverville Tenn.
13. NAME OF FATHER William Anderson
14. BIRTHPLACE (city or town) (State or country) Abingdon Va.
15. MAIDEN NAME OF MOTHER Georgia McMahan
16. BIRTHPLACE (city or town) (State or country) Surverville Tenn
17. INFORMANT (Address) Granville Harry Shelton 403 N. Calhoun St
18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date 11-8 1939
19. UNDERTAKER (Address) Lionel W. Trost & Son 628 N. Eutaw St

20. FILED NOV 7 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11.4.39. 19

22. I HEREBY CERTIFY, That I attended deceased from 4.16.39. 19 . to 11.4.39. 19
I last saw her alive on 11.4.39. 19 Death is said to have occurred on the date stated above, at 11:50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
cardio vascular disease	about april '39

Other contributory causes of importance:

Name of operation none Date of —
What test confirmed diagnosis? Phys Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) James M. Pair M. D.
(Address) 400 N. carrollton ave

Howard J. Haldis M.D. Medical Examiner

2684

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

KB 13

F 62684

Registered No.

PLACE OF DEATH:
Baltimore City, Maryland
Street address 4940 Eastern Ave.
Hospital or institution:
Baltimore City Hospitals
Length of stay in hospital or inst. (yrs., mos., or days) 8 years, 23 days
Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County A A Co.
(c) City or town Tracy's Landing (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 yrs. years

1. (a) FULL NAME August Steinwedel
(b) If veteran, name war
3 (c) Social Security Account No.

Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
(b) Name of husband or wife
6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Jan. 11, 1863

AGE: Years	Months	Days	If less than one day
76	9	22	hr. min.

Birthplace Germany (Town, county, and state)
7. Usual Occupation Gardener
8. Industry or business

12. Name Fred Steinwedel
13. Birthplace Germany

14. Maiden Name Elizabeth Bloetz
15. Birthplace Germany

(a) Informant Records B.C.H.
(b) Address

(a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 8, 1939 (month) (day) (year)
(c) Cemetery or crematory London Park
Location
(a) Funeral director Frederick A. Cole
(b) Address 2500 W Lombard St

(a) (b) Registrar
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH November 5 1939, at 12:05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 12 1931, to Nov 5 1939, and that I last saw h[illegible] alive on Nov. 5 1939.

Immediate cause of death Arteriosclerotic nephritis, uremia — Duration unknown.

Due to

Due to

Other Conditions Infectious arthritis — unknown.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Murray Steele M. D.
Address Balto City Hosp. Date signed 11-6-39

2685 LB 49713

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 Registered No. F 62685

PLACE OF DEATH:
Baltimore City, Maryland

Street address 4940 Eastern Avenue

Hospital or institution:
Baltimore City Hospitals

Length of stay in hospital or inst. (yrs., mos., or days) 3 hrs. 45 Min.

Length of stay in Baltimore (yrs., mos., or days) 3 hrs. 45 M.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 510 W. West St. (If rural give location)

If foreign born, how long in U. S. A.? years

1. **FULL NAME** Baby Girl Briscoe

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: single

(b) Name of husband or wife

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Oct. 31, 1939

AGE: Years 0 | Months 0 | Days 0 | If less than one day 3 hr. 45 min.

Birthplace Baltimore, Md. (Town, county, and state)

Usual Occupation - infant

Industry or business

12. Name James

13. Birthplace Md.

14. Maiden Name Geraldine Pender

15. Birthplace Md.

(a) Informant Records

(b) Address Baltimore City Hospitals

(a) Cremation (Burial, cremation, or removal) (b) Date thereof 11/3/39 (month) (day) (year)

(c) Cemetery or crematory Crematory

Location Balto. City Hosp.

(a) Funeral director

(b) Address

(a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/31/39 19 . at 6.10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 10/31/39 19 to 10/31/39 19 , and that I last saw her alive on 10/31/39 19 .

Immediate cause of death: Prematurity (Atelectasis)

Duration: 1 day

Due to Prematurity

Due to

Other Conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature David L. Filtzer, M. D.

Address Balto. City Hosp. Date signed 11/1/39

62686

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62686 Registered No.

PLACE OF DEATH:
Baltimore City, Maryland
Street address or Hospital or institution: Franklin Sq Hospital

Length of stay in hospital or inst. (yrs., mos., or days)
Length of stay in Baltimore (yrs., mos., or days) 11 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 225 S Calhoun St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ? years

FULL NAME Mrs Kate Bender

If veteran, name war | 3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

(b) Name of husband ~~or wife~~ - Vincent
6 (c) If alive, give age - years

Birth date of deceased (mo., day, yr.)

AGE: Years	Months	Days	If less than one day hr.	min.
58 yrs.				

Birthplace Louisiana (Town, county, and state)
Usual Occupation Dry goods store Proprietor
Industry or business

12. Name Unknown
13. Birthplace Unknown
14. Maiden Name Unknown
15. Birthplace Unknown

(a) Informant Vincent Bender
(b) Address 225 S. Calhoun St

(a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 9-1939 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location old Frederick Rd
(a) Funeral director Joseph I Cummiskey Son
(b) Address 602 W Lafayette Blvd.

(a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 6th 1939. at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 27 1939. to Nov. 6 1939. and that I last saw h[illegible] alive on Nov. 6 1939.

Immediate cause of death	Coronary - occlusion	Duration
Due to		
Due to		
Other Conditions	Partial intestinal obstruction -	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury Nathan Way

23. Signature
Address Franklin Sq. Hospital Date signed 11/6/39 M. D.

VS 3

62687 HEALTH DEPARTMENT—CITY OF BALTIMORE F 62687

CERTIFICATE OF DEATH

157-D

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 2-3 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Girl Diskin

(a) Residence: No. 1814 N. Smallwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) October 25, 1939

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Frank Diskin

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Beatrice Lipsch

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Frank Diskin

(Address) 1814 N. Smallwood St

18. BURIAL, CREMATION, OR REMOVAL

Place Date Nov 1939 19

Commissioner of Health

19. UNDERTAKER

(Address)

20. FILED 19

Registrar

7649

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from October 25 1939 to Nov. 1 1939

I last saw her alive on Nov. 1, 1939 Death is said to have occurred on the date stated above, at 3:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Oct. 26
Congenital absence of upper oesophagus	Oct. 25
Oesophageal-tracheal fistula	
Other contributory causes of importance:	
Malformation of anal opening	
Clubbed foot	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) A. R. Holloway M. D.

(Address) Sinai Hospital

Wm B. Schapiro M.D. attending, 1411 Fountain Place

62688

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-B

X ✓ F 62688 Registered No.

PLACE OF DEATH:
Baltimore City, Maryland

Street address or Hospital or institution: Johns Hopkins Hosp

Length of stay in hospital or inst. (yrs., mos., or days) 1 day

Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Washington, D.C.

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. 137 Second N E 15th (If rural give location)

(e) If foreign born, how long in U. S. A.? years

1. (a) FULL NAME Henry Carter

(b) If veteran, name war

3. (c) Social Security Account No.

4. Sex M | 5. Color or race Wh | 6. (a) Single, married, widowed, or divorced Married

(b) Name of husband or wife Mary A.

6. (c) If alive, give age years

Birth date of deceased (mo., day, yr)

AGE: Years	Months	Days	If less than one day: hr	min
71				

Birthplace Unknown (Town, county, and state)

9. Usual Occupation Clerk

Industry or business

12. Name Joseph Carter

13. Birthplace

14. Maiden Name Eva Berkowski

15. Birthplace Unknown

16. (a) Informant Head Friend

(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/9/1939 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill, Location Suitland, Md.

18. (d) Funeral director Harold J. Saltzman

(b) Address 436-7th St. S.W. Washington D.C.

19. (a) (b) Date rec'd by registrar Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH November 6 1939, at 12:15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said C (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Anesthetic Death - local anesthesia &	
Due to Cancer Rectal.	
Due to Previous operation removal R. upper lung for cancer	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide No

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner

Date signed 11-7-39

62689 HEALTH DEPARTMENT—CITY OF BALTIMORE F 62689

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 529 N Dallas St. 7-5 Ward)

(Length of residence in city or town where death occurred ... yrs. ... mos. ... dys. How long in U. S. If of foreign birth? ... yrs. ... mos. ... dys.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Edwards

(a) Residence: No. 529 N Dallas St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): B

If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year): Nov 4-39

AGE	Years	Months	Days	If LESS than 1 day 5 hrs. or ... min.

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Baby

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto-md

13. NAME: Eva Montague

14. BIRTHPLACE (city or town) (State or country): Balto md

15. MAIDEN NAME: Willye Edwards

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Eva Edwards

(Address): 529 N Dallas St

18. BURIAL, CREMATION, OR REMOVAL

Date of ... 19...

JOHNS HOPKINS MEDICAL SCHOOL NOV 7 - 1939

Commissioner of Health

19. UNDERTAKER: Per H. L. Moore

(Address) .....

20. FILED ... 19...

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 5 1939

I HEREBY CERTIFY, That I attended deceased from Nov 4 1939 to Nov 5 1939

I last saw h[illegible] alive on Nov 5 1939 Death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Delivery 6 month 2 wks	?
Other contributory causes of importance:	

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Geo. L. Dallas M. D.

(Address) 529 N Broadway St

7-1939 5,148/C

Rose Culotta ✓ F 62690

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-e Registered No. ....

PLACE OF DEATH:
Baltimore City, Maryland
Street address 504 Light St.
Hospital or institution:

Length of stay in hospital or inst. (yrs., mos., or days) 7 d
Length of stay in Baltimore (yrs., mos., or days) 36 Yrs.

2. USUAL RESIDENCE OF DECEASED:
504 Light St.
(a) State Md. (b) County
(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 504 Light St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 36 Yrs. years

1. FULL NAME Rose Culotta

(b) If veteran, name war | 3 (c) Social Security Account No.

Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Married

(b) Name of husband or wife Rosario Culotta
6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Dec. 8 1902

AGE: Years 55 | Months 10 | Days 28 | If less than one day hr. min.

Birthplace Cefalu' Italy (Town, county, and state)

11. Usual Occupation Housewife
Industry or business Home

12. Name Carlina Cusumato
13. Birthplace Italy

14. Maiden Name Rosaria Camino
15. Birthplace Italy

16 (a) Informant Rosario Culotta (Husband)
(b) Address 504 Light St.

17 (a) New Cathedral Cem. (b) Date thereof Nov. 8 1939
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Baltimore Md.

18 (a) Funeral director Frank Della Rocca
(b) Address 32 W. Hoffman St.

19 (a) (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/6 1939, at 10:25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 20 1939 to 11/6 1939.
and that I last saw h alive on 11/6 1939.

Immediate cause of death: Acute pulmonary oedema — Duration: 2 hours
Due to: Cardiac dilation — 2 weeks
Due to: Chronic myocarditis — 1 year
Other Conditions: Obesity
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Isaac Miller M. D.
Address 1225 N. Charles St. Date signed 11/7/39

VS 3

62691 00808

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

145a-107 F 62691 Registered No.

PLACE OF DEATH:
Baltimore City, Maryland

Street address ...

Hospital or institution:
W. Baltimore Gen Hosp.

Length of stay in hospital or inst. (yrs., mos., or days) 30 days

Length of stay in Baltimore (yrs., mos., or days) 23 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County ...

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2021 Putan Place (If rural give location)

(e) If foreign born, how long in U. S. A.? ... years

1. FULL NAME Mrs. Rose Marie Byrne

If veteran, name war:

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

7. Name of husband or wife Walter Byrne | 6 (c) If alive, give age ... years

8. Birth date of deceased (mo., day, yr.) Nov. 17, 1916

AGE: Years 23 | Months 11 | Days 19 | If less than one day: hr. ... min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business ...

12. Name Anthony Marante

13. Birthplace Italy

14. Maiden Name Pauline Diddio

15. Birthplace Italy

16. (a) Informant W. Balto. Gen. Hosp.

(b) Address ...

17. (a) Burial, cremation, or removal ... (b) Date thereof Nov. 8-39 (month) (day) (year)

(c) Cemetery or crematory ... Location ...

18. (a) Funeral director ... (b) Address 52 N. Gurley St

19. (a) ... (b) ... Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-6 1939 at 12 29 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-6 1939 to 11-6 1939, and that I last saw h alive on 11-6 1939.

Immediate cause of death: Bronchopneumonia — Duration: 2 wks

Due to: Septicemia — 3 wks

Due to: Puerperal sepsis — 9 wks

Other Conditions ...

(Include pregnancy within 3 months of death)

Major findings:
Of operations ...

Of autopsy ...

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ...

(b) Date of occurrence ...

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury ...

23. Signature Isadore Lerner M. D.

Address West Balto. Gen Hosp. Date signed 11/6/39.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

62692

CERTIFICATE OF DEATH

107-a F 62692

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balt Gen'l Hosp St. 20-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Roberta Ann Sullivan
If U. S. Veteran specify WAR

(a) Residence: No. 405 Mt Holly St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct 9 - 1939

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME Mabel Sullivan

16. BIRTHPLACE (city or town) Baltimore
(State or country)

17. INFORMANT Robt Sullivan
(Address) 405 Mt Holly St

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Olivet Date Nov 9 1939

19. UNDERTAKER John Uhrich & Sons
(Address) 2010 Eutaw

20. FILED NOV 7 1939 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-6, 1939

22. I HEREBY CERTIFY, That I attended deceased from 11-6, 1939, to 11-6, 1939
I last saw h[illegible] alive on 11-6, 1939 Death is said to have occurred on the date stated above, at 8:45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	11-2-39
Malnutrition	10-30-39
Dehydration	11-30-39

Other contributory causes of importance:

Was an operation performed? ... Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.
(Address) [illegible]

62893

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C 62693 Registered No.

PLACE OF DEATH:
Baltimore City, Maryland
Street address 5127 Park-Heights Ave
Hospital or institution:

Length of stay in hospital or inst. (yrs., mos., or days)
Length of stay in Baltimore (yrs., mos., or days) 2 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5127 Parkheights Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. FULL NAME Charles Alexander Grande

3. (a) If veteran, name war none (c) Social Security Account No.

4. Sex Male | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Single

(b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 20? 18??

8. AGE: Years 53? Months 6 Days 2 If less than one day hr min

9. Birthplace Philadelphia (Town, county and state) 13

10. Usual Occupation Meat Cutter
Industry or business

12. Name Chas A Grande
13. Birthplace Pa

14. Maiden Name
15. Birthplace Pa.

16. (a) Informant Dorothy Willing
(b) Address 731 N Broadway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 9/39 (month) (day) (year)

(c) Cemetery or crematory ME Ch Pokomoke Md
Location Md

18. (a) Funeral director Dennis & Watson
(b) Address Pokomoke Md

19. (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 5 1939, at 10 P, M

21. I certify that death occurred on the date above stated, that I attended deceased from Nov 1 1939 to Nov 5 1939, and that I last saw him alive on Nov 4 1939.

Immediate cause of death	Duration
Due to Coronary Embolism	1
Due to Myocarditis	5
Other Conditions Overwork	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury

23. Signature Charles J Brell M. D.
Address 5276 Park Heights Ave Date signed Nov 7 39

W. L. Wallenweber, MD - asst Med Examiner
per J. M. Blackburn

VS 3

62694

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

Registered No. F 62694

PLACE OF DEATH: St Agnes Hospital
Baltimore City, Maryland
Street address Wilkens & Caton Aves
Hospital or institution:
St Agnes Hospital
Length of stay in hospital or inst. (yrs., mos., or days) 30 ds.
Length of stay in Baltimore (yrs., mos., or days) 2 yrs 1 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Pikesville (If outside city or town limits, write RURAL and give town)
7 Street No. 8 Sudbrook Lane (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

1. FULL NAME Regina Randolph Jenkins
2. If veteran, name war
3. (a) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married
(b) Name of husband or wife Dr. Felix Jenkins
6 (c) If alive, give age — years

Birth date of deceased (mo., day, yr.) 8/2/1869

AGE: Years 70 | Months 3 | Days 4 | If less than one day hr. min.

Birthplace Baltimore, Md (Town, county, and state)
Usual Occupation None
Industry or business

12. Name James T. Randolph
13. Birthplace Md
14. Maiden Name Mary Corrigan
15. Birthplace D. Jersey
(a) Informant Miss Mary Randolph
(b) Address 8 Sudbrook Lane

(a) Burial (Burial, cremation, or removal) (b) Date thereof 11/9/39 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Baltimore, Md.
(a) Funeral director Henry U. Mears & Son
(b) Address 502 N. Calvert St.

(a) ____ (b) ____ Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/6/1939 at 1 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/7 1939 to 11/6 1939.
and that I last saw h alive on 11/6 1939.

Immediate cause of death	Duration
a intermuscular C-V degenerative basal cerebral vascular accident.	
Due to Hypertension. cerebral intermuscular	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James N. Cranis M. D.
Address ST Agnes Hospital Date signed 11/6/39

VS 3

62695

46003 F S 62695

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-D Registered No.

PLACE OF DEATH:
Baltimore City, Maryland
Street address 4940 Eastern Avenue
Hospital or institution:
Baltimore City Hospitals
Length of stay in hospital or inst. (yrs., mos., or days) 5 mo.
Length of stay in Baltimore (yrs., mos., or days) 7 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 629 N. Spring Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. FULL NAME Lydia Johnson

If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Widowed

(b) Name of husband or wife Jeff (d)
6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) 6/26/1878

AGE: Years 61 | Months 4 | Days 16 | If less than one day hr. min.

Birthplace Pennsylvania (Town, county, and state)
Usual Occupation Odd Jobs
Industry or business Unemployed

12. Name George Henry Lecount
13. Birthplace Maryland
14. Maiden Name Annie White
15. Birthplace Maryland

(a) Informant Records
(b) Address Baltimore City Hospitals

(a) Burial (Burial, cremation, or removal) (b) Date thereof 11/9/39 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location
(a) Funeral director Robert L. Young
(b) Address 804 W. Caroline St.

(a) (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-6 1939, at 1.45 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-26 1939, to 11-6 1939, and that I last saw her alive on 11-5 1939.

Immediate cause of death: Colloid carcinoma rectum — Duration: ?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. A. [illegible] M. D.
Address Balt. City Hosp. Date signed 11-6-39

VS 3

2696

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B

Registered No. F 62696

PLACE OF DEATH:
Baltimore City, Maryland
Street address 543 N. Fulton Ave.
Hospital or institution: _____

Length of stay in hospital or inst. (yrs., mos., or days) ✓
Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ✓
(c) City or town Baltimore - Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 543 N. Fulton Ave. (If rural give location)
If foreign born, how long in U. S. A.? _____ years

1. FULL NAME Frank B. Gibson.

If veteran, name war: None.

3. (c) Social Security Account No. None.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

(b) Name of husband or wife: Etta J. Gibson.
6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) June 7-1864.

AGE: Years 75 | Months 11 | Days 29 | If less than one day: hr. ✓ min.

8. Birthplace Kent Island, - Md. (Town, county, and state)

9. Usual Occupation Salesman
Industry or business Sewing Machines.

12. Name John W. Gibson.
13. Birthplace Md.
14. Maiden Name Elizabeth Bright.
15. Birthplace Kent Island - Md.

16. (a) Informant Mrs. Etta J. Gibson.
(b) Address 543 N. Fulton Ave.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 11/8/39. (month) (day) (year)
(c) Cemetery or crematory Stevensville Cemetery.
Location Stevensville - Md.

18. (a) Funeral director Charles J. Schwab.
(b) Address 505 N. Monroe St.

19. (a) _____ (b) _____
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 5 1939. at 5.30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 5 1939. to Nov. 5 1939. and that I last saw h m alive on Nov. 5 1939.

	Duration
Immediate cause of death: Coronary atherosclerosis	3 days
Due to: acute cardiac dilatation	2 hours
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Benjamin Keller M. D.
Address 2030 Willard Date signed

W. T. Galloway Director M. D. Asst. Dirs E. R. Blacklow Comm.

VS 3

V 49866 JS

626 97

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-B

Registered No. F 626 97

PLACE OF DEATH:
Baltimore City, Maryland
Balto. City Hospt.
Street address
Hospital or institution:

Length of stay in hospital or inst. (yrs., mos., or days)

Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 635 S. Patterson Park Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. FULL NAME Victor Klinkowski (KLIMKOWSKI)

If veteran, name war

3 (c) Social Security Account No. 216-07-2223

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced married

Name of husband or wife Carrie
6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) July 22 1884

AGE: Years 55 | Months 3 | Days 15 | If less than one day hr. min.

Birthplace Poland (Town, county, and state)

Usual Occupation Labor
Industry or business

12. Name Joseph
13. Birthplace Poland
14. Maiden Name Mary ?
15. Birthplace Poland

(a) Informant B. C. H. Records
(b) Address

17 (a) Holy Rosary Cem (b) Date thereof 11/9/39 (month) (day) (year)
(Burial, cremation, or removal)
(c) Cemetery or crematory Holy Rosary Cem
Location Baltimore County

18 (a) Funeral director John M. Welby
(b) Address 401 S. Chester St.

19 (a) (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH November 6 1939, at 6 50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 5 1939, to Nov. 6 1939, and that I last saw h-- alive on Nov. 6 1939.

Immediate cause of death Bronchopneumonia — Duration 2 weeks.

Due to

Due to

Other Conditions Carcinoma of the lung. — Duration unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy not done.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Murray Lalor M. D.
Address Balto City Hosp. Date signed 11-6-39

VS 3

62698 HEALTH DEPARTMENT—CITY OF BALTIMORE 62698

45847 SD

CERTIFICATE OF DEATH

Registered No. 15-34-95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME WILLIAM BROOKS

(a) Residence: No. 631 GoldStreet St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Separated

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary

DATE OF BIRTH (month, day, year) Oct. 3, ~~1866~~ 1874

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
~~72~~ 65	1	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd jobs

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Samuel Brooks

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Annie Mathews

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records

(Address) Baltimore City Hospitals

18. BURIAL, CREMATION, OR REMOVAL Place Mt Lair Cem. Date 11/8/39 19

19. UNDERTAKER Thomas J Kelin

(Address) 1303 Pussten St

20. FILED ....., 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 5 . 1939

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1939, to November 5, 1939

I last saw h.. alive on November 5, 1939. Death is said to have occurred on tha date stated above, at 12-25 A.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Heart disease — Date of onset unknown

Other contributory causes of importance:

Asystole

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) J McCaghuchlin M. D.

(Address) Balto City Hosp

62699

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 B

Registered No. F 62699

PLACE OF DEATH:
Baltimore City, Maryland
Street address 28 S Albemarle
Hospital or institution:

Length of stay in hospital or inst. (yrs., mos., or days)

Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 28 S Albemarle (If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 V

1. FULL NAME William Rudek
2. If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	

(b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

AGE: Years	Months	Days	If less than one day
79			hr. min.

8. Birthplace Germany (Town, county, and state)

9. Usual Occupation
Industry or business

12. Name
13. Birthplace
14. Maiden Name
15. Birthplace

(a) Informant
(b) Address

(a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location

(a) Funeral director
(b) Address

(a) (Date rec'd by registrar) (b) Registrar

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH October 31 1939, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Coronary thrombosis

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. B. Vandegrift M.D.
Medical Examiner

Date signed 11/1/39

700

F 62700

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C Registered No.

PLACE OF DEATH:
Baltimore City, Maryland
Street address 3006 Christopher Avenue
Hospital or institution:

Length of stay in hospital or inst. (yrs., mos., or days)
Length of stay in Baltimore (yrs., mos., or days) App. 30y

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 3006 Christopher Avenue (If rural give location)
(d) If foreign born, how long in U. S. A.? App. 30Yrs. years

1. (a) FULL NAME Margaret Beckman
(b) If veteran, name war ----
3 (c) Social Security Account No. ----
4. Sex female
5. Color or race White
6 (a) Single, married, widowed, or divorced Single
(b) Name of husband or wife -------
6 (c) If alive, give age years
Birth date of deceased (mo., day, yr.) August 28, 1858

AGE: Years	Months	Days	If less than one day
81	3	7	hr. min.

Birthplace Germany (Town, county, and state)
9. Usual Occupation Housekeeper at home
10. Industry or business

12. Name Peter Beckman
13. Birthplace Germany
14. Maiden Name Catherine Kraft
15. Birthplace Germany
16. (a) Informant Mrs Charles Enders
(b) Address 3006 Christopher Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 8, 1939 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem
Location Belair Rd.
18. (a) Funeral director Mary M. Micksfield
(b) Address 22nd & Greenmount Ave.
19. (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 5 1939, at 6 A M
21. I certify that death occurred on the date above stated, that I attended deceased from Oct 30 1939, to Nov 4 1939, and that I last saw h er alive on Nov 4 1939.

Immediate cause of death	Duration
Bronchio Pneumonia	7 days
Due to	
Due to	
Other Conditions Myocarditis Arteriosclerosis (Include pregnancy within 3 months of death)	5 yrs.

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Francis L. Dugan M. D.
Address 6077 Harf. Rd Date signed 11/7/39

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 62701

62701

PLACE OF DEATH:
Baltimore City, Maryland

Street address

Hospital or institution:
Church Home & Infirmary

Length of stay in hospital or inst. (yrs., mos., or days) 25 days

Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 727 N. Eutaw (If rural give location)

(e) If foreign born, how long in U. S. A.? 50 years

1. FULL NAME Frank Hauser

2. If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Clara M. Hauser

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Nov. 22, 1878

AGE: Years 0 Months 11 Days 10 If less than one day hr. min.

Birthplace Prague, Czechoslovakia (Town, county, and state)

Usual Occupation Post Office Clerk

Industry or business Post office

12. Name Joseph Hauser

13. Birthplace Prague

14. Maiden Name Marie Ludwig

15. Birthplace Prague

(a) Informant Mrs. Clara M. Hauser

(b) Address 427 N Eutaw St. Balto

(a) Burial (Burial, cremation, or removal) (b) Date thereof 11/7/39 (month) (day) (year)

(c) Cemetery or crematory Oak Hill

Location Horners Lane

(a) Funeral director Charles E. Schimunek.

(b) Address 2601-03 E. Madison St.

(a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 3 1939, at 12 31 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 9 1939 to Nov 2 1939, and that I last saw h/s alive on Nov. 2 1939.

Immediate cause of death	Duration
Bronchopneumonia, post-operative following	7 days
Due to Partial resection stomach + ant. end to side gastro-jejunostomy for	18 days
Due to Carcinoma stomach	1 year ?

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma, Stomach

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Isabella Ransom M. D.

Address Church Home & Infirmary Date signed Nov 3 '39

VS 3

62702

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

45-E Registered No. F 62702

PLACE OF DEATH:
Baltimore City, Maryland
Street address 1513 N. Register St.
Hospital or institution:

Length of stay in hospital or inst. (yrs., mos., or days)
Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1513 N. Register St (If rural give location)
If foreign born, how long in U. S. A.? years

1. FULL NAME John C. Holland
If veteran, name war
3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Bertha Holland
6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Jan. 12-1866

AGE: Years 73 | Months 9 | Days 24½ | If less than one day hr. min.

Birthplace Balto. Md. (Town, county, and state)

Usual Occupation Iron Worker
Industry or business

12. Name Henry Holland
13. Birthplace Germany
14. Maiden Name Mary Ann Thomas
15. Birthplace Balto. Md.

(a) Informant Carrie Berger
(b) Address 1300 N. Broadway

(a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 8/39 (month) (day) (year)
(c) Cemetery or crematory Emmanuel Cem.
Location Grinda Lane
(a) Funeral director John A. Miller
(b) Address 2254 Jefferson St

(a) (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 5 1939, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1938 to Nov 5 1939. and that I last saw him alive on Nov 5 1939.

Immediate cause of death: Carcinoma of tonsil with metastasis — Duration: about 2 yrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Biopsy Path. Lab. Frozen section. 6/38.
Of autopsy None.

PHYSICIAN
*Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Allen P. Silverthorn M. D.
Address 1939 The Belvedere Date signed 11/12/39

VS 3

62703

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

Registered No. F 62703

PLACE OF DEATH:
Baltimore City, Maryland
Street address or Hospital or institution: 419 N. Glover

Length of stay in hospital or inst. (yrs., mos., or days)
Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 419 N. Glover St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. FULL NAME Anna K. Scherer

1a. If veteran, name war

3. (c) Social Security Account No.

4. Sex F | 5. Color or race Wh | 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Philip Scherer

6. (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Sept. 11-1895

AGE: Years 44 | Months 1 | Days 24 | If less than one day hr. min.

Birthplace Balto. Md. (Town, county, and state)

11. Usual Occupation Housework
Industry or business

12. Name Wm. Kraft

13. Birthplace Balto Md.

14. Maiden Name

15. Birthplace Germany

16. (a) Informant Philip Scherer

(b) Address 419 N. Glover St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 8-39 (month) (day) (year)

(c) Cemetery or crematory Immanuel Lem.
Location Gwynn Oak Ave

18. (a) Funeral director John F. Miller
(b) Address 2534 Jefferson St

19. (a) Filed (Registrar) (b) Registered by (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH November 4 1939 at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death: Nephritis — Duration: over

Due to: Hypertension

Due to: Cerebral hemorrhage

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. B. Kraft M.D. Medical Examiner

Date signed 11/6/39

VS 1

HEALTH DEPARTMENT—CITY OF BALTIMORE 62704

2704

CERTIFICATE OF DEATH

Registered No. ....

1. PLACE OF DEATH Woman's Hospital
CITY OF BALTIMORE: (No. .... St. 14-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .... yrs. .... mos. 10 ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

If U. S. Veteran specify WAR ....

2. FULL NAME Alice Norfolk

(a) Residence: No. Ritters Lane Owings Mills St., ... Ward. Balto Co Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard E Norfolk

7. DATE OF BIRTH (month, day, year) Nov 19 1888

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
51	11	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home
10. Date deceased last worked at this occupation (month and year) x
11. Total time (years) spent in this occupation x

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME George Schwartz

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Emma Smith

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Richard E. Norfolk
(Address) Owings Mills Md

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 11/10/ 1939

19. UNDERTAKER Wm Cook
(Address) 1217 N. Paul St

20. FILED .... 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7 1939

22. I HEREBY CERTIFY, That I attended deceased from 10-26-39, 19.... to Nov 7, 1939
I last saw h 42 alive on Nov 7, 1939. Death is said to have occurred on the date stated above, at 6.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	10-25-39
Diabetes 2-39	

Other contributory causes of importance: Uremia, Peritonitis

Was an operation performed? Yes Date of Obstruction
For what disease or injury?
Name of operation Exploratory
What test confirmed diagnosis? .... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury .... 19....
Where did injury occur? .... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ....
If so, specify ....

(Signed) Richard H Nitkewicz M. D.
(Address) Hospital for the Women Md

F 62705

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B

F 62705 Registered No.

PLACE OF DEATH:
Baltimore City, Maryland
Street address 3502 Hillen St
Hospital or institution:

Length of stay in hospital or inst. (yrs., mos., or days)
Length of stay in Baltimore (yrs., mos., or days) all

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 831 S Paca St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. FULL NAME William White

(b) If veteran, name war None

3 (c) Social Security Account No. 216-10-8698

4. Sex Male | 5. Color or race White | 6 (a) Single, ~~married, widowed, or divorced~~ Single

(b) Name of husband or wife —

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr) Nov 15th 1886

AGE: Years	Months	Days	If less than one day: hr	min
52	11	21		

Birthplace Balto. Md. (Town, county, and state)

7. Usual Occupation Tile Layer
Industry or business Building

12. Name James R. White
13. Birthplace Unknown
14. Maiden Name Kate E. Switzer
15. Birthplace Balto Md.

(a) Informant Margaret Dean
(b) Address 831 S. Paca St

(a) Burial, ~~cremation or removal~~ Burial (b) Date thereof 11/9/39 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt Olivet
Location Balto Md.

18 (a) Funeral director William Bork
(b) Address 1217 St. Paul St

19 (a) (b) (Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH November 6 1939, at 9:20 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner
Date signed 11-6-39

62706

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62706 Registered No. 131

PLACE OF DEATH:
Baltimore City, Maryland

Street address
Hospital or institution: JOHNS HOPKINS HOSPITAL

Length of stay in hospital or inst. (yrs., mos., or days)

Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MD (b) County Balto DUNDALK

(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)

(d) Street No. 1900 TOLSON AVE. (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

1. FULL NAME ANNA M. BOYER

2. If veteran, name war —

3 (c) Social Security Account No. [illegible]

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: M

6 (b) Name of husband ~~or wife~~: John Boyer

6 (c) If alive, give age 2[illegible] years

7. Birth date of deceased (mo., day, yr.) 5-21-1915

8. AGE: Years 24 Months 5 Days 14 If less than one day: hr. ..... min.

9. Birthplace Balto MD (Town, county, and state)

10. Usual Occupation Housework

Industry or business At Home

12. Name John B. Martin

13. Birthplace MD

14. Maiden Name Ida Hunter

15. Birthplace MD

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 11/8/39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ London Park

Location Balto Md.

18 (a) Funeral director Wm Cook

(b) Address 1217 St. Paul St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 5 1939 at 1035 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 5 1939 to Nov. 5 1939.

and that I last saw her alive on Nov. 5 1939.

Immediate cause of death Sub-arachnoid hemorrhage — Duration 2 days

Due to Hypertension. — 4 yr.?

Due to Chronic nephritis. — 20 yr.?

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature WB McAllister Jr M. D.

Address Date signed Nov 6

VS 3

62707

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62707

93-C Registered No.

PLACE OF DEATH:
Baltimore City, Maryland
Street address 426 E. 22nd ST
Hospital or institution:

Length of stay in hospital or inst. (yrs., mos., or days)

Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
Street No. 426 E. 22nd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. FULL NAME Edith C. Cook

If veteran, name war —

3 (c) Social Security Account No. 208F

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

(b) Name of husband or wife —

6 (c) If alive, give age — years

Birth date of deceased (mo., day, yr.) Oct 15 1870

AGE: Years 69 | Months 0 | Days 22 | If less than one day: hr. min.

Birthplace Balto Md (Town, county, and state)

Usual Occupation House Keeper
Industry or business

12. Name Robt A. Cook
13. Birthplace Balto Md.
14. Maiden Name Olivia Shrock
15. Birthplace Balto Md
(a) Informant Lula Cook
(b) Address 1534 Linden Ave
(a) Burial (b) Date thereof Nov 9th 1939 (month) (day) (year)
(c) Cemetery Greenmount
Location Balto Md
(a) Funeral director William Cook
(b) Address 217 St. Paul St

(a) (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 7th 1939, at 6 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 6 1939, to Nov 7 1939, and that I last saw her alive on Nov 6 1939.

Immediate cause of death	Duration
Myocardial Insufficiency	8 hrs
Cerebral Arteriosclerosis	1 month
Due to Myocarditis	
Due to Arteriosclerosis	3 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas J. Hutchins M. D.
Address 502 E 22nd St Date signed 11-7-39

VS 3

62708 HEALTH DEPARTMENT—CITY OF BALTIMORE E 62708

CERTIFICATE OF DEATH √ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St. 5-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Rebecca Chesley

(a) Residence: No. 1717 N. Colborn St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col.	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

DATE OF BIRTH (month, day, year) 3/1/1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	8	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 40 yrs.

12. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md

13. NAME Laura Chesley

14. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md

15. MAIDEN NAME Nellie Edmonds

16. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md

17. INFORMANT Maud Chesley
(Address) 1502 N. Stricker St.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Peters Cem Date 11/8 1937

19. UNDERTAKER Wm. Geo. H. Holland
(Address) 1631 Druid Hill Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 5 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-11 1937 to 11-5 1937

I last saw her alive on 11-5 1937 Death is said to have occurred on the date stated above, at 1:45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal Disease	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. H. Butler M. D.

(Address) 1500 Eutaw Place

62709

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62709 Registered No. 179-a

PLACE OF DEATH:
Baltimore City, Maryland ✓
Street address
Hospital or institution: Sydenham Hospital
Length of stay in hospital or inst. (yrs., mos., or days) 2 days
Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1827 S. Charles St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

1. FULL NAME Edward Calvin Horney
(b) If veteran, name war —
3. (c) Social Security Account No. —
4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Single
(b) Name of husband or wife —
(c) If alive, give age years
Birth date of deceased (mo., day, yr.) Dec. 10, 1937
AGE: Years 1 Months 10 Days 23 If less than one day hr. min.
Birthplace Baltimore, Md. (Town, county, and state)
11. Usual Occupation —
Industry or business —
12. Name Calvin Aaron Horney
13. Birthplace Baltimore, Md.
14. Maiden Name Ella Goldstraw
15. Birthplace Baltimore, Md.
(a) Informant Mother
(b) Address 1827 S. Charles St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/9/39 (month) (day) (year)
(c) Cemetery or crematory Sinai
Location
18. (a) Funeral director J. J. McGinley
(b) Address 130 S. Front St.
19. (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 7 1939, at 2:35 M
21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 5 1939. to Nov. 7 1939. and that I last saw him alive on Nov. 7 1939.

Immediate cause of death Pneumococcal Meningitis — Duration 4 days
Due to Pneumococcus Type XXI
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Meningitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Jacob Schiff Light, M.D.
Address Sydenham Hospital Date signed 11-7-39.

VS 3

D. P. 1268-9

62710

F 62710

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 867 W Lexington St., 18th Ward)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lena Howard

(a) Residence: No. 867 W Lexington St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	widowed

6. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of Frank Howard

7. DATE OF BIRTH (month, day, year) October 30, 1863

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	—	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation all

12. BIRTHPLACE (city or town) (State or country) Cambridge md

13. NAME Nathaniel Mobrey

14. BIRTHPLACE (city or town) (State or country) Cambridge md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Cambridge md

17. INFORMANT Robert Henry Howard

(Address) 867 W Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Nov. 9. 1939

19. UNDERTAKER Mrs Frances A. Hemsley

(Address) 578 N. Bridale St.

20. FILED 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11.6.39 19

22. I HEREBY CERTIFY, That I attended deceased from 4.14.38 19 to 11.6.39 19

I last saw her alive on 11.6.39 19 Death is said to have occurred on the date stated above, at 11 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	about 2.1.39

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? ~~Autopsy~~ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) James M. Carr M. D.

(Address) 400 N. Carrollton Ave

62711

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

47-B Registered No. F 62711

PLACE OF DEATH:
Baltimore City, Maryland

Street address

Hospital or institution:
Md. Gen. Hosp.

Length of stay in hospital or inst. (yrs., mos., or days) 9 days

Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 2107 Longwood St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years

1. FULL NAME Mr. John J. Von Hagel

(b) If veteran, name war No

(c) Social Security Account No. 212-03-8078

3. Sex Male | 4. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

(b) Name of husband or wife Anna F. Von Hagel

6 (c) If alive, give age 46 years

Birth date of deceased (mo., day, yr.) Dec 25, 1883

AGE: Years 55 | Months 10 | Days 11 | If less than one day hr. min. 12

Birthplace Balto Md. (Town, county, and state)

Usual Occupation Glass Worker

Industry or business Woodell Bros.

12. Name George Von Hagel

13. Birthplace Germany

14. Maiden Name Sophia Tyde

15. Birthplace Pa

(a) Informant Anna F. Von Hagel

(b) Address 2107 Longwood

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 9. 1939 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Balto City

18 (a) Funeral director Mr. & Mrs. John H. Geipel & Son

(b) Address 801 W. Fayette St.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/6 1939. at 8.05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 10/28 1939. to 11/6 1939.

and that I last saw him alive on 11/6 1939.

Immediate cause of death

Myocardial failure

Due to Carcinoma of lung

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Carcinoma Rt lung

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Edward J. Kassman M. D.

Address Md. Gen. Hosp. Date signed 11/7/39

VS 3

12

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 62712

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 14-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Life

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Margaret Carter

(a) Residence: No. 1833 Madison Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Phillip Carter 1865

DATE OF BIRTH (month, day, year) May 1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Carter Address Same.

(Address) 1833 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery Date Nov 8 1939

19. UNDERTAKER Mrs P. A. Elliott-Daughter

(Address) 429 N. Carrollton Ave

20. FILED NOV 8 - 1939 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 5 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 24 19 39 to Nov. 4 19 39

I last saw h alive on Nov. 4 1939 Death is said to have occurred on the date stated above, at 8:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
cerebral Apoplexy	11-4-39

Other contributory causes of importance:

myocarditis

Was an operation performed? yes Date of 10-24-39

For what disease or injury? Fracture of left humerus

Name of operation reduction of fracture

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury Oct. 22 1939

Where did injury occur? 1833 Madison Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury Fell down one step

Nature of injury Fracture anatomical neck left humerus.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Bernard Harris M. D.

(Address) 1807 N Carrollton Ave

Health Office, Baltimore, Md.

O. K. W. H. Vandercuft

F 62713

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C Registered No.

PLACE OF DEATH:
Baltimore City, Maryland

Street address Wyman Park Drive and 31st St.
Hospital or institution:
U. S. Marine Hospita, Baltimore, Md.

Length of stay in hospital or inst. (yrs., mos., or days) 18 da.

Length of stay in Baltimore (yrs., mos., or days) 35 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)

(d) Street No. 120 S. Bouldin St.
(If rural give location)

(e) If foreign born, how long in U. S. A.? 35 years years

1. FULL NAME Ludwig Kaiser

If veteran, name war SAW

3 (c) Social Security Account No. ✓

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Widowed

(b) Name of husband or wife Josephine Kessler

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Oct. 26, 1865

AGE: Years 73 | Months 0 | Days 11 | If less than one day: hr. min.

Birthplace Voelkerhausen, Germany
(Town, county, and state)

Usual Occupation Male Nurse
Industry or business Nursing

12. Name Johannes Kaiser

13. Birthplace Germany

14. Maiden Name Anna Barbara Schumacher

15. Birthplace Voelkerhausen, Germany

(a) Informant Records-U. S. Marine Hospita,

(b) Address Baltimore, Maryland.

Burial — Nov 8/39

(a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Cemetery or crematory Lorraine Sunday

Location Balto. Md.

(a) Funeral director John Crutchett Sons

(b) Address 1900 Eutaw Place

(a) (b) Registrar

(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 7, 1939, at 4:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 19, 1939, to Nov. 7, 1939, and that I last saw him alive on Nov. 7, 1939.

	Duration
Immediate cause of death: Coronary closure; chronic fibrous myocarditis	Unknown
Due to	
Due to	
Other Conditions: Generalized arterio-sclerosis (Include pregnancy within 3 months of death)	Unknown

Major findings:
Of operations

Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. M. N. Andrews M. D.

Address U. S. Marine Hospital Baltimore, Md. Date signed 11/7/39

VS 3

2714 HEALTH DEPARTMENT—CITY OF BALTIMORE F 62714

CERTIFICATE OF DEATH ✓ 47-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital 19-1 Ward)

Length of residence in city or town where death occurred 13 yrs. mos. da. How long in U. S. if of foreign birth? 13 yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Rose Rice

(a) Residence: No. 401 N. Stricker St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: Dave

6. DATE OF BIRTH (month, day, year)

AGE: Years 75 | Months | Days | If LESS than 1 day, hrs. or min.

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House work

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country): Russia

12. NAME: Harry

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Ida

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Hyman Rice

(Address): 401 N. Stricker

18. BURIAL, CREMATION, OR REMOVAL

Place: Rosedale Date: 11-8-39

19. UNDERTAKER: Jas. Lewis Inc.

(Address): 1439 E. Balto St.

20. FILED ..... 19.. Registrar.

GKY

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11-8, 1939

22. I HEREBY CERTIFY, That I attended deceased from 10-26, 1939, to 11-8, 1939

I last saw her alive on 11/8, 1939. Death is said to have occurred on the date stated above, at 7:40A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ca 2 Lung	
Cachexia	
Other contributory causes of importance: Transverse Myelitis	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) W. Pushkin M. D.

(Address) Sinai Hospital

2715

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62715

Registered No.

PLACE OF DEATH:
Baltimore City, Maryland

Street address 4940 Eastern Ave.

Hospital or institution:
Balto. City Hospitals

Length of stay in hospital or inst. (yrs., mos., or days) 46 da.

Length of stay in Baltimore (yrs., mos., or days) 28 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 1125 Whatcout St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(48547)

1. FULL NAME Clarence Dean

1. If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race Colored

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 7, 1911

AGE: Years 28 | Months 4 | Days 30 | If less than one day hr. min.

8. Birthplace Md. (Town, county, and state)

9. Usual Occupation Porter

Industry or business Cafe Store

12. Name Walter

13. Birthplace Md.

14. Maiden Name Margaret Wilson

15. Birthplace Md.

(a) Informant Hospital Records

(b) Address

(a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 8th 39 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location Mt Winans

(a) Funeral director Ashby & Wilson

(b) Address 1000 Brantley ave

(a) (b) Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH November 6, 1939, at 9:16 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 21, 1939 to Nov. 6, 1939, and that I last saw him alive on Nov. 6, 1939.

Immediate cause of death Tuberculosis of Lungs — Duration 46 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible] M. D.

Address Balto. City Hospitals Date signed 11-7-39

VS 3

16

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 62716

CERTIFICATE OF DEATH

157-A

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St. 20-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 24 da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran Army WAR

2. FULL NAME Irene Dixon

(a) Residence: No. Bon Secours Hospital St. 20 Bonfast Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept 14, 1939

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	24	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Irvin J. Dixon

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Bernadette M Eastwell

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mr Irvin J. Dixon

(Address) 20 Bonfast Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Ca Date 11, 8, 39

19. UNDERTAKER John J. Cowan & Son

(Address) 901 Baltimore St.

20. FILED 19 Registrar.

Nov 8 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1939 to Nov. 7, 1939

I last saw h[illegible] alive on Nov. 7, 1939 Death is said to have occurred on the date stated above, at 8:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Spina Bifida	
Hydrocephalus	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) William J. McClafferty M. D.

(Address) Bon Secours Hospital

F 62717

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B

Registered No. F 62717

PLACE OF DEATH:
Baltimore City, Maryland -
Street address 334 Calvert.
Hospital or institution:
Un. Memorial Hosp.

Length of stay in hospital or inst. (yrs., mos., or days) 50 days.
Length of stay in Baltimore (yrs., mos., or days) 44 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 622 N. Hilton Street. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

1. FULL NAME Mr. Carroll D. Cook.
If veteran, name war -
3 (c) Social Security Account No. 212-01-2296

Sex M.
5. Color or race Wh -
6 (a) Single, married, widowed, or divorced. ~~married~~
(b) Name of husband or wife ~~Mrs. Lenora D. Cook.~~
6 (c) If alive, give ~~age~~ years

Birth date of deceased (mo., day, yr.) ~~Feb. 15, 1895~~

AGE: Years	Months	Days	If less than one day
44	8	19	hr. min.

Birthplace Baltimore, Md. (Town, county, and state)
Usual Occupation Supervisor.
Industry or business A. & P. Co.
12. Name Mr. Charles Cook (d)
13. Birthplace Baltimore Md.
14. Maiden Name Ellen Bowers (d)
15. Birthplace Maryland.
(a) Informant Mrs. Robert Frieschmann
(b) Address 622 N. Hilton St.
(a) Burial (Burial, cremation, or removal) (b) Date thereof 11/8/39 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location Frederick Rd.
(a) Funeral director Wm. F. Little
(b) Address 4101 Edmondson Ave.
(a) (b) Registrar
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov-4 1939, at 11 50 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 15 1939. to Nov. 4 1939. and that I last saw him alive on Nov 4 1939.

	Duration
Immediate cause of death Peripheral Collapse	2 HOURS
Due to Coronary thrombosis ~~Pneumonia~~	7 weeks
Due to Blocked Pneumonia Empyema - Bilateral	1 week
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature S. D. Sunday M.D.
Address Union Memorial Hospital Signed 11/8/39

2718

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

F 62718

Registered No.

PLACE OF DEATH:
Baltimore City, Maryland
Street address 6207 Biltmore Ave.
Hospital or institution:

Length of stay in hospital or inst. (yrs., mos., or days)
Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 2412 Linden Ave., (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

1. FULL NAME Max Zinser,

3. If veteran, name war | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

7. Name of husband or wife Esther Zinser
6 (c) If alive, give age 50 years

8. Birth date of deceased (mo., day, yr.) May 1877

AGE: Years 62 | Months 6 | Days | If less than one day hr. min.

9. Birthplace Germany. (Town, county, and state)

10. Usual Occupation Retired Grocer
11. Industry or business

12. Name Adolph Zinser
13. Birthplace Germany

14. Maiden Name Clementine Newberger
15. Birthplace Germany

16. (a) Informant Mrs. M. Zinser
(b) Address 2412 Linden Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/10/39. (month) (day) (year)
(c) Cemetery or crematory Balto. Hebrew
Location Belgrade Ave & Garrison Blvd

18. (a) Funeral director David Goodstein & Son
(b) Address 1902 Eutaw Place

19. (a) (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 8th. 19 39, at 4:15 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 30 1936, to October 30 1939, and that I last saw him alive on Oct. 20, 1939.

Immediate cause of death Cardiac Collapse - Possible Coronary Occlusion — Duration
Due to Arteriosclerotic C-V-R Disease & Hypertension
Due to Coronary Disease.

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature. M. N. Zinser M. D.
Address 2420 Eutaw Pl. Date signed 11/9/39.
Howard J. Malone M. D.
Chief Medical Examiner

VS 3

2719
870083

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 62719
Registered No. .....

PLACE OF DEATH:
Baltimore City, Maryland

Street address .....
Hospital or institution:
JOHNS HOPKINS HOSPITAL

Length of stay in hospital or inst. (yrs., mos., or days) 18

Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:

(a) State MD (b) County Balto

(c) City or town TOWSON
(If outside city or town limits, write RURAL and give town)

(d) Street No. 206 E PENNSYLVANIA AVE
(If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

1. FULL NAME William Riley

(a) If veteran, name war .....

3 (c) Social Security Account No. .....

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced MARRIED

(b) Name of husband or wife MARY

6 (c) If alive, give age ..... years

Birth date of deceased (mo., day, yr.) 4-3-86

AGE: Years 53 | Months 7 | Days 2 | If less than one day ..... hr. ..... min.

Birthplace MD (Town, county, and state)

Usual Occupation Laborer

Industry or business Balto. Co. Highway

12. Name Theodore Riley

13. Birthplace MD.

14. Maiden Name Katie Ornes

15. Birthplace MD

(a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

(a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 9th 1939 (month) (day) (year)

(c) Cemetery or crematory Mount Imarie

Location Towson Md.

(a) Funeral director Frederick Lassahn Sons

(b) Address 7401 Belair Road

(a) ..... (b) ..... Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 5 1939, at 905 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 17 1939, to Nov 5 1939, and that I last saw him alive on Nov 5 1939.

Immediate cause of death Chronic Rheumatic heart disease with mitral and aortic stenosis and insufficiency.

Due to Generalized arteriosclerosis

Due to .....

Other Conditions Azotemia

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy Confirmatory

Duration ? years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury .....

23. Signature WP Macallister M. D.

Address Johns Hopkins Hosp. Date signed 11-6-39

VS 3

F 62720

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B

F 62720 Registered No.

PLACE OF DEATH:
Baltimore City, Maryland
Street address 644 Harvey St
Hospital or institution:

Length of stay in hospital or inst. (yrs., mos., or days) 24 H
Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 644 Harvey St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. FULL NAME ARTHUR SMITH

(a) If veteran, name war: World

3. (c) Social Security Account No. 213-01-2150

4. Sex M

5. Color or race White

6. (a) Single, married, widowed, or divorced: Married

(b) Name of husband or wife: Rose Smith

(c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) Oct, 19; 1895

AGE: Years 44 | Months | Days 18 | If less than one day: hr | min

8. Birthplace Baltimore Md. (Town, county, and state)

9. Usual Occupation Foreman
Industry or business Platt Paper Corp.

12. Name John Smith
13. Birthplace England
14. Maiden Name Not Known
15. Birthplace England

16. (a) Informant Mrs. Rose Smith
(b) Address 644 Harvey St.

17. (a) Burial (Burial, cremation, or removal)
(b) Date thereof Nov. 9, 1939 (month) (day) (year)
(c) Cemetery or crematory Baltimore Nat.
Location Frederick Rd.

18. (a) Funeral director Leland F. Hoffman
(b) Address 2723 E. Preston St.

19. (a) Date received by registrar (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH November 6 1939, at 6 AM 55

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to Atherosclerosis	
Due to	
Other Conditions Acute alcoholism	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H L Wallenmeier M.D. Medical Examiner
Date signed Nov 6th, 1939

F 62721

2721

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B Registered No.

PLACE OF DEATH:
Baltimore City, Maryland
Street address 2816 Hamilton Ave.
Hospital or institution:

Length of stay in hospital or inst. (yrs., mos., or days)
Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2816 Hamilton Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. FULL NAME FANNIE B. MARKS.

If veteran, name war | 3. (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

(b) Name of husband or wife Thomas Marks.
(c) If alive, give age years

Birth date of deceased (mo., day, yr.) July 16, 1857

AGE: Years	Months	Days	If less than one day
82	3	21	hr. min.

Birthplace Maryland (Town, county, and state)

Usual Occupation At home
Industry or business

12. Name William Hultz
13. Birthplace Baltimore, Md.
14. Maiden Name Don't know
15. Birthplace Don't know
(a) Informant Miss Pearl McGriffin
(b) Address 2816 Hamilton Ave.
(a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 3, 1939 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.
(a) Funeral director John Ulrich
(b) Address 2018 Edmondson

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 7, 1939, at 1.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1938 to Nov 7 1939 and that I last saw her alive on Nov. 7 1939.

Immediate cause of death Broncho Pneumonic. — Duration 2½ wks.
Due to Chronic Bronchitis. — Years
Due to Senility.
Other Conditions Hypertension Cardio Vascular Disease. — Years.
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury —

23. Signature James E. White. M. D.
Address 5214 Harford Rd. Date signed 11/8/39.

VS 3

62722

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 F 62722

PLACE OF DEATH:
Baltimore City, Maryland
Street address 713 N Chester St
Hospital or institution:

Length of stay in hospital or inst. (yrs., mos., or days)
Length of stay in Baltimore (yrs., mos., or days) 66

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 713 N Chester St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. FULL NAME Blanche L. Gutherie.
3. (a) If veteran, name war (c) Social Security Account No.
4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
(b) Name of husband or wife Barkard Gutherie
(c) If alive, give age years
Birth date of deceased (mo., day, yr.) July 24 1873 If less than one day hr min.
AGE: Years 66 Months 3 Days 13
Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation
Industry or business At home 0037
12. Name Presley Carter
13. Birthplace Va
14. Maiden Name Annie Hutt
15. Birthplace Va
16. (a) Informant Miss Alice Gutherie.
(b) Address 713 N Chester St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 9 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore
18. (a) Funeral director John Ullrich
(b) Address 200 Cheapside
19. (a) (b) Registrar (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 6 1937, at 8 A M
21. I certify that death occurred on the date above stated, that I attended deceased from Oct 29 1937, to Nov 6 1937, and that I last saw her alive on Nov 6 1937.

	Duration
Immediate cause of death Acute Cardiac Dilatation - Pulmonary Edema	Nov 7 37
Due to Angina Pectoris	
Due to Arterio Sclerosis	
Due to Hypertension	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Alvin B Lerman M. D.
Address 718 N. Patterson Park Ave Date signed

VS 3

62723

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a

Registered No. F 62723

PLACE OF DEATH:
Baltimore City, Maryland
Street address 1633 N Bond St
Hospital or institution

Length of stay in hospital or inst. (yrs., mos., or days)
Length of stay in Baltimore (yrs., mos., or days) 77

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1633 N Bond St (If rural give location)
8 6
(e) If foreign born, how long in U. S. A.? years

1. FULL NAME Emma A Renz

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex female

5. Color or race White

6 (a) Single, married, widowed, or divorced Widowed

(b) Name of husband or wife Gerhard Renz

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 6 - 1862

AGE: Years 77 Months 10 Days — If less than one day hr. min.

8. Birthplace Baltimore (Town, county, and state)

9. Usual Occupation
Industry or business or Lawyer

12. Name Nehlberg

13. Birthplace Germany

14. Maiden Name Augusta Rutsack

15. Birthplace Germany

16. (a) Informant Mrs Antonia Apitz

(b) Address 1633 N Bond St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 9th 39 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore

18. (a) Funeral director John Ulrich

(b) Address 2002 Eutaw St

19. (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 6, 1939 at 2:10 P M

21. I certify that death occurred on the date above stated, that I attended deceased from Oct. 30, 1932 to Nov. 6, 1939, and that I last saw her alive on Nov. 5, 1939.

Immediate cause of death Cerebral Hemorrhage — Duration 5 days.

Due to Arteriosclerosis — 5 yrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward Engelmann M. D.

Address 1613 E. North Ave Date signed Nov 6 39

VS 3

F 62724

2724 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) W. Baltimore Int Hosp (St.) 16-7 (Ward)

Length of residence in city or town where death occurred 47 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds. Color or Race (specify WAR) ...

2. FULL NAME Mrs Daisy Colebourn Elizabeth Colebourn

(a) Residence: No. 3000 Prestman St., ... St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

If ~~married~~ widowed, ~~or divorced~~ (or) WIFE of Clarence S. Colebourn

DATE OF BIRTH (month, day, year) Sept 12 1880

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	1	25	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) Nov 1933

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Alexander Gibson

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Susan Harris

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Margaret Cobb

(Address) 3000 Prestman St

18. BURIAL, CREMATION, OR REMOVAL Lexington National Cemetery Inc 11/10/1939
Place

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ... 19... Registrar.

NOV 8 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-7-1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 28 1939 to Nov 7 1939

I last saw her alive on Nov 7 1939 Death is said to have occurred on the date stated above, at 4:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	1910
Hypostatic Broncho-pneumonia	11-5-39

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Wm Ebert M. D.

(Address) W 1234

LAG

✓ F 62725

2725

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4117 Park Heights Ave St., 15-13 Ward)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rosa Falise

(a) Residence: No. 4117 Park Heights Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

6. If married, widowed, or divorced: HUSBAND of (or WIFE of) Rosario Falise

7. DATE OF BIRTH (month, day, year) Sept 27-1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	1	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Diego Valenzia

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Concetta Fortitta

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Anna Lepetti

(Address) 4117 Park Heights Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Nov 9 1939

19. UNDERTAKER Wm H Poggi

(Address) 440 E Monument

20. FILED 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 6 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 13 1939 to Nov 6 1939

I last saw her alive on Nov 6 1939 Death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	
Other contributory causes of importance: Exhaustion	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Luigi L Di Stefano M. D.

(Address) 407 E. Eager St

62726

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-D

F 62726

Registered No.

PLACE OF DEATH:
Baltimore City, Maryland

Street address
Hospital or institution: Md. Gen. Hosp.

Length of stay in hospital or inst. (yrs., mos., or days)

Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 1800 Walbrook Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

1. FULL NAME Alonzo L. French

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

(b) Name of husband or wife: Susie A. French

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Nov. 6-1862

AGE: Years 77. Months Days 1 If less than one day: hr min.

Birthplace Baltimore Md. (Town, county, and state)

Usual Occupation: Retired

Industry or business

12. Name: Richard French.

13. Birthplace: Balto Md

14. Maiden Name: Unknown

15. Birthplace: Cecil Co. Md.

(a) Informant: Mrs. Susie A. French

(b) Address: 1800 Walbrook Ave

(a) Burial (Burial, cremation, or removal) (b) Date thereof 11/9/39 (month) (day) (year)

(c) Cemetery or crematory: St Marys

Location: Balto. Md.

(a) Funeral director: Mamie Cooke Snyder

(b) Address: 1600 West North Ave

(a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/7 1939. at 7:55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/25 1939. to 11/7 1939.

and that I last saw him alive on 11/7 1939.

Immediate cause of death: Myocardial failure

Due to: Carcinoma of rectum.

Due to

Other Conditions: Metastasis to lung + liver. (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Ca of rectum.

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature: Edward L. Glassman M.D.

Address: Md Gen Hosp Date signed 11/21/39

VS 8

✓ F 62727

2727

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 543 Harlem Ave Ward)

Length of residence in city or town where death occurred 43 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR World War

2. FULL NAME John E. Anderson

(a) Residence: No. 543 Harlem Avenue Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

6. If married, widowed, or divorced: HUSBAND of Sarah Anderson

DATE OF BIRTH (month, day, year) Sept. 7, 1896

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	1	30	1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P & P

10. Date deceased last worked at this occupation (month and year) 11-3-37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chestertown, Md.

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Chestertown, Md.

17. INFORMANT Sarah Anderson

(Address) 1206 Argyle Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place National Cemetery Date Nov 9, 1937

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N Schroeder St.

20. FILED NOV 8 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1937, to Nov. 6, 1937

I last saw him alive on Nov. 6, 1937. Death is said to have occurred on the date stated above, at 2:30 P.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 11-5-37

Hypertension — ?

Fatty degeneration

Other contributory causes of importance:

Bronchitis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Walter Downing Jr. M. D.

(Address) 201 N. Carey Street

2728

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-0

Registered No. F 62728

PLACE OF DEATH:
Baltimore City, Maryland
Street address 1023 Sarah Ann St
Hospital or institution:

Length of stay in hospital or inst. (yrs., mos., or days)

Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1023 Sarah Ann St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. FULL NAME James E Green
If veteran, name war
3. (c) Social Security Account No.

4. Sex M | 5. Color or race Col | 6. (a) Single, married, widowed, or divorced widow

7. Name of husband or wife Elizabeth Green
6. (c) If alive, give age years

8. Birth date of deceased (mo., day, yr.)

AGE: Years 75 | Months | Days | If less than one day hr. min

9. Birthplace Centreville, Md (Town, county, and state)

10. Usual Occupation none
Industry or business

12. Name William Green
13. Birthplace Centreville, Md
14. Maiden Name Elizabeth
15. Birthplace Centreville, Md

(a) Informant Nannie Evans
(b) Address 924 Penn St

(a) (Burial, cremation, or removal)
(b) Date thereof Nov 9, 1939 (month) (day) (year)

(c) Cemetery or crematory Mt. Zion
Location

(a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St

(a) (Date rec'd by registrar) Nov 9 1939 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 6 1939, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D
Medical Examiner
Date signed 11-6-39

VS 6

2729) HEALTH DEPARTMENT—CITY OF BALTIMORE F 62729

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 721 H St., 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Woodward

If U. S. Veteran specify WAR

(a) Residence: No. 721 Pierce St. St., Ward. B2
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, year) November 1, 1939

AGE Years	Months	Days	If LESS than 1 day, 10 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Eugene Woodward

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary Holland

16. BIRTHPLACE (city or town) (State or country) Washington, D.C.

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date NOV 8 - 1939

19. UNDERTAKER COMMISSIONER OF Health

(Address) Per W. A. Moore

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from November 1, 1939 to November 1, 1939

I last saw him alive on November 1, 1939 Death is said to have occurred on the date stated above, at 3 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) Johns Hopkins Hospital

5156

F 62730

62730

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 94 B

PLACE OF DEATH:
Baltimore City, Maryland

Street address

Hospital or institution: Church Home & Infirmary

Length of stay in hospital or inst. (yrs., mos., or days) 12

Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3132 Keswick Road (If rural give location)

(e) If foreign born, how long in U. S. A.? ——— years

1. FULL NAME Mrs. Clifford Tracey

If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

Name of husband or wife: Mrs Mary M Tracy

6 (c) If alive, give age? years

Birth date of deceased (mo., day, yr.) April 11, 1900

AGE: Years 39 | Months 7 | Days 26 | If less than one day ___ hr. ___ min.

Birthplace Baltimore, Maryland (Town, county, and state)

Usual Occupation Fireman

Industry or business

12. Name Richard Samuel Tracy

13. Birthplace Baltimore, Maryland

14. Maiden Name Ada B. Nelson

15. Birthplace Baltimore, Maryland

(a) Informant Mrs Mary M Tracy

(b) Address 3132 Keswick Road

(a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 9 '39 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Baltimore Md.

(a) Funeral director Frank H Leary

(b) Address 1111 N Eutaw St.

(a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH November 6 1939, at 11:35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 10-29-1939, to 11-6-1939, and that I last saw h[illegible] alive on 11-6-1939.

	Duration
Immediate cause of death Coronary thrombosis due to arteriosclerosis	3-4 weeks
Due to Embolism in left iliac art.	16 days.
Due to Propagating thrombus in abdominal aorta	14 days.
Other Conditions Gangrene of both lower extremities	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Coronary thrombosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature A B Compton M. D.

Address Church Home & Inf. Date signed Nov. 6, '39

Bessie T Contee

62731

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46

Registered No. F 62731

PLACE OF DEATH:
Baltimore City, Maryland
Street address 509 W Gilmor St
Hospital or institution

Length of stay in hospital or inst. (yrs., mos., or days)
Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 509 W Gilmor St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. FULL NAME BESSIE TUNSTALL (CANTOR) (CONTEE)

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex female
5. Color or race colored
6 (a) Single, married, widowed, or divorced Married

7. Name of husband or wife Andrew Contee
6 (c) If alive, give age years

8. Birth date of deceased (mo., day, yr)

AGE: Years	Months	Days	If less than one day hr	min
43				

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation at home
Industry or business
12. Name James Tunstall
13. Birthplace Va
14. Maiden Name Bettie Lewis
15. Birthplace Va
16. (a) Informant Bettie Tunstall
(b) Address 509 N. Gilmor St
17. (a) (Burial, cremation, or removal)
(b) Date thereof Nov. 9-39 (month) (day) (year)
(c) Cemetery or crematory Laurel
Location
18. (a) Funeral director James A Hayes
(b) Address 1142 W Fairfield St
19. (a) (Date received by registrar)
(b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 5th 1939, at 7 30 Ⓐ M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death: Carcinoma of uterus — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy metastases to lymph nodes

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H L Wollenweber — M.D.
Medical Examiner
Date signed Nov 6, 1939

V8 6

49890 - RB

62732

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

98 Registered No. F 62732

PLACE OF DEATH:
Baltimore City, Maryland

Street address 4940 Eastern Ave.

Hospital or institution:
Baltimore City Hospitals

Length of stay in hospital or inst. (yrs., mos., or days) 1 day

Length of stay in Baltimore (yrs., mos., or days) 64 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 645 S. Lakewood Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? 64 yrs. years

FULL NAME George Aull

If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

(b) Name of husband or wife

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) July 3, 1874

AGE: Years	Months	Days	If less than one day
65	4	4	hr. min.

Birthplace Germany (Town, county, and state)

Usual Occupation Odd Jobs

Industry or business Unemployed

12. Name Florian Aull (dead)

13. Birthplace Germany

14. Maiden Name Theresa ? (dead)

15. Birthplace Germany

(a) Informant Records

(b) Address B.C.H.

(a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 10/39 (month) (day) (year)

(c) Cemetery or crematory Sacred Heart. Cem

Location German Hill Rd.

(a) Funeral director Lilly & Zeilenhe

(b) Address 403 S. Wolfe St.

(a) (b) (Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-7 1939. at 3A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-6 1939 to 11-7 1939. and that I last saw h[illegible] alive on 11-6 1939.

Immediate cause of death	Duration
Bronchopneumonia	few days
Due to Gangrene and cellulitis left	few weeks
Due to Arterio sclerosis	?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature L. K. Woodward Jr. M. D.

Address Balto City Hosp. Date signed 11-7-39

F 62733

62733

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B

Registered No.

PLACE OF DEATH:
Baltimore City, Maryland
Street address 821 George St
Hospital or institution

Length of stay in hospital or inst. (yrs., mos., or days)
Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 821 George St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. FULL NAME WILLIAM CLASH

3. (a) If veteran, name war (c) Social Security Account No.

4. Sex M | 5. Color or race white colored | 6. (a) Single, married, widowed, or divorced Separated.

(b) Name of husband or wife Ella Clash.

6. (c) If alive, give age years

Birth date of deceased (mo., day, yr.)

AGE: Years 43 | Months | Days | If less than one day: hr min

Birthplace Cambridge Md. (town, county, and state)

Usual Occupation
Industry or business

12. Name of father Archer Clash
13. Birthplace of father Cambridge Md
14. Maiden Name of mother Susan Dreshields.
15. Birthplace of mother Cambridge Md

(a) Informant Norman Clash
(b) Address 636 Perkins Ave

(c) Burial, cremation, or removal (b) Date thereof Nov 8, 1939 (month) (day) (year)

(a) Cemetery or crematory Mt. Zion Cemetery
Location

(a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St.

(c) Filed (Date received) 1939 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 5 1939, at 12 30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary thrombosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H & L Wallenmeier M.D. Medical Examiner.

Date signed Nov 6th, 1939

Registrar

62734

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

205 E

Registered No. F 62734

PLACE OF DEATH:
Baltimore City, Maryland
Street address South Baltimore
Hospital or institution: General Hospital
Length of stay in hospital or inst. (yrs., mos., or days)
Length of stay in Baltimore (yrs., mos., or days) 68-8-27

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4016 Chatham Road (If rural give location)
(e) If foreign born, how long in U. S. A.? ------ years

1. FULL NAME Philip W. Coll
If veteran, name war
3 (c) Social Security Account No. 213-14-0371

4. Sex: M
5. Color or race: wh
6 (a) Single, married, widowed, or divorced: Married
(b) Name of husband or wife: Gertrude F. Duncan
6 (c) If alive, give age -- years

Birth date of deceased (mo., day, yr.) March 9, 1871

AGE: Years	Months	Days	If less than one day
68	8	27	hr. min.

Birthplace: Baltimore, Md. (Town, county, and state)

Usual Occupation: Salesman
Industry or business: Hughes Lumber Company

12. Name: John Coll
13. Birthplace: Ireland
14. Maiden Name: Catherine Walsh
15. Birthplace: Maryland

(a) Informant: Mrs. Gertrude F. Coll
(b) Address: 4016 Chatham Road

(a) Burial (Burial, cremation, or removal) (b) Date thereof 11/10/39 (month) (day) (year)
(c) Cemetery or crematory: Cathedral
Location: Baltimore, Md.
(a) Funeral director: H. A. Meatyard Son
(b) Address: 502 N. Calvert St.

(a) Filed 11-8 1939
Date received by registrar

Registrar

VS 6

MEDICAL CERTIFICATION

11 P.

20. DATE OF DEATH November 6 1939, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death: Peritonitis following perforation of Colon
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 11/4/39 5:30 P.M. (Estimated)
(c) Where did injury occur? Hughes Lumber Co (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial (Specify type of place) While at work? Yes
(e) Means of injury Struck by Automobile while loading lumber

23. Signature [illegible] M.D.
Medical Examiner
Date signed 11/7/39

62735

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 62735

PLACE OF DEATH
Baltimore City, Maryland
Street address 605 Green Wilcox St
Hospital or institution:

Length of stay in hospital or inst. (yrs., mos., or days) 5 years.
Length of stay in Baltimore (yrs., mos., or days) 5 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 726 W. Fayette St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. FULL NAME Horace Edward Dunmon (DUNMON)

1. (a) If veteran, name war

3. (c) Social Security Account No. 224-09-4378

4. Sex M

5. Color or race Wh

6. (a) Single, married, widowed, or divorced Separated

6. (b) Name of husband or wife Nellie B. Dunmon

6. (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) April 14, 1901

AGE:	Years	Months	Days	If less than one day
58	38	6	19	hr. min.

8. Birthplace Rocky Mount, Virginia. (Town, county, and state)

9. Usual Occupation Salesman
Industry or business Furniture

12. Name H. L. Farley
13. Birthplace Virginia
14. Maiden Name Willie Widford
15. Birthplace Virginia

16. (a) Informant Mrs. Bessie B. Ashwell
(b) Address 726 W. Fayette Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 9 34 (month) (day) (year)

(c) Cemetery or crematory
Location Huddleston, Va.

18. (a) Funeral director Wm. J. Tickner & Sons,
(b) Address Noryh & Penna. Avenues.

19. (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 6 1937, at 6 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary thrombosis — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner
Date signed 11/7/37

VS 6

62736

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 62736

Registered No.

PLACE OF DEATH:
Baltimore City, Maryland
Street address Wyman Park Drive and 31st St.
Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
Length of stay in hospital or inst. (yrs., mos., or days) 3 da.
Length of stay in Baltimore (yrs., mos., or days) 30 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 612 S. Broadway, Balto. Md.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

1. FULL NAME Richard Rasmussen

3 (a) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

(b) Name of husband or wife

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) December 30, 1880

AGE: Years	Months	Days	If less than one day
58	10	6	hr. min.

Birthplace Norway (Town, county, and state)

Usual Occupation Sea man
Industry or business Lighthouse Service

12. Name Unknown
13. Birthplace
14. Maiden Name Unknown
15. Birthplace

(a) Informant Records-U. S. Marine Hospital,
(b) Address Baltimore, Maryland.

(a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 8, 1939 (month) (day) (year)
(c) Cemetery or crematory St. Marys
Location Boland ave. Hampden
(a) Funeral director Slade & Son
(b) Address 4907 York Road.

(a) (Signature of informant) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 6, 1939, at 5:40A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 3, 1939 to Nov. 6, 1939, and that I last saw him alive on Nov. 6, 1939.

Immediate cause of death Lobar pneumonia — Duration 6 days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Same as above
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. M. H. a dern. M. D.
Address U. S. Marine Hospital, Baltimore, Maryland. Date signed 11/7/39

62737 A

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

121 Registered No. F 62737

PLACE OF DEATH:
Baltimore City, Maryland
Street address Wyman Park Drive and 31st St.
Hospital or institution: U. S. Marine Hospital, Baltimore, Md.
Length of stay in hospital or inst. (yrs., mos., or days) 4 da.
Length of stay in Baltimore (yrs., mos., or days) 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Carroll
(c) City or town Westminster, Maryland (If outside city or town limits, write RURAL and give town)
(d) Street No. 25 Washington Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. FULL NAME Marrell Budd

If veteran, name war —

3 (c) Social Security Account No. 212-01-8717

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Married

6 (b) Name of husband or wife Eloise Bruce
6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Aug. 8, 1888

AGE: Years	Months	Days	If less than one day
51	2	29	hr. min.

Birthplace New Windsor, Maryland (Town, county, and state)
Usual Occupation Laborer
Industry or business Fertilizer Factory
12. Name Charles Budd
13. Birthplace New Windsor, Md.
14. Maiden Name Martha Keys
15. Birthplace New Windsor, Md.
16. (a) Informant Records-U. S. Marine Hospital,
(b) Address Baltimore, Md.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 10 '39 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Near New Windsor
18. (a) Funeral director J. C. Myers Jr.
(b) Address Westminster Md.

(a) Date rec'd by registrar (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 7, 1939, at 7:40PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 3, 1939, to November 7 1939, and that I last saw him alive on Nov. 7, 1939.

	Duration
Immediate cause of death Cerebral hemorrhage	4 days
Due to Hypertension	Unknown
Due to Cardiorenalvascular disease	Unknown
Other Conditions Bronchial Pneumonia (Include pregnancy within 3 months of death)	Terminal

PHYSICIAN
Underline the cause to which death should be charged statistically.

Major findings:
Of operations
Of autopsy No autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. M. H. Anderson. M. D.
Address U. S. Marine Hospital, Baltimore, Maryland. Date signed 11/8/39

V8 2

BROWN

F 62738

38

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 751 W Franklin St., 17-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds. Life

If U. S. Veteran specify WAR

2. FULL NAME Martha Brown

(a) Residence: No. 751 W Franklin St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) March 7 1894

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	7	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME William Wilmore

14. BIRTHPLACE (city or town) (State or country) Charles Town Maryland

15. MAIDEN NAME Sarah Thomas

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mary Hobbs

(Address) 364 N 112th Ave Yonkers

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date Nov 10 1939

19. UNDERTAKER Joseph A Lyerly

(Address) 4098 Mount St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 6 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 4 1939 to Nov 6 1939

I last saw h... alive on Nov 6 1939 Death is said to have occurred on the date stated above at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Cerebral Hemorrhage	Nov 6

Other contributory causes of importance

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, state how ...

(Signed) ... M. D.

(Address) ...

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 173 F 62739

2739

PLACE OF DEATH:
Baltimore City, Maryland

Street address
Hospital or institution: Johns Hopkins

Length of stay in hospital or inst. (yrs., mos., or days)

Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town Baltimore, Maryland (If outside city or town limits, write RURAL and give town)

(d) Street No. 20 N Bond St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

1. FULL NAME ~~Charles Nicholson~~ Charles Nathaniel Allen (Informant Father and usual

If veteran, name war

3. (c) Social Security Account No.

4. Sex male

5. Color or race Col.

6. (a) Single, married, widowed, or divorced Single

(b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 23, 1914

If less than one day hr. min

8. AGE: Years 25 Months 1 Days 14

9. Birthplace 151 Prince St Brooklyn N.Y. (Town, county, and state)

10. Usual Occupation Chauffeur 023
Industry or business

11. Name Charles Allen

12. Birthplace Key West, Florida

13. Maiden Name Jennie Green

14. Birthplace Crew Virginia

15. (a) Informant Charles Allen - father

(b) Address 7 E. Preston Ave Brooklyn N.Y.

16. (a) (Burial, cremation, or removal)

(b) Date thereof Nov 8 1939 (month) (day) (year)

17. (a) Cemetery or crematory Location Crew Virginia

(b) Funeral director Mrs. R. J. Elliott & Daughter

(b) Address 1129 N. Caroline St.

(a) (Date received by registrar)

(b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-5- 1939, at 7.55 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death: Gun shot of neck — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Homicide

(b) Date of occurrence 11-5-1939

(c) Where did injury occur? City - on Tarem 1600 E. Monument (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Public Tarem While at work? No (Specify type of place)

(e) Means of injury as above

23. Signature Howard J. Lindenau M.D.
Medical Examiner

Date signed 11-5-39

40

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62740

46-C

Registered No.

PLACE OF DEATH:
Baltimore City, Maryland
Street address 3908 Park Heights ave
Hospital or institution:

Length of stay in hospital or inst. (yrs., mos., or days) 1

Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3908 Park Heights ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 32 years

1. FULL NAME Minnie G Folson

If veteran, name war

3 (c) Social Security Account No.

4. Sex female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow

(b) Name of husband or wife Late Solomon

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) 1866

AGE: Years 73 | Months | Days | If less than one day hr. min.

Birthplace Russia (Town, county, and state)

Usual Occupation None

Industry or business None

12. Name Samuel Debris

13. Birthplace Russia

14. Maiden Name Rosie ?

15. Birthplace Russia

(a) Informant Mrs Rose Flaks.

(b) Address 3908 Park Heights ave

(a) (Burial, cremation, or removal)

(b) Date thereof 11 9 39 (month) (day) (year)

(c) Cemetery or crematory Hebrew Friendship

Location E Balto Md

(a) Funeral director Sol Furman & Bro

(b) Address 1124-26 N North ave

(b) Registrar

(a) Date received by registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH November 8 1939, at 12:40 p M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 19 39, to Nov 8 1939.
and that I last saw h alive on Nov 8 1939.

Immediate cause of death Cardiac failure
Small intestine

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. D.

Address 1935 Wilkens ave Date signed 11 8 39

HEALTH DEPARTMENT—CITY OF BALTIMORE

2741 — CERTIFICATE OF DEATH — F 62741

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1506 Braddish Ave Ward)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Helen R Kelp

(a) Residence: No. 1506 Braddish Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 17 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
82	2	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Edward H Kelp

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Sultina E Merriam

16. BIRTHPLACE (city or town) (State or country) Chelsea Mass

17. INFORMANT E H Gunnison Sr
(Address) 1003 N Eutaw

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem Date Nov 8" 1939

19. UNDERTAKER E H Gunnison
(Address) 1003 N Eutaw St

20. FILED NOV 8 — 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 5" 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 17 1939 to Nov 5 1939

I last saw h[illegible] alive on Nov 4 1939. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Feb 1939
Other contributory causes of importance: Arteriosclerosis	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E H Cradlock M. D.

(Address) 2757 W. North Ave

62742

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

H6-B

F 62742

Registered No.

PLACE OF DEATH:
Baltimore City, Maryland
Street address 100 N. Baltimore St.
Hospital or institution:
Franklin Sq. Hosp.
Length of stay in hospital or inst. (yrs., mos., or days) 13 days
Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Howard.
(c) City or town Lisbon (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. FULL NAME Maria Jackson
If veteran, name war
3 (c) Social Security Account No.

4. Sex Fem'l
5. Color or race Colored
6 (a) Single, married, widowed, or divorced Widowed
Name of husband or wife Frank Jackson
6 (c) If alive, give age years
Birth date of deceased (mo., day, yr.) Unknown

AGE: Years	Months	Days	If less than one day
about 70			hr. min.

Birthplace Howard Co. Md. (Town, county, and state)
Usual Occupation house work
Industry or business

12. Name Frank Taylor
13. Birthplace Howard Co. Md.
14. Maiden Name Lizzie Carter
15. Birthplace Howard Co Md.
(a) Informant Howard Dorsey
(b) Address Elkridge Md. Rt 1
(a) Burial (Burial, cremation, or removal)
(b) Date thereof Nov. 11 1939 (month) (day) (year)
(c) Cemetery or crematory Daisy Cem.
Location Daisy Howard Co
(a) Funeral director H. M. Hopkins
(b) Address Mt. Airy Md
(a) (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 7 1939, at 11 h. M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-26 1939. to Nov. 7 1939.
and that I last saw her alive on Nov. 7 1939.

Immediate cause of death Carcinoma of stomach — Duration Unknown

Due to

Due to

Other Conditions Generalized peritonitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of stomach
Of autopsy Carcinoma of stomach

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nathan W. Ag M. D.
Address Franklin Sq. Hosp. Date signed 11/11/39

VS 3

F 62743

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 62743 Registered No.

PLACE OF DEATH:
Baltimore City, Maryland
Street address 4940 Eastern Ave.
Hospital or institution:
Balto. City Hospitals
Length of stay in hospital or inst. (yrs., mos., or days) 4
Length of stay in Baltimore (yrs., mos., or days) 3 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 105 S. Caroline St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3-1

(49816)

1. FULL NAME Louis Burney
If veteran, name war
3 (c) Social Security Account No.
4. Sex Male
5. Color or race Colored
6 (a) Single, married, widowed, or divorced. Married
(b) Name of husband or wife Matilda
6 (c) If alive, give age years
Birth date of deceased (mo., day, yr.) Nov. 22, 1883
AGE: Years 55 Months 11 Days 16 If less than one day hr. min.
Birthplace N. Car. (Town, county, and state)
Usual Occupation Laborer
Industry or business
12. Name Jacob (D)
13. Birthplace N. Car.
14. Maiden Name Tinnie Wilson
15. Birthplace N. Car.
(a) Informant Hospital Records
(b) Address
(a) Burial (Burial, cremation, or removal) (b) Date thereof 11/5/39 (month) (day) (year)
(c) Cemetery or crematory Location Greenville N. C.
(a) Funeral director Joseph L. Locke Jr.
(b) Address 1504 N. Central Ave.
(a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 7, 1939, at 3:50 AM
21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 3, 1939 to Nov. 7, 1939. and that I last saw him alive on Nov. 7, 1939.

Immediate cause of death: Tuberculosis of Lungs — Duration: March 1939
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature [illegible] M.D.
Address Balto. City Hospitals Date signed 11-7-39

VS 3

62744 !

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-C

F 62744
Registered No.

PLACE OF DEATH:
Baltimore City, Maryland
Street address 1247 Carroll St
Hospital or institution:

Length of stay in hospital or inst. (yrs., mos., or days)
Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1247 Carroll St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. FULL NAME Charles M. Davis

If veteran, name war no

3 (c) Social Security Account No. 212-09-9034

4. Sex Male | 5. Color or race White | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~. Married

Name of ~~husband or~~ wife Nora Davis

6 (c) If alive, give age 57 years

Birth date of deceased (mo., day, yr.) March 8th 1882

AGE: Years	Months	Days	If less than one day hr.	min.
57	7	25		

Birthplace Balto. Md (town, county, and state)

Usual Occupation Salesman
Industry or business Sunshine Baking Co

12. Name John Davis
13. Birthplace Balto Md
14. Maiden Name Mary Boxleman
15. Birthplace Balto Md.

(a) Informant Nora Davis
(b) Address 1247 Carroll St

(a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 11/11/39 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md
(a) Funeral director William Cook
(b) Address 1217 St. Paul St

(3) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 8th 1939, at 2 45 A. M

21. I certify that death occurred on the date above stated, that I attended deceased from June 1938, to Nov. 8 1939, and that I last saw h~~im~~ alive on Nov. 7, 1939.

Immediate cause of death Metastases — Duration

Due to Carcinoma of Prostate — 16 mo.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles S. Berry M. D.
Address 114 Medical Arts Bldg Date signed Nov. 8, 1939

VS 3

62745

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a F 62745 Registered No.

PLACE OF DEATH:
Baltimore City, Maryland
Street address 315 S. Wolfe St.
Hospital or institution:

Length of stay in hospital or inst. (yrs., mos., or days)
Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore Md. (If outside city or town limits, write RURAL, and give town)
(d) Street No. 315 S. Wolfe St (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

1 FULL NAME Stanislawa Lizzie Fabiszak

If veteran, name war None

3 (c) Social Security Account No. 214-14-0243 216-12-6674

4 Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Thomas Fabiszak

6 (c) If alive, give age ___ years

Birth date of deceased (mo., day, yr.) April 11 1878

AGE: Years 61 | Months 6 | Days 26 | If less than one day hr. min.

Birthplace Poland (Town, county, and state)

Usual Occupation Laborer

Industry or business Packing House

12. Name Frank Przybylski

13. Birthplace Poland

14. Maiden Name Unk.

15. Birthplace Poland

(a) Informant Elizabeth Wisniewska

(b) Address 315 S. Wolfe St

(a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 11. 39 (month) (day) (year)

(c) Cemetery or crematory Holy Rosary
Location Baltimore Md.

(a) Funeral director Fred W. Czaenski

(b) Address 1930 Eastern Ave.

(a) (b) (Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 7 1939 at 6.45PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 7 1939, to Nov 7 1939, and that I last saw her alive on Nov 7 1939.

Immediate cause of death	Duration
Cerebral Hemorrhage Nov 7	39
Pulmonary Oedema Nov 7	39
Due to	
Due to	
Other Conditions Varicose Ulcer L Lgt Leg	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward J. Stadler M. D.
Address 357 S. Wolfe St Date signed Nov 5-39

Edward J. Maddux, M D Chief Med Ex
Reviewed H Blackburn

746

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

49754 FD 62746 Registered No. 186-a

PLACE OF DEATH:
Baltimore City, Maryland
Street address 4940 Eastern Avenue
Hospital or institution:
Baltimore City Hospitals
Length of stay in hospital or inst. (yrs., mos., or days) 6 days
Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3806 Falls Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1) FULL NAME Kate Melvin
If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	Widowed

6 (b) Name of husband or wife John Melvin
6 (c) If alive, give age years
Birth date of deceased (mo., day, yr.) July 24, 1864

AGE: Years	Months	Days	If less than one day
75	3	12	hr. min.

Birthplace Maryland (Town, county, and state)
Usual Occupation Old Age Pension
Industry or business

12. Name Lemule Bewley
13. Birthplace Maryland
14. Maiden Name Jane Harding
15. Birthplace Maryland

(a) Informant Records
(b) Address Baltimore City Hospitals

(a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 9, 1939 (month) (day) (year)
(c) Cemetery or crematory St. Mary's Hampden
Location Roland Ave
(a) Funeral director Thanner Funeral Home
(b) Address 3615-17 Eastern Ave

(a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-6 1939, at 5 35 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-1 1939, to 11-6 1939.
and that I last saw her alive on 11-5 1939.

Immediate cause of death: Bronchopneumonia — Duration: Few days
Due to: Multiple fractures — mandible, maxilla, wrist — 6 days
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence unknown
(c) Where did injury occur? Baltimore Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home - 3806 Falls Road (Specify type of place) While at work? unknown
(e) Means of injury Fell down steps

23. Signature L. K. Woodward, M. D.
Address Balto City Hosp. Date signed 11-6-39

N.L. Twelftree, Md Asst Med Exam
and A.M. Blackburn

VS 3

2747

LB 49838

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62747
Registered No.

PLACE OF DEATH:
Baltimore City, Maryland
Street address 4940 Eastern Aveme
Hospital or institution:
Baltimore City Hospitals
Length of stay in hospital or inst. (yrs., mos., or days) 3 days
Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1419 Morling Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. FULL NAME Lilly A. Alger
If veteran, name war
3 (c) Social Security Account No.
4. Sex female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Widowed
(b) Name of husband or wife David M.
6 (c) If alive, give age years
Birth date of deceased (mo., day, yr.) Nov. 7, 1879

AGE: Years	Months	Days	If less than one day
60	0	0	hr. min.

Birthplace Va. (Town, county, and state)
Usual Occupation H. W.
Industry or business
12. Name Madison Weakley
13. Birthplace Va.
14. Maiden Name Harriet Smith
15. Birthplace Va.
(a) Informant Records
(b) Address Baltimore City Hospitals
(a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 9, 1939 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Poplar
Location Balto Co. Md
(a) Funeral director E. Furnow & Son
(b) Address 3615-17 Chestnut Ave.
(a) (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-7 1939 at 10:15 P M
21. I certify that death occurred on the date above stated; that I attended deceased from 11-4 1939 to 11-7 1939.
and that I last saw h[illegible] alive on 11-7 1939.

Immediate cause of death	Duration
Cardiac Failure and	four hours
Gangrene left Leg	four weeks
Due to Arterio sclerosis and	?
hypertensive cardio vascular disease	
Due to	
Other Conditions Pulmonary tuberculosis?	?

(Include pregnancy within 3 months of death)
Major findings:
Of operations Gangrene left Leg
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature L. K. Woodward Jr. M. D.
Address Balto city Hosp. Date signed 11-8-39

VS 3

62748

F 62748

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 a

Registered No.

PLACE OF DEATH:
Baltimore City, Maryland
Street address 1911 W. Lanvale St.
Hospital or institution:

Length of stay in hospital or inst. (yrs., mos., or days)
Length of stay in Baltimore (yrs., mos., or days) 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1911 W. Lanvale St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

FULL NAME Mildred A. Seibel

If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced	6 (b) Name of husband or wife	6 (c) If alive, give age
Female	White	Widow	Augustus	years

Birth date of deceased (mo., day, yr.) Aug. 16 1870

AGE: Years	Months	Days	If less than one day: hr.	min.
69	3	23		

Birthplace Virginia (Town, county, and state)
Usual Occupation None
Industry or business

12. Name Richardson
13. Birthplace Virginia
14. Maiden Name Unknown
15. Birthplace Virginia
(a) Informant Arthur Seibel
(b) Address 613 N. Bentalou St.
(a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 10, 1939 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.
(a) Funeral director Herman Kuhlman
(b) Address 2301 Edmondson Ave.
(a) (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 8 1939 at 12 45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1939 to Nov 8 1939 and that I last saw h— alive on Nov 7 1939

Immediate cause of death	Duration
Cerebral Hemorrhage	1 hr
Due to Arteriosclerosis.	6 yrs
Due to Chronic Valvular	10 yrs.
Due to Heart disease.	
Other Conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Marion L. Shoop M. D.
Address 8062 Quelos Ave Date signed 11. 8. 39

VS 3

62749

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1939

F 62749 Registered No.

PLACE OF DEATH:
Baltimore City, Maryland
Street address Pennsylvania R. R. Station
Hospital or institution
St Paul & Hoffman
Length of stay in hospital or inst. (yrs., mos., or days)
Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 541 28 N. Fremont St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. FULL NAME William Kenny Stanley
2. If veteran, name war —
3. (a) Social Security Account No.

4. Sex M
5. Color or race Col
6. (a) Single, married, widowed, or divorced Child
(b) Name of husband or wife
(c) If alive, give age years

Birth date of deceased (mo., day, yr.) Nov. 9. 1933
AGE: Years 6 Months 11 Days 27 If less than one day min

Birthplace Baltimore Md.
Usual Occupation Child
Industry or business

12. Name William H. Kenny Jr.
13. Birthplace Cambridge Md
14. Maiden Name Ingrid Stanley
15. Birthplace Cambridge

(a) Informant Ingrid Stanley
(b) Address 28 N. Fremont St

(a) (Burial, cremation, or removal)
(b) Date thereof 11-9-39 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location
(a) Funeral director Wendell J. Lloyd
(b) Address 1400 Druid Hill Ave.

(a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 6 1939, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Electrocution — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 11/6/39
(c) Where did injury occur? Penn R.R. station tracks (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial (Specify type of place) While at work? Yes
(e) Means of injury fallen high tension wire

23. Signature [illegible] M.D. Medical Examiner
Date signed 11/7/39

Va 6

50) **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 62750

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Balto Gen'l Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME William J. Baker — If U. S. Veteran specify WAR .....

(a) Residence: No. Cliftmore Rd, Roland Pk St., ... Ward. ..... Balto Co.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of ~~WIFE~~ Mollie M. Baker

7. DATE OF BIRTH (month, day, year) March 16th 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	7	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm Laborer

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Mary Eyring
(Address) 5215 Elmer Avenue.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Nov 10th 1939

19. UNDERTAKER Wm. J. Tickner & Sons.
(Address) North & Penna Aves.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 6 1939 to Nov 7 1939

I last saw h.[illegible] alive on Nov 7 1939. Death is said to have occurred on the date stated above, at 2:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	
Contributory Senility	
Other contributory causes of importance	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ✓ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [signature] M. D.

(Address) W T [illegible]

F 62751

2751

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-C Registered No.

PLACE OF DEATH:
Baltimore City, Maryland

Street address
Hospital or institution:
St. Joseph's Hospital

Length of stay in hospital or inst. (yrs., mos., or days) 1 3 28

Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2545 Francis Street (If rural give location)

(e) If foreign born, how long in U. S. A.? years

1. FULL NAME John B. Ludwig

If veteran, name war

3. (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced. Widow

7. Name of ~~husband~~ wife Annie Lotz Ludwig

8. (c) If alive, give age years

9. Birth date of deceased (mo., day, yr.) April 3, 1863

10. AGE: Years 76 Months 6 7 Days 5 If less than one day hr. min.

11. Birthplace Baltimore, Md (Town, county, and state)

12. Usual Occupation Retired Supt.
Industry or business Street Car Co.

13. Name Conrad Ludwig

13. Birthplace Germany

14. Maiden Name Julia A. Biemiller

15. Birthplace Germany

16. (a) Informant Mr. Wm. C. Ludwig

(b) Address 2545 Francis Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/11/39 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore, Md.

18. (a) Funeral director Wm. J. Tickner & Sons

(b) Address North & Penna. Avenues

(a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11 - 8 1939, at 7:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11 - 4 1939 to 11 - 8 1939 and that I last saw h[illegible] alive on 11 - 8 - 1939.

Immediate cause of death Cardiac failure — Duration 4 hrs.

Due to Ca of prostate gland

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Case of carcinoma of prostate with metastases to lung.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Harry Kelmenson M. D.

Address St. Joseph's Hosp Date signed 11-8 39

VS 3

F 62752

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 752

PLACE OF DEATH:
Baltimore City, Maryland
Street address 1613 Moreland Ave
Hospital or institution:

Length of stay in hospital or inst. (yrs., mos., or days)
Length of stay in Baltimore (yrs., mos., or days) 1 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1613 Moreland Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 1 years

1. (a) FULL NAME Mary Deneberger
(b) If veteran, name war
3 (c) Social Security Account No.
4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced Widow
(b) Name of husband or wife Herman
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr) 1875
AGE: Years 63 Months Days If less than one day hr. min.
8. Birthplace Germany (Town, county, and state)
9. Usual Occupation None
Industry or business
10. Name Joseph Robofsky
11. Birthplace Germany
12. Maiden Name Helen
13. Birthplace Germany
14. (a) Informant Mr. Baer
(b) Address 1613 Moreland Ave.
15. (a) Burial (Burial, cremation, or removal)
(b) Date thereof 11-9-39 (month) (day) (year)
(c) Cemetery or crematory Rosedale Cem.
Location Old Rd. & Hamilton Ave.
16. (a) Funeral director Park Lewis Inc.
(b) Address 1439 E. Balto St
17. (a) NOV 9 - 1939 (Date rec'd by registrar)
(b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/8/39 19 . at 7.15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 31 1939, to Nov. 8 1939, and that I last saw h er alive on Nov. 5 1939.

Immediate cause of death	Duration
Interstitial pneumonia	
Due to Tuberculosis - pulmonary	
Due to	
Other Conditions Diabetes Mellitus	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Smith, M.D.
Address 731 W. North Ave Date signed 11/9/39 M. D.

VS 3

2753

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48080 SD

Register No. B 52753

PLACE OF DEATH:
Baltimore City, Maryland
Street address 4940 Eastern Avenue
Hospital or institution:
Baltimore City Hospitals
Length of stay in hospital or inst. (yrs., mos., or days) 2 mo.
Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1152 W. Hamburg Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. FULL NAME William Turner
2. If veteran, name war
3 (c) Social Security Account No.
4. Sex M
5. Color or race White
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Rose
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr) 1/5/61
8. AGE: Years 78 Months 10 Days 2 If less than one day hr. min.
9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Laundry Work
Industry or business Unemployed
11. Name Charles E. Turner (d)
12. Birthplace Maryland
13. Maiden Name Klize Patrick (d)
14. Birthplace Baltimore, Md.
15. (a) Informant Records
(b) Address Baltimore City Hospitals
16. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/10/39 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location
17. (a) Funeral director Cimbrone, Inc.
(b) Address 1017 W. Cresmont.
(a) (b) Registrar
(Date rec'd by registrar) NOV 9 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH November 7 1939, at 8:30 A M
21. I certify that death occurred on the date above stated; that I attended deceased from Sept 5 1939 to Nov 7 1939, and that I last saw h~~im~~ alive on Nov. 7 1939.

Immediate cause of death: Arteriosclerotic heart disease — Duration: unknown.
Due to
Due to
Other Conditions generalized arteriosclerosis — unknown.
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 11-7-39

VS 3

2754 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 62754

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1621 Calhoun St. Ward)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry H. Brown

If U. S. Veteran specify WAR .....

S. S. No. 215-05-2681

(a) Residence: No. 1621 Calhoun St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Gladys

DATE OF BIRTH (month, day, year) Aug 2 1896

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	3	5	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rr

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Wm Brown

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Fannie Capps

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Gladys Brown

(Address) 1621 N Calhoun St

18. BURIAL, CREMATION, OR REMOVAL

Place Natural Date 11/10, 1939

19. UNDERTAKER Geo D. Nelson

(Address) 1300 Monument

20. FILED Nov 9 1939, 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-7, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 25, 1939, to Nov 7, 1939

I last saw him alive on Nov 7, 1939. Death is said to have occurred on the date stated above, at 7P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Disease of Heart	6 mo
Other contributory causes of importance: Broken Compensation Dropsy with Pulmonary Congestion	3 days

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Symptoms Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Fred Woodward M. D.

(Address) 703 W Lafayette

F 62755

55

Geneva Thornton

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 23

PLACE OF DEATH:
Baltimore City, Maryland
Street address 1117 N. Fremont Ave
Hospital or institution:

Length of stay in hospital or inst. (yrs., mos., or days)

Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1117 N. Fremont Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

1) FULL NAME Geneva Thorton
If veteran, name war

3 (c) Social Security Account No.

Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Married

(b) Name of husband or wife Lewis Thorton

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) June 4, 1912

AGE: Years 27 | Months 5 | Days 3 | If less than one day hr. min.

Birthplace Washington, D. C.
(Town, county, and state)

4. Usual Occupation House wife

Industry or business

12. Name Manuel Hall

13. Birthplace Va.

14. Maiden Name Lotie Johnson

15. Birthplace Md.

16 (a) Informant Lotie Hall

(b) Address 1127 N. Fremont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/10/39 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location

18 (a) Funeral director Geo. E. Elsasser

(b) Address 1303 Westwood Ave

19 (a) (b) Registrar
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/7/39 19 at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/6/39 19 to 11/7/39 19

and that I last saw him alive on 11/2/39

Immediate cause of death (a) Myocarditis

Due to (b) Lobar Pneumonia

Due to (c)

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration 3 Hours

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Lee Elkin M. D.

Address 527 Park Ave Date signed 11/8/39

2756

48921 - RB F 62756

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 23

PLACE OF DEATH:
Baltimore City, Maryland
Street address 4940 Eastern Ave.
Hospital or institution:
Baltimore City Hospitals
Length of stay in hospital or inst. (yrs., mos., or days) 1 mo. - 2 days
Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 110 W. Hamburg St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. FULL NAME Thelma Cook
If veteran, name war
3 (c) Social Security Account No.

4. Sex Female
5. Color or race Black
6 (a) Single, married, widowed, or divorced. Single
(b) Name of husband or wife
6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) June 17, 1922

AGE: Years 17 Months 4 Days 19 If less than one day hr. min.

Birthplace Md. (Town, county, and state)
Usual Occupation Unknown
Industry or business

12. Name William Cook
13. Birthplace Md.
14. Maiden Name Viola Gross
15. Birthplace Md.
(a) Informant Records
(b) Address B.C.H.

(a) (Burial, cremation, or removal) (b) Date thereof Nov 12 39 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A A Co Md
(a) Funeral director Isaac L Brown Son
(b) Address 1018 W Monty Conway St

(a) (b) Registrar
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-7 1939 at 2:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-4 1939 to 11-7 1939, and that I last saw h[illegible] alive on 11-6 1939.

Immediate cause of death Pulmonary Tuberculosis with Emphysema and Bronchial
Due to pleural fistula

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Same

Of autopsy

Duration: 2

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. K. Woodward Jr. M. D.
Address Balto City Hosp. Date signed 11-7-39

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62757

Registered No. 31

PLACE OF DEATH:
Baltimore City, Maryland
Street address 710 Hanover Street
Hospital or institution:

Length of stay in hospital or inst. (yrs., mos., or days).

Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore City
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 4107 Allegheny Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? a years

1. FULL NAME Miss Julia D. Truitt

If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

(b) Name of husband or wife

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) August 20, 60

AGE: Years	Months	Days	If less than one day: hr.	min.
79	2	17		

Birthplace Middlesex County Va
(Town, county, and state)

Usual Occupation
Industry or business

12. Name Miss D. Truitt
13. Birthplace Virginia
14. Maiden Name Virginia C. Truitt
15. Birthplace Virginia

(a) Informant Miss V. Irene Truitt
(b) Address 1020 Fidelity Building

(a) Burial (b) Date thereof Nov. 9/39
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Loudon Park
Location 3501 Hurdwick Ave

(a) Funeral director J. B. Hilbert & Son
(b) Address 300 Eutaw Place

(a) (b) Registrar
(Date rec'd by registrar)

VS 2 1938

MEDICAL CERTIFICATION

20. DATE OF DEATH November 6, 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1939, to Nov 1939.
and that I last saw her alive on Nov 6 1939.

Immediate cause of death
Uremic coma
Nephritis

Due to

Due to
Arteriosclerosis.

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. C. Wilmer M.D.
Address 731 W. North Ave Date signed 11/8/39.

62758

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-a F 62758 Registered No.

PLACE OF DEATH:
Baltimore City, Maryland
Street address 1510 Battery ave
Hospital or institution:

Length of stay in hospital or inst. (yrs., mos., or days) 24 hr

Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto. Md
(c) City or town 1510 Battery ave
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1510 Battery ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. FULL NAME Simon H. Mick

3. If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widower

(b) Name of husband or wife annie mick

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Nov. 27. 1872

AGE: Years	Months	Days	If less than one day hr.	min.
66	11	11		

Birthplace Baltimore Md
(Town, county, and state)

Usual Occupation
Industry or business

12. Name Israel mick
13. Birthplace N.J.
14. Maiden Name Nancy Bryant
15. Birthplace N.J.

(a) Informant Mrs. Israel norum
(b) Address 1510 Battery ave

17. (a) Burial (b) Date thereof Nov. 11/39
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Holy Cross, a.a.
Location Brooklyn a.a.co., Md.

(a) Funeral director Margaret Flynn
(b) Address 1422 Light St.

(a) (b) 11
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 8 1939, at 4 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 31 1939. to Nov. 8 1939. and that I last saw him alive on Nov. 7 1939.

Immediate cause of death	Duration
Acute dilatation of heart	1 day
Due to	
Due to Mitral Regurgitation	Indef.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Carnival M. D.
Address 1644 Hanover St Date signed 11-9-39

VS 3

-1-30—M. & T.—250 Bks

F 62759

62759 HEALTH DEPARTMENT—CITY OF BALTIMORE

82-a

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

-PLACE OF DEATH

OF BALTIMORE: (No.) Edgewood Nursing Home 6000 Bellona Avenue ST., 27-12 WARD)

-FULL NAME Laura McLeod Everett

) RESIDENCE NO. 6000 Bellona Avenue ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

gth of residence in city or town where death occurred 2 yrs --- mos. --- ds. How long in U. S., if of foreign birth? --- yrs. --- mos. --- ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Widow

married, widowed, or divorced HUSBAND) of (or) WIFE of Martin R. Everett

TE OF BIRTH (month, day, and year) July 13, 1851

GE. Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
88	3	26	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) Wilmington
(State or country) Delaware

10 NAME OF FATHER Alexander McLeod

11 BIRTHPLACE OF FATHER (city or town) Wilmington
(State or country) Delaware

12 MAIDEN NAME OF MOTHER Sarah Ann Mather

13 BIRTHPLACE OF MOTHER (city or town) ------
(State or country) Delaware

Informant (Address) Miss Leonore M. Naylor 3313 Liberty Heights Ave.

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 9th 1937

17 I HEREBY CERTIFY, That I attended deceased from Sept 1st, 1937 to Nov 9th, 1937, that I last saw h W alive on Nov 8th, 1937, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Enteric Stenosis

(duration) 7 yrs. mos ds.

Hemiplegia

CONTRIBUTORY (Secondary) (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? 4010 Oakford Ave.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Statement

(Signed) Vernon H. Carden, M. D.

, 19 (Address) 3707 Calloway Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wilmington and Brandywine Cemetery Wilmington, Del

DATE OF BURIAL 11/10/1937

20 UNDERTAKER Henry H. Mears Inc

ADDRESS 603 N. Calvert St

62760

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-A

Registered No. 62760

PLACE OF DEATH:
Baltimore City, Maryland
Street address 1031 St. Paul
Hospital or institution:

Length of stay in hospital or inst. (yrs., mos., or days)
Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1031 St. Paul St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. FULL NAME Lillian L. Freedom
2. If veteran, name war
3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Lion Freedom
6 (c) If alive, give age 40 years

Birth date of deceased (mo., day, yr.) May 10, 1903

AGE: Years	Months	Days	If less than one day: hr.	min.
36	6	29		

Birthplace Virginia (Town, county, and state)
Usual Occupation None
Industry or business

12. Name Edmund Lichtenstein
13. Birthplace Unknown
14. Maiden Name Unknown
15. Birthplace Unknown
16 (a) Informant Mr. L Freedom,
(b) Address 1031 St. Paul St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/10/39. (month) (day) (year)
(c) Cemetery ~~or crematory~~ Hebrew Friendship
Location Balto. Md.
18 (a) Funeral director David Goodman & Son
(b) Address 1902 Eutaw Place
19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 9 1939, at 3.15 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 10 1939. to Nov 9 1939 and that I last saw her alive on Nov 2 1939.

Immediate cause of death Adam Stokes Syndrome
Due to vaso-vagal unfyt.
Due to Sex
Other Conditions
(Include pregnancy within 3 months of death)

Duration: Practically immediate

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm L. Fox, M. D. M. D.
Address 2211 Eutaw Place Date signed Nov. 9 39

VS 8

2761 | HEALTH DEPARTMENT—CITY OF BALTIMORE | F 62761

CERTIFICATE OF DEATH

Registered No. 92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2111 W. Lenny St., 20-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Smith

If U. S. Veteran specify WAR

(a) Residence: No. 2111 W. Lenny St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) November 2-1888

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	-	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steam fitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas Co

10. Date deceased last worked at this occupation (month and year) 1913

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME William F. Smith

14. BIRTHPLACE (city or town) (State or country) Washington D.C.

15. MAIDEN NAME Sophia Kistler

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Anna Long

(Address) 2111 W. Lenny St.

18. BURIAL, CREMATION, OR REMOVAL.

Place Union Park Date Nov. 10 1939

19. UNDERTAKER George L. Schwab

(Address) 2101 Eutaw Ave.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 7th. 1939

22. I HEREBY CERTIFY, That I attended deceased from Cardiac Failure 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 7:10 P.m.

The principal cause of death and related causes of importance were as follows:

Hypertension - Arteriosclerosis
Pneumonia
Chr. Nephritis

Date of onset

Other contributory causes of importance

Apoplexy

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Herbert C. Kitch M. D.

(Address) 2151 Walbrook Ave

Howard J. Madden M.D.
Chief Medical Examiner per B. Kitzes

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-3 38864

Registered No. F 62762

62762

PLACE OF DEATH:
Baltimore City, Maryland

Street address Baltimore Maryland

Hospital or institution:
Baltimore City Hospitals

Length of stay in hospital or inst. (yrs., mos., or days)

Length of stay in Baltimore (yrs., mos., or days) 6 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. No Home (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) **FULL NAME** Jesse Crosby

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Separated

(b) Name of husband or wife: Mary

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) 8-19-1872

AGE: Years	Months	Days	If less than one day
67	2	12	hr. min.

Birthplace Ohio (Town, county, and state)

8. Usual Occupation None

9. Industry or business

12. Name James Crosby

13. Birthplace Ohio

14. Maiden Name Millie

15. Birthplace Pa.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location

18 (a) Funeral director

(b) Address

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH november 1 1939, at 12 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from nov. 10 1938, to nov. 1 1939, and that I last saw him alive on nov. 1 1939.

Immediate cause of death: Cerebral thrombosis — Duration: 21 yr

Due to

Due to

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy not done.

autopsy.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible] M. D.

Address Balto City Hosp. Date signed 11-1-39

UNIVERSITY MEDICAL SCHOOL NOV 3 - 1939

Commissioner of Health

Per M. A. Moore

Registrar

VS 3

10397 - RB

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

34 C Registered No. F 62763

PLACE OF DEATH:
Baltimore City, Maryland
Street address 4940 Eastern Ave.
Hospital or institution:
Baltimore City Hospitals
Length of stay in hospital or inst. (yrs., mos., or days) 13 days
Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 850 S. Bond St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 30 yrs. years

1. FULL NAME Louis Kavanovic (Luke Karanovich or Louis Karanoric)
(b) If veteran, name war
3 (c) Social Security Account No.
4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced Single
(b) Name of husband or wife
6 (c) If alive, give age years
Birth date of deceased (mo., day, yr.) June ? , 1891 ?
AGE: Years 48 ? Months 5 Days ? If less than one day hr. min.
Birthplace Yugoslovia (Town, county, and state)
9. Usual Occupation Laborer
10. Industry or business Odd Jobs
12. Name Joseph Kavanovic
13. Birthplace Yugoslovia
14. Maiden Name Anna ?
15. Birthplace Yugoslovia
16 (a) Informant Records
(b) Address B.C.H.
17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location
18 (a) Funeral director
(b) Address
19 (a) (Date rec'd by registrar) (b) Registrar

UNIVERSITY MEDICAL SCHOOL NOV 3 - 1939
Commissioner of Health

MEDICAL CERTIFICATION

20. DATE OF DEATH November 3 1939, at 12:20 A.M.
21. I certify that death occurred on the date above stated, that I attended deceased from Oct. 20 1939, to Nov. 3 1939, and that I last saw him alive on Nov. 3 1939.

Immediate cause of death: Syphilitic Heart disease — Duration: unknown.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature J. M. Waghelstein M. D.
Address Balto City Hosp. Date signed 11-8-39

5160

VS 3

62764

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97-a

F 62764
Registered No.

PLACE OF DEATH:
Baltimore City, Maryland
Street address 433 N. Gilmor St
Hospital or institution:

Length of stay in hospital or inst. (yrs., mos., or days)
Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) ~~County~~
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 433 N Gilmor St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

1. FULL NAME Henrietta S. Recon

2. (a) If veteran, name war

3. (c) Social Security Account No.

4. Sex Female | 5. Color or race Col | 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Alfred Recon

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 25, 1867

AGE: Years 72 | Months 8 | Days 11 | If less than one day hr. min.

8. Birthplace 433 N Gilmor St
(Town, county, and state)

9. Usual Occupation House Wife
10. Industry or business

12. Name Samuel W. Chase
13. Birthplace Balto Md
14. Maiden Name Caroline M. Reed
15. Birthplace Balto Md

16. (a) Informant Alfred Recon
(b) Address 422 N Gilmor St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-10-39 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn Cem
Location Baltimore Md

18. (a) Funeral director Spanar & Hemsley
(b) Address 578 W Biddle St

19. (a) ——— (Date rec'd by registrar) (b) ——— Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 6, 1939, at 9:05 P M

21. I certify that death occurred on the date above stated, that I attended deceased from 8/4 1939 to 11/6 1939 and that I last saw her alive on 10/31/1939

Immediate cause of death Hypertension
Due to Arteriosclerotic Cerebral Hemorrhage
Due to Embolism
Due to
Other Conditions Cardiac Failure
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration 2 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. F. Hoffert
Address 6017 Carrollton Date signed 11/9/39

VS 8

62765

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

23

F 62765 Registered No.

PLACE OF DEATH:
Baltimore City, Maryland — Bress Md.
Street address
Hospital or institution: Provident Hospital
Length of stay in hospital or inst. (yrs., mos., or days) 2 months
Length of stay in Baltimore (yrs., mos., or days) 17 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 528 Johnson Pl. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. FULL NAME Vendelle (Vendel) Fleming
If veteran, name war
3. (c) Social Security Account No. 220-01-4421
4. Sex Male
5. Color or race Col.
6. (a) Single, married, widowed, or divorced Single
(b) Name of husband or wife
(c) If alive, give age years
Birth date of deceased (mo., day, yr.) May 23-1916
AGE: Years 23 Months 8 Days 14 If less than one day hr. min.
Birthplace Baltimore - Md (Town, county, and state)
Usual Occupation mechanic
Industry or business Auto
12. Name William P. Flemings
13. Birthplace Md
14. Maiden Name Edna B. Steward
15. Birthplace Md
(a) Informant George Flemings
(b) Address 341 Dolphin St
(a) Burial (Burial, cremation, or removal) (b) Date thereof 11-11-39 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. A. 56.
(a) Funeral director Sam'l. W. Chase & Son
(b) Address 638 N. Gilmor St
(a) (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-7-1939, at 7:25 P.M
21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon (Autopsy or Inquiry) and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Bronchial Pulmonary Tuberculosis with Cavities — Duration
Due to Hemorrhage
Due to
Other Conditions
(Indicate pregnancy within 3 months of death)
Major findings of operations
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Howard J. Walden M.D. Medical Examiner
Date signed 11-8-'39

VS 4

F 62766

F 62766

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No.

PLACE OF DEATH:
Baltimore City, Maryland
Street address 521 N. Gilmor
Hospital or institution:

Length of stay in hospital or inst. (yrs., mos., or days)
Length of stay in Baltimore (yrs., mos., or days) 22 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) City (or County) Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 521 N. Gilmor St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. FULL NAME Augustus Davis

If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Lelia

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Nov. 24-1861

AGE: Years 77 | Months 11 | Days 15 | If less than one day: hr. min.

Birthplace Rural Retreat Va (Town, county, and state)

Usual Occupation Landscape Gardener
Industry or business

12. Name Unknown
13. Birthplace
14. Maiden Name
15. Birthplace

(a) Informant Harry Davis
(b) Address 1404 Laurens

(a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 9-39 (month) (day) (year)

(c) Cemetery or crematory Rural Retreat Va
Location
(a) Funeral director Sam'l H. Chase & Son
(b) Address 638 N. Gilmor St

(a) (b) Registrar
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 8 1939. 8:59 P.M

21. I certify that death occurred on the date above stated, that I attended deceased from 11-7 1939. to 11-8 1939
and that I last saw h[illegible] alive on 11/8 1939.

Immediate cause of death
Lobar Pneumonia
Due to (a) Coronary Thrombosis
Due to Prostatic Condition

Other Conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration: 5 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. M. Priddy M. D.
Address 536 W. Lanvale St Date signed 11/8/39

2767

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a ✓ F 62767
Registered No.

PLACE OF DEATH:
Baltimore City, Maryland
Street address or Hospital or institution: 1717 E. Lafayette ave

Length of stay in hospital or inst. (yrs., mos., or days)
Length of stay in Baltimore (yrs., mos., or days) 71 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1717 E. Lafayette ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. FULL NAME Grace Bishop Whitney
(b) If veteran, name war
3. (c) Social Security Account No.

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced.
Female	W	Married

(b) Name of husband or wife ✓ Daniel Whitney
6. (c) If alive, give age 91 years
Birth date of deceased (mo., day, yr.) 71 yr 4 mo 14 days

AGE: Years	Months	Days	If less than one day
71	4	14	hr. min.

Birthplace Baltimore (Town, county, and state)
Usual Occupation None
Industry or business

12. Name of father David Bishop
13. Birthplace Baltimore
14. Maiden Name of mother Unknown
15. Birthplace

(a) Informant Daniel R. Whitney
(b) Address 1717 E. Lafayette ave
(a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 11 1939 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E. North ave
(a) Funeral director Henry Lutz
(b) Address 1203 N. Broadway

(a) (Date received by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH November 8 1939, at 9:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from October 1936, to November 1939, and that I last saw h[illegible] alive on November 8 1939.

Immediate cause of death	Duration
Cerebral hemorrhage	Two days
Uremia	One day
Due to Hypertension	7 years
Due to Arteriosclerosis generalized	7 years
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry M. Hansen M. D.
Address 23 E. Preston Street Date signed 11/11/39

M. D. B. 1268-9

62768

F 62768

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH 6301 Eunice ave — 27-5 — 186-a

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Walleska Brunner

(a) Residence: No. 6301 Eunice Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): Widowed

6. If married, widowed, or divorced (or) WIFE of: John Rudolph Brunner

6. DATE OF BIRTH (month, day, year): June 25, 1864

7. AGE: Years 75 | Months 4 | Days 13 14 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: John Henry Waasmuth

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Elizabeth Braun

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Catherine Brunner

(Address) 6301 Eunice Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date 11/11 19 39

19. UNDERTAKER: Leonard D. Rudolph

(Address) 6305 Harford Road

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 8 , 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1937 19 . to Nov. 8 , 1939

I last saw h alive on Nov. 7, , 1939 Death is said to have occurred on the date stated above, at 2:30 A m.

The principal cause of death and related causes of importance were as follows:

Fracture Ramus right pubic bone — Date of onset 7-21-39

Other contributory causes (if important): Myocardial failure — Date of onset 1937

Name of operation ..... Date of .....

What test confirmed diagnosis? X ray. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7-21 , 1939

Where did injury occur? 6301 Eunice Ave. Balto, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In Home

Manner of injury Fell over rug

Nature of injury Fracture rt. pubic bone

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. W. Peake M. D.

(Address) 4508 Harford Road

Howard J. Malden Chief Med. Ex.
per J. A. Beckmann

F 62769

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

114-B

Registered No. F 62769

PLACE OF DEATH:
Baltimore City, Maryland

Street address
Hospital or institution: Mercy Hospital

Length of stay in hospital or inst. (yrs., mos., or days) 4

Length of stay in Baltimore (yrs., mos., or days) 67 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)

(d) Street No. 405 W Highland Ave (If rural, give location)

(e) If foreign born, how long in U. S. A.? years

1. FULL NAME Lewis Riall

If veteran, name war

3 (c) Social Security Account No. 213-10-1356

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Elizabeth Riall

6 (c) If alive, give age ? years

Birth date of deceased (mo., day, yr.) July 23, 1867

AGE: Years 5r | Months 3 | Days 16 | If less than one day hr. min.

Birthplace Indiana (Town, county, and state)

Usual Occupation Conductor

Industry or business Street car.

12. Name Albert Riall

13. Birthplace Ind.

14. Maiden Name Martha Davis

15. Birthplace Ind.

(a) Informant wife

(b) Address 405 W Highland Ave.

(a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 11 39 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn

Location Balto. Co. Md.

(a) Funeral director L. Lassahn & Son

(b) Address 7401 Belair Rd.

9 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 9 1939 at 9:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 15 1939 to Nov 9 1939. and that I last saw h alive on Nov 9 1939.

Immediate cause of death: Meningo-Encephalitis — Duration: 10 days

Due to Infected Embolus. — 4 years (?)

Due to Lung Abscess

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Joseph & Erwin Schenthal M. D.

Address Mercy Hospital Date signed Nov 9, 1939

VS 3

2770

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C

Registered No. F 62770

PLACE OF DEATH:
Baltimore City, Maryland
Street address Fayette & Calhoun
Hospital or institution: Franklin Square
Length of stay in hospital or inst. (yrs., mos., or days) 9 days
Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1127 Hull St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

1. FULL NAME Pearl Manning
If veteran, name war
3 (c) Social Security Account No.
4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Married
(b) Name of husband or wife Joseph
6 (c) If alive, give age — years
Birth date of deceased (mo., day, yr.)
AGE: Years 54 Months Days If less than one day hr. min.
Birthplace Balto. Md. (Town, county, and state)
Usual Occupation Housewife
Industry or business
12. Name C. Frank Frackelford
13. Birthplace Frederick, Md.
14. Maiden Name Mary Chambers
15. Birthplace
(a) Informant Joseph Manning
(b) Address 1127 Hull St
(a) Burial (Burial, cremation, or removal) (b) Date thereof 11-10-1939 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Annapolis Blvd.
(a) Funeral director Charles Fowble
(b) Address 1512 Park Ave
(a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-7 1939. at 9.35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 11-1 1939. to 11-7 1939. and that I last saw her alive on 11-7 1939.

Immediate cause of death Acute Congestive Heart Failure — Duration

Due to Chronic Myocarditis & Pericardial Effusion

Due to

Other Conditions Bilat. Hypostatic pneumonia Bilat. Hydrothorax
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address [illegible] Date signed 11/13/39.

VS 3

2771 Celia Foreman

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 F 62771 Registered No.

PLACE OF DEATH:
Baltimore City, Maryland
Street address Jennings & Belvidere
Hospital or institution:
Levindale

Length of stay in hospital or inst. (yrs., mos., or days)
Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 2091 E. Exeter st. (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

FULL NAME Celia Foreman

If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

Name of husband or wife Late Isaac
6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) 1863

AGE: Years	Months	Days	If less than one day hr.	min.
76				

Birthplace Russia (Town, county, and state)
Usual Occupation None
Industry or business

12. Name Paul Milliman
13. Birthplace Russia
14. Maiden Name Unknown
15. Birthplace Russia

(a) Informant Morris Forman
(b) Address 3709 Towanda Ave

(a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 10/39 (month) (day) (year)

(c) Cemetery or crematory Hebrew Herring Run
Location Philips Road

(a) Funeral director Sol Levinson & Bros.
(b) Address 124-26 W. North Ave

(a) (b) Registrar
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-9 1939, at 12.05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-2 1936, to 11-9 1939, and that I last saw h[illegible] alive on 11-8 1939.

Immediate cause of death Hypertension
Arteriosclerosis
Mitral Insufficiency

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Edmund Levin M. D.
Address Levindale Date signed 11/9/39

✓ F 62772

772

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

98 Registered No.

PLACE OF DEATH:
Baltimore City, Maryland
Street address 3703 Seven Mile Lane
Hospital or institution: —

Length of stay in hospital or inst. (yrs., mos., or days) Life
Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and name county)
(d) Street No. 3703 Seven Mile Lane (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. FULL NAME Alice M. Bland

If veteran, name war No | 3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife None

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Jan. 5 1856

AGE: Years 83 | Months 10 | Days 4 | If less than one day hr. min.

Birthplace Baltimore Md. (town, county, and state)

Usual Occupation At Home
Industry or business

12. Name William L. Bland
13. Birthplace Maryland
14. Maiden Name Mary E. Bland
15. Birthplace Maryland

(a) Informant Mrs. Helen Berkemeier
(b) Address 3703 Seven mile Lane

(a) Burial (Burial, cremation, or removal) (b) Date thereof 11/11/39 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location

(a) Funeral director Chas. F. Bauer, Rod. Exec.
(b) Address 118 N. Mt. Royal Ave.

(a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 9, 1939. a. 39. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1926 to Nov. 9 1939.
and that I last saw her alive on Nov. 8, 1939.

Immediate cause of death Toxemia and uremia — Duration 7 days
Due to arterio-sclerotic gangrene of right foot 1 month
Due to Senility
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury

23. Signature John J. Erwin M.D.
Address Medical Arts Bldg. Date signed 11/9/39

NOV 9 - 1939

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 62773

62773 ✓ 119

CERTIFICATE OF DEATH

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Division St. 13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Martha Marie Smith Christian

If U. S. Veteran (Spanish W.W.)

(a) Residence: No. 2511 Salem Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Cd	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/5/39

AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	9	7	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Md

13. NAME Garland Chase

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Vernell Smith

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Vernell Smith
(Address) 2511 Salem Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 11/10/39

19. UNDERTAKER S. E. G. Nelson
(Address) 1303 Pennsylvania Ave

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-7-39. 19

22. I HEREBY CERTIFY, That I attended deceased from 10-13-39. 19.... to 11-7-39. 19....

I last saw her alive on 11-7-39. 19.... Death is said to have occurred on the date stated above, at 8.50 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gastro-Intestinal Disease (Diarrhea unspecified)	9-13-39
Other contributory causes of importance: Malnutrition - Anemia	?

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..... 19....

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) C. F. Mahoney M. D.

(Address) Provident Hospital

62774 HEALTH DEPARTMENT—CITY OF BALTIMORE 62774

CERTIFICATE OF DEATH

1. PLACE OF DEATH Mer Balto General Hospital 82-a Registered No.

CITY OF BALTIMORE: (No. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Kaplan

If U. S. Veteran specify WAR

(a) Residence: No. 101 Albemarle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	W.

If married, widowed, or divorced: HUSBAND of (or) WIFE of Late Philip

DATE OF BIRTH (month, day, year) 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Louis Ratner

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Lena

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Henriette Kaplan

(Address) Sufferns N. Y.

18. BURIAL, CREMATION, OR REMOVAL Mount Lebanon Nov. 10 1939

Place Cemetery

19. UNDERTAKER Wm. Swinson & Bro

(Address) 1124-26 W. North ave.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 9, 1939

22. I HEREBY CERTIFY That I attended deceased from Nov. 3 1939 to Nov 9 1939

I last saw h[illegible] alive on Nov 9 1939 Death is said to have occurred on the date stated above, at 7:20 P m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Hypertension - etiology undetermined

Generalized athero sclerosis

Coronary atherosclerosis - Class II B.

Cerebral athero sclerosis

Other contributory causes of importance:

Cerebral hemorrhage (left internal capsule)

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M. D.

(Address) W 3214

62775

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

11-82-39

Registered No. 62775

PLACE OF DEATH
Baltimore City, Maryland
Street address 5231 Fairlawn Ave
Hospital or institution

Length of stay in hospital or inst. (yrs., mos., or days)
Length of stay in Baltimore (yrs., ~~mos., or days~~) 25

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5231 Fairlawn Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. FULL NAME William S. Smith
If veteran, name war No
3. (c) Social Security Account No. NONE
5. Color or race Wh
6. (a) ~~Single~~, married, ~~widowed, or divorced~~ Married
Name of ~~husband or~~ wife Sarah P. Green
6. (c) If alive, give age 61 years
Birth date of deceased (mo., day, yr.) July 3rd 1867

AGE: Years	Months	Days	If less than one day hr	min
72	4	6		

Birthplace Avalon Va. (Town, county, and state)
Usual Occupation Cook, Retired
Industry or business Green & Co
12. Name Madison Smith
13. Birthplace Va
14. Maiden Name Cafland George
15. Birthplace Va
(a) Informant Sarah P. Smith
(b) Address 5231 Fairlawn Ave
(a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 11/13/39 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Friendship
Location A. A. Co. Md
(a) Funeral director William Cook
(b) Address 219 St. Paul St
(a) (b) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 9 1939, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration
Cerebral hemorrhage
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature W. W. Vandegrift Medical Examiner M.D.
Date signed 11/9/39

62776 HEALTH DEPARTMENT—CITY OF BALTIMORE 62776

CERTIFICATE OF DEATH

01903 ✓ 52a-143

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-1 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Margaret Isabella Russell

(a) Residence: No. 501 S. 48th St. St., Ward. Balto. Co. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of George W. Ward Russell

DATE OF BIRTH (month, day, year): July 27, 1901

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	3	12	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Apartment

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 3

8. BIRTHPLACE (city or town) (State or country) Bellview, OHIO

12. NAME Charles Westenhaver

14. BIRTHPLACE (city or town) (State or country) Not Known

15. MAIDEN NAME Bessie Brown

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Husband (George Russell)

(Address) 501 S. 48th St

18. BURIAL, ~~CREMATION~~ OR REMOVAL

Place Martinsburg W. Va. Date 11/10 19 39

19. UNDERTAKER Wilson & Son

(Address) 1210 E. Fayette

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1937, to Nov 9, 1939

I last saw her alive on Nov 9, 1939. Death is said to have occurred on the date stated above, at 2:04 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
INTRACRANIAL Hemorrhage	Nov 37
Other contributory causes of importance: ESSENTIAL HYPERTENSION PREGNANCY	

Was an operation performed? Yes. Date of Nov 9, 1939

For what disease or injury? Deliver Baby Post Mortem

Name of operation Post Mortem Cesarean Section

What test confirmed diagnosis? CLIN Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles H. Doelle Jr. M. D.

(Address) Mercy Hospital.

2777 44685-PS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-e F 62777 Registered No.

PLACE OF DEATH:
Baltimore City, Maryland
Street address 4040 Eastern Ave.
Hospital or institution:
Balto. City Hospitals
Length of stay in hospital or inst. (yrs., mos., or days) 5mo. 27 dys.
Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Dulto. (If outside city or town limits, write RURAL and give town)
(d) Street No. No Home (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. FULL NAME George Lucas
2. If veteran, name war
3 (c) Social Security Account No.

4. Sex Male
5. Color or race Colored
6 (a) Single, married, widowed, or divorced. Married-separated

7. Name of husband or wife Josephine
6 (c) If alive, give age years

8. Birth date of deceased (mo., day, yr.) 6-15-1881

AGE: Years 56 Months 6 Days 26 If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Gardener
Industry or business

12. Name George Lucas
13. Birthplace Va.
14. Maiden Name Kate Lucas
15. Birthplace Va.
16. (a) Informant D.C.H. Records
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof 11-11-37 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Brooklyn
18. (a) Funeral director Adolph Hahstead
(b) Address 918 Druid Hill Ave.

19. (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-7 1937, at 8:10 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-12 1937, to 11-7 1937, and that I last saw h[illegible] alive on 11-7 1937.

Immediate cause of death Carcinoma Prostate with metastasis — Duration over 6 months

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. D.
Address Balto City Hosp. Date signed 11-7-37

VS 3

62778 HEALTH DEPARTMENT—CITY OF BALTIMORE 62778

CERTIFICATE OF DEATH

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Hanover St., 16 Ward)

Registered No. 349-82a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Butler

If U. S. Veteran specify WAR

(a) Residence: No. 620 N Gilmore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Cd	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Butler

DATE OF BIRTH (month, day, year) Oct 7, 1906

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	1	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 004

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Joseph Butler sr

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary Middleton

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mary M. Monroe
(Address) 1019 McCulloh St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 11/ 1937

19. UNDERTAKER Lee A. Nelson
(Address) 1303 Pennsylvania Ave

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-8-37 19

22. I HEREBY CERTIFY, That I attended deceased from 11-4-37 19 to 11-8-37 19

I last saw h alive on 11-8-37 19 Death is said to have occurred on the date stated above, at 6.45 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11-2-37
R Side Hemiplegia	11-2-37

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Autopsy? No

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) E. O. Maloney M. D.

(Address) Provident

HEALTH DEPARTMENT—CITY OF BALTIMORE F 62779

CERTIFICATE OF DEATH

79) 131

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Division St., 14-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME John Harris

(a) Residence: No. 2333 Division St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	ed	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie

DATE OF BIRTH (month, day, year) Mar 15 1883

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	7	25	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Ann

14. BIRTHPLACE (city or town) (State or country) Indiana

15. MAIDEN NAME Minnie Brown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Carrie Harris
(Address) 912 Harlem Ave.

18. BURIAL, CREMATION, OR REMOVAL Date 11/12 39

19. UNDERTAKER Wm. L. Rhoads
(Address) 136 Division

20. FILED ..... 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-8-39

22. I HEREBY CERTIFY, That I attended deceased from 9-26-39 to 11-8-39

I last saw him alive on 11-8-39 Death is said to have occurred on the date stated above, at 640 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Renal disease	?
Mitral insufficiency	?
Chr. Interstitial Nephritis	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. F. Maloney M. D.

(Address) Provident Hospital

2780

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1939 B

F 62780

Registered No.

PLACE OF DEATH:
Baltimore City, Maryland

Street address

Hospital or institution:
Maryland General Hospital

Length of stay in hospital or inst. (yrs., mos., or days) 14 da

Length of stay in Baltimore (yrs., mos., or days) 11 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 1611 Linden Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

1. FULL NAME CARL BERGERON

If veteran, name war

3 (c) Social Security Account No. 216-09-0168

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

(b) Name of husband or wife Lillian Bergeron

6 (c) If alive, give age 43 years

Birth date of deceased (mo., day, yr.) Sept 10, 1893

AGE: Years	Months	Days	If less than one day
46	1	28	hr. min.

Birthplace Elizabeth City, N. C. (Town, county, and state)

Usual Occupation Barber.

Industry or business

12. Name John R. Bergeron

13. Birthplace North Carolina

14. Maiden Name Emily E. Mayo

15. Birthplace North Carolina

(a) Informant Lillian Bergeron

(b) Address 1611 Linden Ave.

(a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 11, 1939 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge Cem.

Location

(a) Funeral director Walter R. McNamee

(b) Address 4114 Falls Road.

(c) (Date rec'd by registrar) NOV 10 1939 Registrar

V3 6

MEDICAL CERTIFICATION

20. DATE OF DEATH November 8th 1939, at 1:45 a.m. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)

obtained by said inquiry find that said deceased came (Autopsy or Inquiry)

to his death on the day stated above.

Immediate cause of death Cerebral hemorrhage — Duration

Due to Hypertensive heart disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature H. I. Wollenweber — M.D. Medical Examiner

Date signed Nov 8th, 1939

62781

49725 - HB

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No. E 62781

PLACE OF DEATH:
Baltimore City, Maryland
Street address 4940 Eastern Ave.
Hospital or institution:
Baltimore City Hospitals
Length of stay in hospital or inst. (yrs., mos., or days) 7 days
Length of stay in Baltimore (yrs., mos., or days) 7 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1006 Monument St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1) FULL NAME Baby Boy Hill (Junior)

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: Black
6 (a) Single, married, widowed, or divorced: N.B.

6 (b) Name of husband or wife
6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Oct. 31, 1939

AGE: Years | Months | Days: 7 | If less than one day: hr. min.

Birthplace Baltimore, Md. (Town, county, and state)
Usual Occupation Newborn
Industry or business

12. Name Mike Brown
13. Birthplace Md.
14. Maiden Name Janie Johnson
15. Birthplace Md.

(a) Informant Records
(b) Address B.C.H.

(a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 10-39 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location A A Co. Md.
(a) Funeral director Robert O'Neill
(b) Address 1516 McElderry St.

(a) (b) Registrar
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 8 1939, at 2:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 4 1939, to Nov 8 1939, and that I last saw h/ alive on Nov 8 1939.

Immediate cause of death: Pneumonia — Duration: 4 days
Due to
Due to
Other Conditions: Pharyngitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David L Seltzer M. D.
Address Balto. City Hosp. Date signed 11/8/39

62782

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-3

F 62782
Registered No.

PLACE OF DEATH:
Baltimore City, Maryland

Street address .....

Hospital or institution: Church Home & Infirmary

Length of stay in hospital or inst. (yrs., mos., or days) 132

Length of stay in Baltimore (yrs., mos., or days) 77 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County .....

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 708 N. Madeira St
(If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

1 3

1. FULL NAME Mrs Anna E. Diver

If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Widowed

(b) Name of husband or wife: Harry Diver

6 (c) If alive, give age ..... years

Birth date of deceased (mo., day, yr.) February 14, 1862

AGE: Years 77 | Months 8 | Days 25 | If less than one day: hr. ..... min.

Birthplace Baltimore, Md
(Town, county, and state)

Usual Occupation Housewife
Industry or business

12. Name Jacob J. Frantzeni

13. Birthplace Germany

14. Maiden Name Katherine Spring

15. Birthplace Germany

(a) Informant Mrs Katherine Beigel

(b) Address 3125 Lauraview Ave

(a) Burial (b) Date thereof Nov 11-39
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory St Matthews Cem

Location Baltimore Md

(a) Funeral director John Elliott

(b) Address 202 E Orleans St

(a) (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 9 1939, at 6:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-28 1939, to 11-9 1939, and that I last saw h alive on 11-9 1939.

Immediate cause of death
PRIMARY CARCINOMATOSIS OF LUNG (LEFT) WITH METASTASIS TO OTHER LUNG

Duration: about 10 MONTHS

Due to .....

Due to .....

Other Conditions GEN ARTERIOSCLEROSIS

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy AS MENTIONED ABOVE

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury .....

23. Signature John F. Coolahan M. D.

Address Church Home & Inf Date signed 11-9-39

VS 3

Co 5-11 250B
2783

F 62783

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3401 Roylston Ave. ~~8th~~ 27-5 Ward)

Length of residence in city or town where death occurred 8 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Margaret Ward

(a) Residence: No. 3401 Roylston Ave. St., Hamilton Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Robert Alexander Ward

DATE OF BIRTH (month, day, year) 10/6/1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	10	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework?
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brooklyn, Md.

13. NAME Johann Koehler

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anna Seitz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Margaret Ward
(Address) 3401 Roylston Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date Nov. 11, 1939

19. UNDERTAKER John Burns Sons Incorporated
(Address)

20. FILED NOV 10 1939 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1939, to Nov. 9, 1939

I last saw her alive on Nov. 9, 1939 death is said to have occurred on the date stated above, at 7:50 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute glomerulo-nephritis	March 1939
Other contributory causes of importance: Diabetes	1934

Name of operation none Date of
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) S. A. Alessi, M. D.
(Address) 6217 Harford Rd.

Missing
#62784

70728

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62785
Registered No.

PLACE OF DEATH:
Baltimore City, Maryland

Street address
Hospital or institution: JOHNS HOPKINS HOSPITAL

Length of stay in hospital or inst. (yrs., mos., or days) 9 Days

Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MD (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2214 Clifton Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

1. FULL NAME Esther Aaronson

If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Herman

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Sept 1869

AGE: Years 70 | Months | Days | If less than one day hr. min.

Birthplace Russia (Town, county, and state)

Usual Occupation None

Industry or business

12. Name Abram Hudson

13. Birthplace Russia

14. Maiden Name Sarah Saltzman

15. Birthplace Russia

(a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

Burial (Burial, cremation, or removal) (b) Date thereof 11-10-39 (month) (day) (year)

(c) Cemetery or crematory Beth Chaim

Location Wash & Bloom

(a) Funeral director Bert Levin Inc

(b) Address 1439 E. Baltimore St

9 (a) (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov-8 19 , at 745 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 30 1939 to Nov. 8 1939. and that I last saw her alive on Nov. 8 1939.

Immediate cause of death Generalized Peritonitis — Duration 2 days

Due to Resection of Carcinoma of transverse colon with

Due to end-to-end anastomosis; leakage of suture line.

Other Conditions Hypertensive cardiovascular disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of transverse colon

Of autopsy Generalized peritonitis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide No

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)

(e) Means of injury —

23. Signature David H. Stroud M. D.

Address Johns Hopkins Hospital Date signed

VS 8

F 62786

2786

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 958

PLACE OF DEATH:
Baltimore City, Maryland
Street address 3346 Virginia Ave
Hospital or institution:

Length of stay in hospital or inst. (yrs., mos., or days)
Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town (If outside city or town limits, write RURAL, and give town) Balto
(d) Street No. 3346 Virginia Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? 40 years

1. FULL NAME Annie Terlitzky Eisenberg
(b) If veteran, name war
3 (c) Social Security Account No.

4. Sex female | 5. Color or race white | 6 (a) Single, married, widowed, or divorced. widow
(b) Name of husband or wife David
6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) 1854

AGE: Years 85 | Months | Days | If less than one day hr. min.

Birthplace Russia (Town, county, and state)
Usual Occupation Housewife
Industry or business

12. Name Berel Gitties
13. Birthplace Russia
14. Maiden Name Leah Terlitzky
15. Birthplace Russia
16 (a) Informant Frank Terlitzky 2d
(b) Address 1615 No Smallwood St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-10-39 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rodeph Shalom Cem Hamilton Ave
Location
18 (a) Funeral director Jacob Siegel Sons
(b) Address 1439 E Baltimore St.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 10 1939, at 2A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 11 1939, to Nov 9 1939, and that I last saw h alive on Nov. 10 1939.

Immediate cause of death (a) Sclerotic heart disease
Due to
Due to
Other Conditions Coronary thrombosis.
(Include pregnancy within 3 months of death)

Duration: (a) 2 yrs; 1939

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. A. Michelson M. D.
Address 2230 Eutaw Pl. Date signed Nov. 10 1939

VS 3

87

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-6

F 62787
Registered No.

PLACE OF DEATH:
Baltimore City, Maryland
Street address 1217 Argyle Ave
Hospital or institution:

Length of stay in hospital or inst. (yrs., mos., or days)
Length of stay in Baltimore (yrs., mos., or days) 52 yrs 17 ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1217 Argyle Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Mary E. Robinson
(b) If veteran, name war
(c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fem.	Col	Widowed

(b) Name of husband or wife William Robinson
6 (c) If alive, give age years
Birth date of deceased (mo., day, yr.) 1887

AGE: Years	Months	Days	If less than one day
52	?	?	hr min.

Birthplace Baltimore Md (Town, county, and state)
9. Usual Occupation Housewife
10. Industry or business
11. Name Charles Pett
12. Birthplace Maryland
13. Mother's Maiden Name Mary Johnson
14. Birthplace Baltimore, Md
15. (a) Informant Fonnett Jacobs
(b) Address 77-2nd St Newark N.J.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 10 39 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Wesport
18. (a) Funeral director W. G. Brooks
(b) Address 463 N. Carey St
19. (a) (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-6 1939 6:30 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 11-1 1939 to 11-6 1939
and that I last saw her alive on 11-6 1939

Immediate cause of death	Duration
Myocarditis	2 mos
Due to Arteriosclerosis	6 mos
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. Atwell Jones M.D.
Address 5-5-4 Dolphin St Date signed 11-7-39

VS 3

2788

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

958 Registered No. F 62788

PLACE OF DEATH:
Baltimore City, Maryland
Street address 1723 Poplar Grove St.
Hospital or institution:
— — —

Length of stay in hospital or inst. (yrs., mos., or days) —
Length of stay in Baltimore (yrs., mos., or days) 84-9-6

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County —
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1723 POPLAR GROVE ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

1. FULL NAME WILLIAM WILKINS
If veteran, name war —
3. (c) Social Security Account No. — —

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M.	W.	MARRIED

(b) Name of husband or wife MATILDA C. WILKINS
6. (c) If alive, give age — years

Birth date of deceased (mo., day, yr.) 2/2/1855

AGE: Years	Months	Days	If less than one day
84	9	6	— hr. — min.

Birthplace BALTIMORE, MARYLAND (Town, county, and state)
Usual Occupation CRAFTSMAN
Industry or business SHEET-METAL INDUSTRY
12. Name HENRY WILKINS
13. Birthplace (UNKNOWN)
14. Maiden Name ANNA POIS
15. Birthplace FRANCE
(a) Informant Mrs WALTER A MINER
(b) Address 1723 POPLAR GROVE ST
(a) BURIAL (b) Date thereof 11/11/39 (month) (day) (year)
(Burial, ~~cremation, or removal~~)
(c) Cemetery ~~or crematory~~ LOUDON PARK
Location FREDERICK AVE. CITY
(a) Funeral director Walter Brooke Bradley
(b) Address 1922 W. NORTH AVE.
(a) (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH NOV. 8, 1939 1939. at 1:10 A.M.
21. I certify that death occurred on the date above stated, that I attended deceased from SEPT 26 1939. to NOV 7 1939.
and that I last saw him alive on NOV 7 1939.

Immediate cause of death ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE — Duration 1939
Due to
Due to
Other Conditions CHRONIC ARTHRITIS
(Include pregnancy within 3 months of death)
Major findings:
Of operations NONE
Of autopsy NONE.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Edward J Nolan M. D.
Address 682 WASHINGTON BLVD Date signed NOV 8 1939

VS 3

89

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 Registered No. F 62789

PLACE OF DEATH:
Baltimore City, Maryland
Street address GREEN AND REDWOOD STS.
Hospital or institution:
UNIVERSITY HOSPITAL
Length of stay in hospital or inst. (yrs., mos., or days) 7 days
Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore.
(c) City or town PARKTON
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. FULL NAME Viola Ford.
If veteran, name war
3 (c) Social Security Account No.
4. Sex female
5. Color or race White.
6 (a) Single, married, widowed, or divorced Separated.
(b) Name of husband or wife ?
6 (c) If alive, give age years
Birth date of deceased (mo., day, yr.) 1890.
AGE: Years 49 Months — Days — If less than one day hr. min.
Birthplace Maryland. (Town, county, and state)
Usual Occupation Housewife
Industry or business OWN HOME
12. Name Joe Bosley
13. Birthplace Maryland.
14. Maiden Name Catherine ?
15. Birthplace Maryland
(a) Informant Mrs. Parks HOOVER.
(b) Address Stevenson. Md.
(c) Burial (Burial, cremation, or removal) (b) Date thereof Nov 12-39 (month) (day) (year)
(a) Cemetery or crematory Wisburg
Location White Hall. Md
(a) Funeral director P. Markline Sons
(b) Address White Hall. Md
(Date received by registrar) NOV 10 1939 (b)
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH NOVEMBER 10 1939. at 9:10A. M
21. I certify that death occurred on the date above stated, that I attended deceased from 11-4 1939. to 11/10 1939.
and that I last saw h ee alive on 11-10 1939.

Immediate cause of death: Hypertensive Cardio-vasc. Renal DISEASE — Duration 3 years
Due to: ARTERIOLOSCLEROTIC NEPHRITIS & RETINITIS — 3 years
Due to: UREMIA WITH PERICARDITIS — 6 weeks
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature John Z. Bowers M.
Address University Hospital Date signed Nov 10

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62790
Registered No.

PLACE OF DEATH:
Baltimore City, Maryland
Street address
Hospital or institution: JOHNS HOPKINS HOSPITAL
Length of stay in hospital or inst. (yrs., mos., or days) 16 days
Length of stay in Baltimore (yrs., mos., or days) 16 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Bareing (If outside city or town limits, write RURAL and give town)
(d) Street No. 725 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. FULL NAME Margaret Fowble
If veteran, name war
3 (c) Social Security Account No.

4. Sex female | 5. Color or race white | 6 (a) Single, married, widowed, or divorced.
(b) Name of husband or wife
6 (c) If alive, give age years
Birth date of deceased (mo., day, yr.) 8-2-39
AGE: Years | Months 3 | Days 7 | If less than one day hr. min.
Birthplace Md. (Town, county, and state)
Usual Occupation
Industry or business
12. Name Edwin Fowble
13. Birthplace Md.
14. Maiden Name Cora Gill
15. Birthplace Md
(a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL
(a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 10, 1939 (month) (day) (year)
(c) Cemetery or crematory Cedar Grove
Location Sparks, Md
18 (a) Funeral director Lemuel M. Brooks
(b) Address Sparks, Md
19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 9 1939 at 8 45 a M

21. I certify that death occurred on the date above-stated; that I attended deceased from Oct. 23 1939 to Nov 9 1939 and that I last saw her alive on Nov. 9 1939.

Immediate cause of death: Dysentery
Due to (b) Dysentery, Shigella
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Dysentery - Colitis

Duration 19 days over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ethel Walker M. D.
Address Baltimore, Md Date signed 11/10/39

VS 3

62791

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59

Registered No. E 62791

PLACE OF DEATH:
Baltimore City, Maryland
Street address 1203 S. Charles
Hospital or institution

Length of stay in hospital or inst. (yrs., mos., or days) 2 days
Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto-City
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1203 S. Charles St (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

1. FULL NAME Emrich Matuskey

1-a. If veteran, name war No

3. (a) Social Security Account No. No

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Married
(b) Name of husband or wife Amelia M. Matuskey
6. (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Dec 1, 1872

AGE: Years 66 Months 11 Days 7 If less than one day hr. min.

Birthplace Hungary (Town, county, and state)

Usual Occupation Watchmaker & Optometrist
Industry or business

12. Name Emrich Matuskey
13. Birthplace Hungary
14. Maiden Name Johanna Thurn
15. Birthplace Austria

(a) Informant Amelia Matuskey
(b) Address 1203 S. Charles St

(a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 11/1939 (month) (day) (year)

(c) Cemetery or crematory Western Cemetery
Location Balto Md

(a) Funeral director J. Kenny & Son
(b) Address 1400 N. Charles St

(a) (b)
Date rec'd by registrar Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/8 1939 at 4:30 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from 11/6 1939, to 11/8 1939.
that I last saw h[e] alive on 11/8 1939.

Immediate cause of death: Coronary occlusion & pulmonary oedema — Duration: 2 days
Due to
Due to
Other Conditions: Diabetes mellitus — 2 yrs

(Include pregnancy within 3 months of death)

Major findings of operations
Of autopsy no

PHYSICIAN
(Underline the cause to which death should be charged statistically)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Isaac Miller M.D.
Address 1225 S. Charles St Date signed 11/9/39 M. D.

VS 8

2792

HEALTH DEPARTMENT—CITY OF BALTIMORE 16,2792

CERTIFICATE OF DEATH

93c

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2919 Loveland Ave St., 9-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Adolph Spamer

(a) Residence: No. 2919 Loveland Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed or divorced: HUSBAND of (or) WIFE of Frances A. Thomas

6. DATE OF BIRTH (month, day, year) Feb 28-1861

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	8	11	10

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6008

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md
(State or country)

13. NAME Christian Spamer

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Margaret Schroeder

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Miss Cora A. Spamer
(Address) 2919 Loveland Ave.

18. BURIAL, CREMATION, OR REMOVAL. Date 11/11/39
Place Lorraine Park

19. UNDERTAKER Geo. Weber & Son
(Address) 2503 Edmondson Ave

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 29 to Nov 8 1939

I last saw him alive on Nov 2 1939 Death is said to have occurred on the date stated above, at 11.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	9 Days
Other contributory causes of importance: Hypertensive Arteriosclerosis	July 1934

Was an operation performed? No Date of ...

For what disease or injury? —

Name of operation —

What test confirmed diagnosis Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Edward H. Bruce M. D.

(Address) 100 Overlea Ave

F 62793

2793
LB 49961

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH V 95-B

Registered No. .....

PLACE OF DEATH:
Baltimore City, Maryland

Street address 4940 Eastern Avenue
Hospital or institution:
Baltimore City Hospitals 55 Min.
Length of stay in hospital or inst. (yrs., mos., or days) 15 hrs.
Length of stay in Baltimore (yrs., mos., or days) 27 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 242 S. Bond St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 27 yrs. years

1. FULL NAME John Koritzka or Jan Koritsky

1-a. If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary
6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) not known

AGE: Years	Months	Days	If less than one day hr.	min.
57				

Birthplace Russia (Town, county, and state)

Usual Occupation Carpenter
Industry or business unemployed 8 yrs.

12. Name unknown
13. Birthplace Russia
14. Maiden Name unknown
15. Birthplace Russia

(a) Informant Records
(b) Address Baltimore City Hospitals

(a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 11, 1939 (month) (day) (year)

(c) Cemetery or crematory Holy Trinity Russian
Location Anne Arundel County

(a) Funeral director John A. Grebiencheff, Jr.
(b) Address 453 S. Paca Street

9 (a) ..... (b) ..... Registrar
Date rec'd by registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH November 9 1939, at 3.52 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 8 1939, to Nov. 9 1939, and that I last saw him alive on Nov. 9 1939.

Immediate cause of death	Duration
Arteriosclerotic heart disease	unknown
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury .....

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 11-9-39

62794

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

Registered No. E 62794

PLACE OF DEATH:
Baltimore City, Maryland
Street address 714 N. Rose St.
Hospital or institution:

Length of stay in hospital or inst. (yrs., mos., or days)

Length of stay in Baltimore (yrs., mos., or days) 55

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 714 N Rose St (If rural give location)
(e) If foreign born, how long in U. S. A.? 55 years

1. FULL NAME Andrew A. Baytos
1a) If veteran, name war No.
3 (c) Social Security Account No.

4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. Widowed
(b) Name of husband or wife Agnes M.
6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Nov 30 1863

AGE: Years 75 Months 11 Days 9 If less than one day hr. min.

Birthplace Germany (Town, county, and state)
Usual Occupation Carpenter
Industry or business

12. Name George Baytos
13. Birthplace Germany
14. Maiden Name Kathynie Poblick
15. Birthplace Germany
16 (a) Informant Mary Baytos
(b) Address 714 N. Rose St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 13 1939 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd
18 (a) Funeral director Martin H. Eckhoff
(b) Address 318 Aisquith St

19 (a) (Date received by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 9 1939 at 2 55 A.M.

21. I certify that death occurred on the date above stated, that I attended deceased from 11-4-39 to 11-9-39, and that I last saw him alive on 11-9-39.

Immediate cause of death Cerebral Apoplexy (a)
Due to Chronic Nephritis (b)
Due to (c)

Duration 5 days

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address [illegible] Date signed 11-11-39

62795

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-A

Registered No. 62795

PLACE OF DEATH:
Baltimore City, Maryland
Street address 1600 Eutaw Place
Hospital or institution:
home

Length of stay in hospital or inst. (yrs., mos., or days)

Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. 1600 Eutaw Pl. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

FULL NAME Virginia Dare

If veteran, name war: NONE

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

Name of husband or wife

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Feb. 23, 1866

AGE: Years	Months	Days	If less than one day: hr.	min.
73	8	17		

Birthplace Baltimore, Md. (Town, county, and state)

Usual Occupation NONE

Industry or business NONE

12. Name Wm. Henry Dare

13. Birthplace Maryland

14. Maiden Name Caroline Cowman

15. Birthplace Virginia

(a) Informant Mrs. Mary B. Dare (sister-in-law)

(b) Address 2001 Park Ave.

(a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 11, 1939 (month) (day) (year)

(c) Cemetery or crematory Friend's Burying Ground

Location Harford Ave.

(a) Funeral director STEWART & MOWEN COMPANY (P. F. WOODEN SUC.) 100 W. NORTH AVENUE

(b) Address

(a) (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 9 1939, at 4:30 A. M

21. I certify that death occurred on the date above stated, that I attended deceased from June 15 1932 to Nov. 9 1939, and that I last saw her alive on Nov 3 1939.

Immediate cause of death Chronic Valvular Heart Disease — Duration: 7 years

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature E William Fry M D M. D.

Address 1928 Penna Ave Date signed 11/9/39

VS 3

62796

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. F 62796

PLACE OF DEATH:
Baltimore City, Maryland
Street address Washington Apts
Hospital or institution:

Length of stay in hospital or inst. (yrs., mos., or days)
Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Washington Apts. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. FULL NAME Mary Hooper

If veteran, name war None

3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

(b) Name of husband or wife Single

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Nov 19 1863

AGE: Years 75 | Months 11 | Days 19 | If less than one day hr. min.

Birthplace Baltimore, Md (Town, county, and state)

Usual Occupation None

Industry or business None

12. Name Theodore Hooper
13. Birthplace Balto., Md.
14. Maiden Name Margaret Mc Williams
15. Birthplace Balto., Md.

(a) Informant Dr. John L. Dorsey (Cousin)
(b) Address 1129 St. Paul St.

(a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 11 39 (month) (day) (year)

(c) Cemetery or crematory Greenmount Cemetery
Location Baltimore, Md

(a) Funeral director H. Hurst & Mowen Company
(b) Address 108 W. North Avenue

(a) (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-8 1939, at 10.40 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-6 1939, to 11-8 1939, and that I last saw h ER alive on 11-8 1939.

Immediate cause of death LOBAR PNEUMONIA — Duration 2 Days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John L. Dorsey M. D.
Address 1129 St. Paul St Date signed 11-9-39

VS 3

2797

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B F 62797

Registered No.

PLACE OF DEATH:
Baltimore City, Maryland
Street address or location: 107 Longwood Road
Hospital or institution:

Length of stay in hospital or inst. (yrs., mos., or days)
Length of stay in Baltimore (yrs., mos., or days) 2yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 107 Longwood Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

94-B

1. FULL NAME William H Brown
2. If veteran, name war No
3 (c) Social Security Account No.
4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced Married
(b) Name of husband or wife Mary Virginia
(c) If alive, give age years
7. Birth date of deceased (mo., day, yr) Aug 6 1854
8. AGE: Years 55 Months 1 Days 3 If less than one day hr. min.
9. Birthplace Richmond Va (Town, county, and state)
10. Usual Occupation Foreman Tobb
Industry or business Tobacco Mfg
11. Name of informant Wm H Brown
12. Birthplace Va
13. Birthplace of mother Mattie Wright
14. Maiden Name Va
15. Birthplace
16. (a) Informant Mary Virginia Brown
(b) Address 107 Longwood Ct
17. (a) Burial, cremation, removal Date thereof 11 11 34 (month) (day) (year)
(b) Richmond Va 11-13-34.
(c) Cemetery or crematory Evergreen
Location Richmond Va
18. (a) Funeral director Pilkington (Col)
(b) Address 1211 E Cary St
19. (a) (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-9" 1934 at 5:30 A M
21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw h[illegible] alive on 19 .

Immediate cause of death Coronary Occlusion

Duration

Had never been treated for this condition but was called to house

Due to The a.m. patient had complained of indigestion

Due to he died very suddenly as above certified

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature [illegible] M. D.
Address 701 Cathedral St Date signed

O.K. [illegible]

VS 3

62798

F 62798

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

182-N Registered No.

PLACE OF DEATH:
Baltimore City, Maryland
Street address 2520 Greenmount Ave
Hospital or institution:
Sanitarium Home + Hospital
Length of stay in hospital or inst. (yrs., mos., or days) 40 yrs
Length of stay in Baltimore (yrs., ~~mos., or days~~) 12

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2520 Greenmount Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. FULL NAME Sarah E. La Domus
2. If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
Female	White	Widowed

(b) Name of husband ~~or wife~~ George W. La Domus
6 (c) If alive, give age years
Birth date of deceased (mo., day, yr.) Jan 22nd 1854

AGE: Years	Months	Days	If less than one day: hr.	min.
85	9	17		

Birthplace Montgomery Co Md. (Town, county, and state)
Usual Occupation at home for 40 yrs
Industry or business

12. Name George Webster
13. Birthplace Montgomery Co Md
14. Maiden Name Mary King
15. Birthplace Montgomery Co. Md
(a) Informant Mrs Mae Marchant
(b) Address Middleburg Va.
(a) Burial (Burial, cremation, or removal) (b) Date thereof 11-12-39 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Oak Lawn
Location Baltimore Md
(a) Funeral director William Cook
(b) Address 1217 E. Fayette St
(a) (b) Registrar
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 9th 1939, at 4.45 A M
21. I certify that death occurred on the date above stated, that I attended deceased from Nov 5th 1939 to Nov 9th 1939, and that I last saw h[illegible] alive on Nov 8th 1939.

Immediate cause of death: Cerebral Hemorrhage — Duration: 4 days
Due to —
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —
23. Signature H. L. Rockard, M. D.
Address 3200 St Paul St Date signed 11/9/39

V8 3

F 62799

799

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

Registered No.

PLACE OF DEATH:
Baltimore City, Maryland

Street address

Hospital or institution:
Mercy Hosp

Length of stay in hospital or inst. (yrs., mos., or days) 13 days

Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State ~~Maryland~~ (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 458 Patterson Place (If rural give location)

(e) If foreign born, how long in U. S. A.? years

1. FULL NAME Casper Realtirch

If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

(b) Name of husband or wife

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Dec 20 1866

AGE: Years	Months	Days	If less than one day
72	10	24	hr. min.

Birthplace Baltimore (Town, county, and state)

Usual Occupation None

Industry or business

12. Name Henry Realtirch

13. Birthplace Germany

14. Maiden Name Elizabeth Frisky

15. Birthplace Baltimore

(a) Informant Annie Rauch

(b) Address 435 East Lanvale St

(a) Burial (b) Date thereof Nov 13 39 (month) (day) (year)
(Burial, cremation, or removal)

(c) Cemetery or ~~crematory~~ Mt Carmel Cemetery

Location O'Donnell St & Potomac

(a) Funeral director William Cook

(b) Address 1217 St Paul & Preston Balto

(a) (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 7 1939, at 5:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 10 1939, to Nov 7 1939, and that I last saw h[illegible] alive on Sept 10 1939.

Immediate cause of death Cerebro Cerebral C.V.D.

Due to

Due to

Other Conditions Chronic Dysentery

(Include pregnancy within 3 months of death)

Duration
?

10 years

PHYSICIAN
Underline the cause to which death should be charged statistically.

Major findings:
Of operations None

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Joseph Edwin Lichenstein M. D.

Address Mercy Hosp Date signed Nov 7, 39

VS 3

47624 - HB

62800

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-3

Registered No. F 62800

PLACE OF DEATH:
Baltimore City, Maryland

Street address 4940 Eastern Ave.

Hospital or institution:
Baltimore City Hospitals

Length of stay in hospital or inst. (yrs., mos., or days) 2 mo., 16 days

Length of stay in Baltimore (yrs., mos., or days) 51 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

4-2

(d) Street No. Md. House of Correction (If rural give location)

Cor N Saratoga St.

(e) If foreign born, how long in U. S. A.? 51 yrs. years

1. FULL NAME Gustav Isberg

If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

(b) Name of husband or wife

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Jan. 4, 1870

AGE: Years	Months	Days	If less than one day
69	10	1	hr. min.

Birthplace Sweden (Town, county, and state)

Usual Occupation Unknown

Industry or business

12. Name Andrew Isberg

13. Birthplace Sweden

14. Maiden Name Charlotte ?

15. Birthplace Sweden

(a) Informant Records

(b) Address B.C.H.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Location

18 (a) Funeral director

(b) Address Per M. E. Moore

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 5 1939, at 12-9 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 19 1939, to nov 5 1939, and that I last saw h alive on nov 5 1939.

Immediate cause of death Carcinoma of the Stomach — **Duration** 5 months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. Newaghebote M. D.

Address Balto City Hosp. Date signed 11-7-39

NOV 10 1939
UNIVERSITY MEDICAL SCHOOL
Commissioner of Health

VS 3

62891 LB

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-P F 62801 Registered No.

PLACE OF DEATH:
Baltimore City, Maryland

Street address 4940 Eastern Avenue

Hospital or institution:
Baltimore City Hospitals

Length of stay in hospital or inst. (yrs., mos., or days) 2 Mo. 22 days

Length of stay in Baltimore (yrs., mos., or days) 7 yr.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

Street No. 110 Salsberry Alley (If rural give location)

(e) If foreign born, how long in U. S. A.? years

1. **FULL NAME** James Bures

If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

Name of husband or wife

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) 2/15/1865

AGE: Years	Months	Days	If less than one day
74	8	23	hr. min

Birthplace Fairfield, N. C. (Town, county, and state)

Usual Occupation Labor

Industry or business

12. Name Simon Bures

13. Birthplace Fur Creek, N. C.

14. Maiden Name Arcadie Ensor

15. Birthplace Fur Creek, N. C.

(a) Informant Records

(b) Address Baltimore City Hospitals

(a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location

(a) Funeral director

(b) Address

(a) (Date rec'd by registrar) (b) Registrar

UNIVERSITY MEDICAL SCHOOL NOV 10 1939

Commissioner of Health

MEDICAL CERTIFICATION

20. **DATE OF DEATH** November 8 1939, at 10:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 16 1932, to Nov. 8 1939, and that I last saw h im alive on Nov. 8 1939.

Immediate cause of death Arteriosclerotic Heart disease — Duration unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy not done.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. Murray Gibbon M. D.

Address Balto City Hosp Date signed 11-8-39

VS 3

52802

49714 - RB

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-F

Registered No. 52802

PLACE OF DEATH:
Baltimore City, Maryland

Street address 4940 Eastern Ave.

Hospital or institution:
Baltimore City Hospitals

Length of stay in hospital or inst. (yrs., mos., or days) 4 days

Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

24-1

(d) Street No. 24 Camden St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

1. FULL NAME Charles R. O'Brien

2. If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

(b) Name of husband or wife Emma Bell

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Sept. 1, 1880

AGE: Years	Months	Days	If less than one day
59	2	4	hr. min.

Birthplace Va. (Town, county, and state)

Usual Occupation Street Peddler

Industry or business

12. Name William O'Brien

13. Birthplace Va.

14. Maiden Name Lydia Beard

15. Birthplace Md.

(a) Informant Records

(b) Address B.C.H.

(a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location

(a) Funeral director

(b) Address

(a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 5 1939, at 4:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 31 1939, to Nov. 5 1939, and that I last saw h~~im~~ alive on Nov. 5 1939.

Immediate cause of death Hypertensive Cardiovascular disease — Duration unknown.

Due to

Due to

Other Conditions Arteriosclerosis, generalized — unknown.

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy not done.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. Murray Hellstein M. D.

Address Balto City Hosp. Date signed 11-8-39

RECEIVED VITAL STATISTICS NOV 10 1939 BALTIMORE CITY DEPARTMENT OF HEALTH

51665

V8 8

COK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a

49897 Registered No. 52803

52803

PLACE OF DEATH:
Baltimore City, Maryland

Street address Baltimore Maryland

Hospital or institution:
Baltimore City Hospitals

Length of stay in hospital or inst. (yrs., mos., or days)

Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 500 N. Patterson Park Ave.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

1. FULL NAME: John Kropiva

If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

(b) Name of husband or wife Unknown

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Unknown

AGE: Years	Months	Days	If less than one day
52 ?			hr. min.

Birthplace Europe
(Town, county, and state)

Usual Occupation Unknown

Industry or business

12. Name Unknown

13. Birthplace Unknown

14. Maiden Name Unknown

15. Birthplace Unknown

(a) Informant Records

(b) Address Baltimore City Hospitals

(a) (b) Date thereof
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory

Location

(a) Funeral director

(b) Address

(a) (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 6 1939, at 7⁰⁰ P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 6 1939, to Nov. 6 1939, and that I last saw him alive on Nov 6 1939.

Immediate cause of death: Cerebral hemorrhage — Duration: 24 hours.

Due to

Due to

Other Conditions Hypertension — unknown.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy not done.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature J. Murray Hellstern M. D.

Address Balto City Hosp Date signed 11-8-39

UNIVERSITY MEDICAL SCHOOL NOV 10 1939

Commissioner of Health

VS 3

62804

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

43-C Registered No. F 62804

PLACE OF DEATH:
Baltimore City, Maryland
Street address 1500 Pendleton
Hospital or institution:
Length of stay in hospital or inst. (yrs., mos., or days)
Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto City (If outside city or town, write RURAL and give town)
Street No. 1500 Pendleton Ave (If rural give location)
(d) If foreign born, how long in U. S. A.? — years

1. FULL NAME Julia Nichols

(b) If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Widowed

(b) Name of husband or wife Frederick Nichols 6 (c) If alive, give age — years

Birth date of deceased (mo., day, yr) 1879

AGE: Years	Months	Days	If less than one day: hr.	min.
60				

Birthplace Md. (Town, county, and state)

7. Usual Occupation Private family 37
8. Industry or business

12. Name Edward I. Strohecker
13. Birthplace Md.
14. Maiden Name Julia Nichols
15. Birthplace Md

16 (a) Informant Susan Nicholson
(b) Address 84-8 Ed. Ave Balto

17 (a) Buried. (Burial, cremation, or removal) (b) Date thereof 11/10/1939. (month) (day) (year)

(c) Cemetery or crematory Mt Zion Cemetery.
Location
18 (a) Funeral director Mrs Katie E. Williams
(b) Address 322 N. Schroeder St.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/7/39 19 , at M

21. I certify that death occurred on the date above stated, that I attended deceased from 10/ /1939 to 11/7/1939 and that I last saw h— alive on 11/3/1939

Immediate cause of death	(a)	Duration
Myocarditis		2 days
Due to Old Age		
Due to		
Other Conditions		

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed 11/7/39

VS 3

McMullen, Gertrude

62805

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B Registered No. F 62805

PLACE OF DEATH:
Baltimore City, Maryland
Street address 2246 W Fayette st
Hospital or institution

Length of stay in hospital or inst. (yrs., mos., or days)
Length of stay in Baltimore (yrs., mos., or days) 22 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2246 W Fayette (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. FULL NAME Gertrude McMullen
2. If veteran, name war
3. (c) Social Security Account No.

Sex	5. Color or race	6. (a) Single, married, widowed, or divorced	(b) Name of husband or wife	(c) If alive, give age
F	W	Married	Wm McMullen	72 years

Birth date of deceased (mo., day, yr.) Feb 18 1862

AGE: Years	Months	Days	If less than one day: hr.	min.
77	8	22		

Birthplace Penna (Town, county, and state)
Usual Occupation Home
Industry or business

12. Name Jacob Hunsman
13. Birthplace Penna
14. Maiden Name Not Known
15. Birthplace Penna
16. (a) Informant John M Mullen
(b) Address 2246 W Fayette
17. (a) Burial (Burial, cremation, or removal) Date thereof 11-11-39 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Catonsville Md
18. (a) Funeral director Geo A Tenley
(b) Address Fulton Ave & Fayette
19. (a) (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 9 1939, at 5.20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1935, to Nov 9 1939, and that I last saw h[illegible] alive on Nov 8 1939.

Immediate cause of death	Duration
Cardio Vascular Disease	about 2 yrs
Due to Arteriosclerosis	
Due to	
Other Conditions Asthma Cardiac	about 2 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert Scarpetti M. D.
Address 1725 W Lombard Date signed 11/10/39

VS 3

62806

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B Registered No. F 62806

PLACE OF DEATH:
Baltimore City, Maryland
Street address 212 Ridgewood Rd.
Hospital or institution:

Length of stay in hospital or inst. (yrs., mos., or days)
Length of stay in Baltimore (yrs., mos., or days) 57 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 212 Ridgewood Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. FULL NAME Mary Norris Poole

If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	White	widow

(b) Name of husband or wife George Poole
6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Oct. 29, 1860

AGE: Years	Months	Days	If less than one day
79	--	11	hr. min.

Birthplace Westminster, Md. (Town, county, and state)
Usual Occupation retired
Industry or business

12. Name Luther Norris
13. Birthplace Md.
14. Maiden Name Anna Howard
15. Birthplace Ohio

(a) Informant Ann H. P. Swett
(b) Address Bloomfield, Conn.

(a) Cremation (b) Date thereof 11/11/39
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemy.
Location Fred. Ave. Balto. Md.

(a) Funeral director John A. Mitchell & Son Inc.
(b) Address 1800 Eutaw Place

(a) (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 9, 1939, at 9.30 P M

21. I certify that death occurred on the date above stated, that I attended deceased from 1935 to 11-9 1939, and that I last saw h or alive on 11-9 1939

Immediate cause of death	Duration
CEREBRAL HEMORRHAGE	6 HRS.
Due to ARTERIOSCLEROTIC HYPERTENSIVE VASCULAR DISEASE	5+ YRS.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John L. Dorsey M. D.
Address 1129 St. Paul St Date signed 11-10-39

VS 3

62807

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

Registered No. F 62807

PLACE OF DEATH:
Baltimore City, Maryland
Street address 3101 Walbrook Avenue
Hospital or institution:

Length of stay in hospital or inst. (yrs., mos., or days)
Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3101 Walbrook Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

5 6 5

1. FULL NAME Clara Lydia Mills
If veteran, name war
3 (c) Social Security Account No.

4. Sex female
5. Color or race white
6 (a) Single, married, widowed, or divorced. widowed
(b) Name of husband or wife Thomas L. Mills
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) March 17, 1871
8. AGE: Years 68 Months 7 Days 22 If less than one day hr. min.
9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation housewife
Industry or business

10-37

12. Name Sylvester R. Kelly
13. Birthplace New York State
14. Maiden Name Catherine Spence
15. Birthplace New York State
(a) Informant Sylvester K. Mills
(b) Address 3101 Walbrock Ave., Baltimore

16. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 11, 1939 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Avenue, Baltimore
17. (a) Funeral director John C. Mitchell & Son, Inc.
(b) Address 1900 Eutaw Place, Baltimore

(a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 8 1939, at 10:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 6 1939, to Nov 8 1939, and that I last saw h[er] alive on Nov 8 1939.

	Duration
Immediate cause of death Coronary thrombosis	1 day
Due to Arteriosclerosis	10 years
Due to Chronic interstitial nephritis	10 years
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Reuben F. Stillman M. D.
Address 6 E. Biddle Street Date signed

VS 8

62808

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 169 Registered No. F 62808

PLACE OF DEATH:
Baltimore City, Maryland
Street address Hut Amsterdam Bldg
Hospital or institution
227 St Paul Place

Length of stay in hospital or inst. (yrs., mos., or days)
Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DEECASED:
(a) State Md (b) County Baltimore
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
Street No. 120 Oakdale Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

1) FULL NAME Russell I Digges
If veteran, name war none
3 (c) Social Security Account 212-07-0449

4 Sex M | 5. Color or race Wh | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Anna Etze
6 (c) If alive, give age years

7 Birth date of deceased (mo., day, yr.) Sept 27 1888
If less than one day hr min

AGE: Years 50 | Months 1 | Days 14

8 Birthplace Baltimore (Town, county, and state)

9 Usual Occupation Auditor
Industry or business

12. Name William F Digges
13. Birthplace Baltimore
14. Maiden Name Catherine Kroner
15. Birthplace Baltimore

16 (a) Informant Austin Digges
(b) Address 2 Upper Rd Charles St Ave

17 (a) Burial (Burial, cremation, or removal)
(b) Date thereof Nov 11/37 (month) (day) (year)
(c) Cemetery or crematory Meadow Ridge
Location Balto Co Md

18 (a) Funeral director John Ullrich & Co
(b) Address 200 E Arlington Ave

19 (a) (Date rec'd by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH November 10 1937, at 855a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Crushing Injury of head	
Due to	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 11/10/37
(c) Where did injury occur? 227 St. Paul St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Office Bldg (Specify type of place) While at work? Yes
(e) Means of injury Jumped from 3rd floor window

23. Signature W M Manderscheid M.D.
Medical Examiner
Date signed 11/10/37

F 62809

(304)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 4716

PLACE OF DEATH:
Baltimore City, Maryland
Street address N. Calvert St.
Hospital or institution: Mercy Hospital
Length of stay in hospital or inst. (yrs., mos., or days) 30 days
Length of stay in Baltimore (yrs., mos., or days) 59

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
2-A Street No. 3145 Riverside Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. FULL NAME Isabella Ruff
If veteran, name war
3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Sept. 27, 1880

AGE: Years 57 | Months 1 | Days 12 | If less than one day hr. min.

Birthplace Baltimore, Md. (Town, county, and state)

Usual Occupation Seamstress
Industry or business Tailoring Shop.

12. Name Joseph Ruff
13. Birthplace Baltimore
14. Maiden Name Elizabeth O'Neill
15. Birthplace Baltimore
(a) Informant The Deceased
(b) Address

(a) Burial (Burial, cremation, or removal) (b) Date thereof 11/13/39 (month) (day) (year)
(c) Cemetery or crematory Holy Cross. P A Co
Location Annapolis Blvd.
(d) Funeral director Thos. J. Conway
(b) Address Collins & Gilmore

(a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 9 1939, at 4:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 14, 1939, to Nov. 9 1939, and that I last saw her alive on Nov. 8 1939.

Immediate cause of death: Bronchogenic Carcinoma — Duration: 6 mos.?

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Carcinoma of lung & [illegible]

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. A. Kramer M. D.
Address Mercy Hospital Date signed 11/9/39

62810

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 62810

PLACE OF DEATH:
Baltimore City, Maryland
Street address 1640-N. Caroline Street
Hospital or institution: --

Length of stay in hospital or inst. (yrs., mos., or days) --

Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)

(d) Street No. 1640-N. Caroline St. (If rural give location)

(e) If foreign born, how long in U. S. A.? -- years

1. FULL NAME Eleanor M. Miller

If veteran, name war --

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

Name of husband or wife ----------

6 (c) If alive, give age -- years

Birth date of deceased (mo., day, yr.) 3/7/1915

AGE: Years	Months	Days	If less than one day
24	8	3	hr. XXXXXXXXXXXX min.

Birthplace Baltimore, Md. (Town, county, and state)

Usual Occupation None 1000

Industry or business

12. Name Anthony P. Miller

13. Birthplace Baltimore, Md.

14. Maiden Name Catherine (Dieter)

15. Birthplace Baltimore, Md.

(a) Informant Mrs. Catherine Kamberger

(b) Address 1640-N. Caroline Street

(a) Burial (Burial, cremation, or removal) (b) Date thereof 11/12/39 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Baltimore Md

(a) Funeral director George J. Ruth, Inc.

(b) Address 1735-Harford Ave.

(a) (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/10/ 1939, at 3:N- a M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/25 1938, to 11/10/ 1939, and that I last saw her alive on 11/10/ 1939.

Immediate cause of death	Duration
Pulmonary Tbc	10 yrs.
Due to Myocarditis, acute	3 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George A Bowden M. D.
Address 1517 E 30th Ave Date signed 11/11/39

VS 3

62811

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124a Registered No. F 62811

PLACE OF DEATH
Baltimore City, Maryland
Street address — Division of Liver
Hospital or institution: St Joseph's Hospital
Length of stay in hospital or inst. (yrs., mos., or days)
Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1053 — Hilton St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

1. FULL NAME James J. Whelan
(b) If veteran, name war
3(c) Social Security Account No. None
4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married
(b) Name of husband or wife Lillian V. Mauzington
6 (c) If alive, give age 56 years
Birth date of deceased (mo., day, yr.) 1/18/1883

AGE: Years	Months	Days	If less than one day
56	9	23	— hr. — min.

Birthplace Ireland (Town, county, and state)
9. Usual Occupation Inspector & Cafes
10. Industry or business
12. Name Thomas J. Whelan
13. Birthplace Ireland
14. Maiden Name Mary Doherty
15. Birthplace Ireland
16 (a) Informant Mrs. Lillian V. Whelan
(b) Address 1053 Hilton St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/13/39 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.
18 (a) Funeral director Peregoy & Faith Inc
(b) Address 125 N. Howard St.
19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 10 1939, at 11:05 A.M.
21. I certify that death occurred on the date above stated, that I attended deceased from Oct 26 1939 to Nov. 10 1939, and that I last saw him alive on Nov. 10, 1939.

Immediate cause of death Cirrhosis of liver, post-hepatitic

Duration [redacted] 1 year

Due to

Due to over

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Milton J. Wilder M. D.
Address St. Joseph's Hosp. Date signed 11-10-39

VS 3

62812 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 62812

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1112 McCulloh St., 11-E Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Odessa Howard

(a) Residence: No. 1112 McCulloh St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Raymond,

7. DATE OF BIRTH (month, day, year) May 6 1912

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	6	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 11-37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER FATHER

13. NAME Thomas Fletcher

14. BIRTHPLACE (city or town) (State or country) Georgia

15. MAIDEN NAME Mathie Lejon

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT Rosa Lee Gilbert
(Address) 225 N. Eden St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 11-11 1939

19. UNDERTAKER Algernon Halstead
(Address) 1118 Druid Hill Ave

20. FILED NOV 11 1939 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 2 1939 to Nov 7, 1939

I last saw her alive on Nov 7, 1939 Death is said to have occurred on the date stated above, at 7:52 m. PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Lobar)	Nov 2
Other contributory causes of importance: Nephritis (Chronic)	Unknown

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. Mills M. D.

(Address) 1344 Druid Hill Ave

62813

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1131 Registered No. 62813

PLACE OF DEATH:
Baltimore City, Maryland
Street address Cor. Madison & Linden
Hospital or institution: Maryland General Hospital
Length of stay in hospital or inst. (yrs., mos., or days) 4 days
Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3814 Falls Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. FULL NAME Clarence H. Sullens
(a) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed
(b) Name of husband or wife: Mary Sullens
6 (c) If alive, give age years
Birth date of deceased (mo., day, yr.) Nov. 15 1895
AGE: Years 43 | Months 11 | Days 24 | If less than one day: hr. min.
Birthplace Balto. Md. (City or county, and state)
10. Usual Occupation Merchant
11. Industry or business Grocery Store
12. Name William R. Sullens
13. Birthplace Balto Md.
14. Maiden Name Rose Collins
15. Birthplace Balto. Md.
16 (a) Informant Charles Sullens. (Brother)
(b) Address 101 N. Lakewood Ave.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 13/39 (month) (day) (year)
(c) Cemetery or crematory Balto. Cem
Location End of North Ave
18 (a) Funeral director Lilly & Zeilenhof
(b) Address 403 S. Wolfe St.
19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 9, 1939. at 11:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 5 1939. to Nov. 9 1939. and that I last saw h/m alive on Nov. 9, 1939.

	Duration
Immediate cause of death: Uraemia	?
Due to: Chronic glomerulo-nephritis	?
Due to:	
Other Conditions: Hypertension	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert T. Coffman M. D.
Address Md. General Hosp. Date signed 11/9/39

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

62814 49990 — 34-9 — Registered No. 62814

PLACE OF DEATH:
Baltimore City, Maryland

Street address 4940 Eastern Avenue
Hospital or institution:
Baltimore City Hospitals
Length of stay in hospital or inst. (yrs., mos., or days) 30 Min. 17 hrs.
Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
If Street No. 30 S. Caroline St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. FULL NAME James Jones
If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: Brown
6 (a) Single, married, widowed, or divorced: Married
(b) Name of husband or wife: Mary
6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) June 1, 1883
If less than one day hr. min.

AGE: Years 56 | Months 5 | Days 9

Birthplace Va. (Town, county, and state)
Usual Occupation Laborer
Industry or business unemployed

12. Name ?
13. Birthplace ?
14. Maiden Name Mary Jones
15. Birthplace Va.
(a) Informant Records
(b) Address Baltimore City Hospitals

(a) (Burial, cremation, or removal)
(b) Date thereof 11/13/39 (month) (day) (year)
(c) Cemetery or crematory MT. ALBURN
Location MT. WINANS - BALTO. MD.
(a) Funeral director Elroy O. Wilson
(b) Address 1000 - Brantley ave.

(a) (Date rec'd by registrar) NOV 14 1939
(b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-10- 1939, at 5:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-9- 1939, to 11-10- 1939, and that I last saw him alive on 11-10- 1939.

	Duration
Immediate cause of death: Cardiac failure	3 hrs
Due to: Hypostatic Heart disease	? —
Due to	
Other Conditions: Sickle Cell Anemia	? —

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 11-11-39

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 - C

Registered No. E 62815

62815

PLACE OF DEATH:
Baltimore City, Maryland
Street address 33 - 1 Calvert St
Hospital or institution:
Union Mem. Hosp.
Length of stay in hospital or inst. (yrs., mos., or days) 11 days
Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5314 St Alban's way (If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

1. FULL NAME James Polk Carter

1. If veteran, name war None
3 (c) Social Security Account No. None

4. Sex M
5. Color or race W
6 (a) ~~Single, married~~, widowed, or ~~divorced~~. Widowed

6 (b) Name of husband or wife Nanny P Carter
Wed May 8 - 1923 6 (c) If ~~alive~~, give age 7 years

Birth date of deceased (mo., day, yr.) Aug 27 - 1858

AGE: Years 81 | Months 2 | Days 13 | If less than one day ... hr. ... min.

Birthplace Maryland (Town, county, and state)
Usual Occupation Judge
Industry or business

12. Name Rosa Ora Carter
13. Birthplace Holland
14. Maiden Name Miss Polk
15. Birthplace Maryland

16 (a) Informant Mr. Courtney Carter
(b) Address 5314 St. Albans Way, City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 12 - 37 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore Md

18 (a) Funeral director Henry Deaton & Co
(b) Address Orchard & Harlem Sts

19 (a) ... (b) ... (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

P.

20. DATE OF DEATH Nov 10 1937, at 7:52 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 31 1937, to Nov 10 1937, and that I last saw him alive on Nov 10 1937.

Immediate cause of death Bronchopneumonia — Duration 2 days

Due to ...

Due to ...

Other Conditions Carcinomatosis Cecum
Carcinoma sigmoid colon
(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinomata of bowel
Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C. Crawford M. D.
Address Mercy Hospital Date signed 11/10/37

VS 8

62816

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

179 Registered No. F 62816

PLACE OF DEATH:
Baltimore City, Maryland

Street address

Hospital or institution: Union Memorial Hospital

Length of stay in hospital or inst. (yrs., mos., or days) 3 days

Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Brete

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2137 Huntingdon Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

1. FULL NAME Carl Leonard Favorite

2. If veteran, name war None

3 (c) Social Security Account No. None

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

(b) Name of husband or wife

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) August 20, 1928

AGE: Years 1 Months 2 Days 20 If less than one day hr. min.

Birthplace Frederick Maryland (Town, county, and state)

9. Usual Occupation

10. Industry or business

12. Name John H. Favorite

13. Birthplace Creagerstown, Md.

14. Maiden Name Evelyn Swope

15. Birthplace Virginia

16 (a) Informant John H. Favorite

(b) Address Baltimore Md.

17 (a) Burial (b) Date thereof 11-12-39 (month) (day) (year)
(Burial, cremation, or removal)

(c) Cemetery or crematory Creagerstown

Location Creagerstown, Md.

18 (a) Funeral director C. E. Cline & Son

(b) Address Frederick, Md.

19 (a) (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH November 10 1939 at 11:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from November 8 1939 to November 10 1939. and that I last saw him alive on November 10 1939.

Immediate cause of death	Duration
Pneumonia (Colon Bacillus)	2 Days -
Due to aspiration of Chemical (ammonia)	3 days
Due to	
Other Conditions Caustic burns of mucous membr. of oral cavity & Pharynx (Include pregnancy within 3 months of death)	3 days

Major findings:
Of operations Burns mouth, Pharynx
Of autopsy Bi Lateral Lobar Pneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide accident

(b) Date of occurrence November 8, 1939

(c) Where did injury occur? Baltimore (City or town) Balt. (County) Md. (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? —

(e) Means of injury Drank Household Ammonia

23. Signature Joseph A. Corbin M. D.

Address Union Memorial Hosp. Date signed 11/11/39

Howard J. Madden M. D.
Chief of Medical Examiners

VS 3

CGK

BALTIMORE CITY HEALTH DEPARTMENT

34767 Registered No.

CERTIFICATE OF DEATH 95-13

62817 F 62817

PLACE OF DEATH:
Baltimore City, Maryland
Street address Baltimore Maryland
Hospital or institution:
Baltimore City Hospitals
Length of stay in hospital or inst. (yrs., mos., or days)
Length of stay in Baltimore (yrs., mos., or days) 1 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3530 O'Donnell St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. FULL NAME Thomas Lyons
If veteran, name war
3. (c) Social Security Account No.

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

(b) Name of husband or wife Jennie (Sep)
6. (c) If alive, give age years
Birth date of deceased (mo., day, yr.) 1-31-1874

AGE: Years	Months	Days	If less than one day
65 65	9	5	hr. min.

Birthplace Md. (Town, county, and state)
7. Usual Occupation None
Industry or business

12. Name John
13. Birthplace Ireland
14. Maiden Name Johenna
15. Birthplace Md.

16. (a) Informant Records
(b) Address Baltimore City Hospitals
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/11/39 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Baltimore, Md.
18. (a) Funeral director Leonard D. Covington
(b) Address 21 N. Paca St.
19. (a) (b) Registrar
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH November 6 1939, at 7:40 P M
21. I certify that death occurred on the date above stated, that I attended deceased from June 30 1939, to Nov 6 1939, and that I last saw h im alive on Nov. 6 1939.

Immediate cause of death: Arterio sclerotic heart disease — Duration: unknown

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy not done.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos Waghelstein M. D.
Address Balto City Hosp. Date signed 11-8-39

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

62818 — 108 — Registered No. F 62818

PLACE OF DEATH:
Baltimore City, Maryland
Street address 2802 Chelsea Terrace
Hospital or institution: ✓
Length of stay in hospital or inst. (yrs., mos., or days)
Length of stay in Baltimore (yrs., mos., or days) 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2802 Chelsea Terrace (If rural give location)
(e) If foreign born, how long in U. S. A.? years ✓

1. FULL NAME Joseph Eugene Adams

3. If veteran, name war: no. | 3 (c) Social Security Account No. 214-03-2325

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced	6 (b) Name of husband or wife	6 (c) If alive, give age
Male	White	Married	Mary Elizabeth	

Birth date of deceased (mo., day, yr.) Jan 21-1880

AGE: Years	Months	Days	If less than one day: hr.	min.
59	9	19		

Birthplace Wisconsin (Town, county, and state)

Usual Occupation Retired - Asst Treasurer
Industry or business Bal' Mfr. Drydock

12. Name of father Harry Adams
13. Birthplace of father Redmond
14. Maiden Name of mother Verona Thatcher
15. Birthplace of mother Fremont

16 (a) Informant Mrs Mary K. Adams
(b) Address 2802 Chelsea Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-13-39 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md

18 (a) Funeral director Upham & Turner & Sons
(b) Address North & Penna Aves

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 10 1939, at 11-50 AM

21. I certify that death occurred on the date above stated, that I attended deceased from November 4 1939, to Nov 10 1939, and that I last saw h alive on Nov 10 1939.

Immediate cause of death Lobar Pneumonia — Duration 7 days
Due to
Due to Chronic Myocarditis — Duration ?
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John D Gilbert M. D.
Address 4803 Gough St Apt 1 Date signed 11/10/39

VS 3

32819

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a

Registered No. F 32819

PLACE OF DEATH:
Baltimore City, Maryland
Street address 819 E. 33rd Street
Hospital or institution:

Length of stay in hospital or inst. (yrs., mos., or days)

Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 819 E. 33rd Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. FULL NAME Emma S Harman

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife James L.

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) July 9 1863

AGE: Years 76 | Months 4 | Days 1 | If less than one day hr. min.

Birthplace Baltimore (Town, county, and state)

11. Usual Occupation Home
Industry or business

12. Name Christian Stolzenberger

13. Birthplace Bavaria Germany

14. Maiden Name Mary Magdalene Stahn

15. Birthplace Alsace Lorraine

16 (a) Informant Mrs W H Erdman

(b) Address 2925 Woodland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-13-39 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore

18 (a) Funeral director William J Fulton & Son

(b) Address North & Penna Ave

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 10 1939, at 2 P M

21. I certify that death occurred on the date above stated, that I attended deceased from Nov 5 1939, to Nov 10 1939, and that I last saw h alive on Nov 9 1939.

Immediate cause of death Hemiplegia, Cerebral hemorrhage — Duration

Due to

Due to

Other Conditions Arterio Sclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward Stewart M. D.

Address 4706 Harford Date signed 11/11/39

VS 8

62820

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62820 Registered No.

PLACE OF DEATH:
Baltimore City, Maryland

Street address

Hospital or institution: Union Memorial Hospital

Length of stay in hospital or inst. (yrs., mos., or days) 5 Days

Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County KENT

(c) City or town CHESTERTOWN (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

1. FULL NAME Mrs Jefferson D Bacchus (A. Louise)

2. If veteran, name war NONE

3. (c) Social Security Account No. NONE

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. married

(b) Name of husband or wife Jefferson D. Bacchus (c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) Jan 22. 1867

AGE: Years 72 | Months 09 | Days 11 | If less than one day hr. min.

8. Birthplace Chestertown, Md. (Town, county, and state)

9. Usual Occupation Housewife

Industry or business Home

12. Name James W. Lambert

13. Birthplace Kent, Maryland

14. Maiden Name Mary Caudle

15. Birthplace Kent Co. Maryland

16. (a) Informant James A Bacchus

(b) Address Chestertown, Md

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof NOV. 14 1939 (month) (day) (year)

(c) Cemetery or crematory Chester. Odm.

Location Chestertown, Md.

18. (a) Funeral director Ralph H. Applestone for Willis Wells

(b) Address Chestertown, Md.

19. (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 11 1939, at 7.44 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 7 1939, to Nov 11 1939

and that I last saw her alive on Nov 11 1939.

Immediate cause of death Broncho pneumonia — Duration, one week

Due to Congestive Heart failure due to Arteriosclerotic Heart Disease — one month

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature S. D. Swan M. D.

Address Same Date signed 11/11/39

VS 8

F 62821

Alcova A Wainwright

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-F

F 62821 Registered No.

PLACE OF DEATH:
Baltimore City, Maryland

Street address

Hospital or institution: Bd General Hosp

Length of stay in hospital or inst. (yrs., mos., or days)

Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. 208 N Monument St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

1. FULL NAME Alcova A Wainwright

(b) If veteran, name war

3 (c) Social Security Account No. 213-14-8636

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Susie R Wainwright

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Dec 3rd 1895

AGE: Years	Months	Days	If less than one day
43	11	7	min.

Birthplace Folkston (town, county, and state) Georgia

Usual Occupation Salesman

Industry or business Gas & Electric

12. Name Thomas E Wainwright

13. Birthplace Georgia

14. Maiden Name Martha Pickup

15. Birthplace Georgia

16 (a) Informant Susie R Wainwright

(b) Address 208 W Monument St

17 (a) Cemetery (Burial, cremation, or removal) (b) Date thereof Nov 13-1939 (month) (day) (year)

(c) Cemetery or crematory Location Sanford Florida

18 (a) Funeral director Thos P Tyrell

(b) Address 2427 E Monument Ave

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-11-39 19 , at 3P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-6 1939, to 11-11 1939, and that I last saw h[im] alive on 11-11 1939.

Immediate cause of death Respiratory paralysis — Duration 11-10-39

Due to ascending malignant spinal cord tumor — Duration (?)

Due to Intramedullary lesion of cord

Other Conditions Ca of pancreas w metastasis abdominal

(Include pregnancy within 3 months of death)

Major findings:
Of operations Spinal cord tumor malignant

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature G K Mansfield M. D.

Address Bd Gen Hosp Date signed 11-11-39

VS 3

62822

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

167 Registered No. F 62822

PLACE OF DEATH:
Baltimore City, Maryland
Street address Holiday - Fayette Sts
Hospital or institution: Hotel Armistead

Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs
Length of stay in Baltimore (yrs., ~~mos. or days~~) 11 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Stoneleigh Estate Co
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 813 Fort Avon Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

1. FULL NAME Hugh Nelson

3 (b) If veteran, name war ____
3 (c) Social Security Account No. 216-05-2404

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

(b) Name of husband or wife Mrs. Hugh (Isabell) Nelson
6 (c) If alive, give age ____ years

Birth date of deceased (mo., day, yr.) May 4 1904

AGE: Years	Months	Days	If less than one day: hr	min
35	6	6		

Birthplace Elizabeth N. J.
(Town, county, and state)

Usual Occupation Asst. Credit Mgr.
Industry or business Sherwood Bros.

12. Name Hugh Nelson
13. Birthplace Annapolis, Md.
14. Maiden Name Katherine Peter
15. Birthplace Rockville, Md.

(a) Informant Isabel Platt Nelson
(b) Address 813 Fort Avon Road

(a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 11/12/39 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Cedar Bluff
Location Annapolis Md

(a) Funeral director William Cook
(b) Address 1217 St Paul St

(a) ____ (b) ____
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-10- 1939, at 2.45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquiry thereon and from the evidence obtained by said Autopsy & Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death: Bullet wound of Head — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 11-10-39
(c) Where did injury occur? City (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public - Armistead Hotel (While at work?) (Specify type of place)
(e) Means of injury Pistol shot of head

23. Signature Howard J. Madeira M.D.
Medical Examiner
Date signed 11-11-39

V8 c

2823 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 62823

CERTIFICATE OF DEATH

160-B

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Crudett Hospital St. 256 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Infant Mary Parker

(a) Residence: No. 311 Pole Street Fairfield Md Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Infant

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 10-31-39

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
			10

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME James L Parker

14. BIRTHPLACE (city or town) (State or country) W. Va.

15. MAIDEN NAME Rachael Bunch

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Rachael Parker

(Address) 311 Pole Street Fairfield Md

18. BURIAL, CREMATION, OR REMOVAL

Place Crudett Hospital Date 19

19. UNDERTAKER .....

(Address)

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-31, 1939

22. I HEREBY CERTIFY, That I attended deceased from 10-31, 1939 to 10-31, 1939

I last saw he alive on 10-31, 1939. Death is said to have occurred on the date stated above, at 5:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date at onset
Cerebral Haemorrhage	10-31
Pulmonary Haemorrhage	
Hemotoma, glen epidermoid	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. B. Butler M. D.

(Address) Crudett Hospital

2824

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62824

Registered No. .....

PLACE OF DEATH:
Baltimore City, Maryland
Street address Eutaw Place & Wilson St.
Hospital or institution: Marlborough Apts.

Length of stay in hospital or inst. (yrs., mos., or days) 1

Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Marlborough Apts. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. (a) FULL NAME JULIUS BRAFMAN

(b) If veteran, name war

3 (c) Social Security Account No.

Sex: ale | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

(b) Name of husband or wife

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Sept. 1868

AGE: Years	Months	Days	If less than one day: hr.	min.
71	2			

Birthplace: Baltimore, Md. (Town, county, and state)

Usual Occupation: Retired Clothing Salesman

Industry or business

12. Name: Samuel Brafman

13. Birthplace: Germany

14. Maiden Name: Babet Brafman

15. Birthplace: Germany

16. (a) Informant: Mr. B. Brafman,
(b) Address: Marlborough Apts.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/13/39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Oheb Shalom
Location: Balto. Md.

18. (a) Funeral director: Harris Sonnheim's Son
(b) Address: 1902 Eutaw Place.

19. (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 11 1939, at A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 11 1934 to Nov. 11 1939, and that I last saw h in alive on Nov. 11 1939.

Immediate cause of death	Duration
Cerebral Embolism	
Due to Hypertension Cerebral art. sclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Bernard Cohen M. D.
Address Marlborough Apts. Date signed

VS 3

2825

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 62825

CERTIFICATE OF DEATH

51-C

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4429 Powell Ave St. 26-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George J. Hoeck

If U. S. Veteran specify WAR .....

(a) Residence: No. 4429 Powell Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W.	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Harriet Hoeck

DATE OF BIRTH (month, day, year) Sept 28-1879

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	1	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40 Yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME George J. Hoeck

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anna Fisher

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Harriet Hoeck

(Address) 4429 Powell Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Pk. Date 11/13 1939

19. UNDERTAKER Leonard J. Ruck

(Address) 5302 Harford Rd.

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 10-39

22. I HEREBY CERTIFY, That I attended deceased from Feb 22 1937 to Nov 10th 1939

I last saw him alive on Nov 10th 1939. Death is said to have occurred on the date stated above, at 3 15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Rectum	Feb 1937
Other contributory causes of importance: Metastases into Liver especially right portion	June 1939

Was an operation performed? Yes Date of —

For what disease or injury? .....

Name of operation Sigmoidoscopy

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward Hunter M. D.

(Address) 100 Decatur Ave

62826

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 ✓

F 62826 Registered No.

PLACE OF DEATH:
Baltimore City, Maryland
Street address 1031 S Charles st.
Hospital or institution:

Length of stay in hospital or inst. (yrs., mos., or days)
Length of stay in Baltimore (yrs., mos., or days) 17 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 1031 S Charles st (If rural give location)
(d) If foreign born, how long in U. S. A.? yrs. years

1. (a) FULL NAME Lyd Goldstein
(b) If veteran, name war
3 (c) Social Security Account No.

4. Sex female | 5. Color or race white | 6 (a) Single, married, widowed, or divorced Married.
(b) Name of husband ~~or wife~~ Sol Goldstein
6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) 1900

AGE: Years 39 | Months | Days | If less than one day hr. min.

Birthplace Pinda Ra. (Town, county, and state)
7. Usual Occupation House Wife
8. Industry or business

12. Name Samuel Spier
13. Birthplace Hungary.
14. Maiden Name Rose Katz.
15. Birthplace Poland

9 (a) Informant Sol Goldstein
(b) Address 1031 S Charles st.

10 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 12/39 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location 36 I Paca st

11 (a) Funeral director Sol Lowman & Bro.
(b) Address 1124-26 N North ave

9 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 11 1939. at 2:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 1938. to Nov. 11, 1939.
and that I last saw h alive on Nov. 10, 1939.

Immediate cause of death: Carcinoma of breast — Duration: 15 mos.
Due to metastases
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings: Of operations Carcinoma of breast
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney D. Frey
Address 1324 Eutaw Place Date signed M 11 39

VS 3

62827

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95B

F 62827 Registered No.

1. PLACE OF DEATH:
Baltimore City, Maryland
Street address or Lafayette & John St
Hospital or institution Fomins Hospital 27-15
Length of stay in hospital or inst. (yrs., mos., or days) 33 days
Length of stay in Baltimore (yrs., mos., or days) 64 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 2113 Kelly Ave. (If rural give location)
(c) If foreign born, how long in U. S. A.? — years

3. (a) FULL NAME Margaret Snodgrass Bankard 27-15

(b) If veteran, name war None
(c) Social Security Account No. None

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced Single
(b) Name of husband or wife None
(c) If alive, give age — years

Birth date of deceased (mo., day, yr.) Sept-25/1875

AGE: Years 64 Months 1 Days 17 If less than one day — hr. — min.

Birthplace Balto Md (town, county, and state)
Usual Occupation Retired School Teacher
Industry or business
12. Name of father Henry M. Bankard
13. Birthplace Balto Md.
14. Maiden Name of mother Caroline Astorn
15. Birthplace Balto Md

(a) Informant Mrs Flonnie R Bankard
(b) Address Mt Washington City
(a) Burial Forest (b) Date thereof Nov-13-39 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md.
(a) Funeral director Stewart & Mowen Co
(b) Address 108 W North Ave.

(a) (b) Registrar
Date rec'd by registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-11 1939, at 9 15 P M

21. I certify that death occurred on the date above stated, that I attended deceased from Sept 9 1939 to Nov 11 1939 and that I last saw her alive on Nov 11 1939

Immediate cause of death	Duration
Myocardial insufficiency	
Due to Hypertensive Heart Disease ?	
Due to	
Other Conditions Pulmonary Edema	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. I. Stansbury M. D.
Address 714 Park Ave Date signed Nov 11 39

VS 3

62828 HEALTH DEPARTMENT—CITY OF BALTIMORE E 62828

CERTIFICATE OF DEATH

94-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 612 Woodington Rd. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Angela Elizabeth Diechinger

If U. S. Veteran specify WAR

(a) Residence: No. 612 Woodington Rd St. Ward. 16-8

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) June 25 - 1882

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	4	16	15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Buyer & Head of Dept.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Department Store

10. Date deceased last worked at this occupation (month and year) Nov 3 - 1937

11. Total time (years) spent in this occupation 35 yr

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER'S OCCUPATION

13. NAME Louis Diechinger

14. BIRTHPLACE (city or town) (State or country) Baden Germany

15. MAIDEN NAME Mary Ann Schaub

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Maria Diechinger

(Address) 612 Woodington Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Nov 13 1939

19. UNDERTAKER STEWART & MOWEN COMPANY

(Address) (W. F. WOODEN SUC.) 188 W. NORTH AVENUE

20. FILED — 19 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 10 - 1939

22. I HEREBY CERTIFY, That I attended deceased from November 4 1937 to November 10 1939.

I last saw her alive on November 9 1939 Death is said to have occurred on the date stated above, at 1:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Heart Disease	unknown
Angina Pectoris	6-25-39
Other contributory causes of importance: Hypertension	unknown

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? P.S. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Chester Roland, M. D.

(Address) 2532 Edmondson Ave.

62829

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-3 Registered No. F 62829

PLACE OF DEATH:
Baltimore City, Maryland Baltimore, Md.
Street address Wyman Park Drive - 29th St.
Hospital or institution: Maryland Hospital.
Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 8
Length of stay in Baltimore (yrs., ~~mos., or days~~) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore Co.
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 4917 Queensbury Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 yrs. years

1. FULL NAME Blumenthal, Abraham
(a) If veteran, name war
3 (c) Social Security Account No. Unknown
Sex Male | 4. Color or race Jewish | 6 (a) Single, married, widowed, or divorced. Married
(b) Name of husband or wife Blumenthal, Bessie
6 (c) If alive, give age ~~Mo., Day,~~ yrs.
Birth date of deceased (mo., day, yr.) Jan. 15, 1875

AGE: Years	Months	Days	If less than one day: hr.	min.
64	9	27		

Birthplace Russia, Vorno (Town, county, and state)
7. Usual Occupation Agent Worker
8. Industry or business Lane
12. Name of father Louis Blumenthal
13. Birthplace of father Russia (Shavovo).
14. Maiden Name of mother Anna Zausmer
15. Birthplace of mother Russia, Polangen
16 (a) Informant Hospital Records
(b) Address Maryland Hospital.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-12-39 (month) (day) (year)
(c) Cemetery or crematory Herring Run
Location Old Belair Rd. & Brooklyn Lane
18 (a) Funeral director Park Lane
(b) Address 1439 E. Balto St.
19 (a) (b) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 12 1939. at 7 35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 11-4 1939. to 11-12 1939
and that I last saw h~~im~~ alive on 11-11 1939.

Immediate cause of death: Generalized Arteriosclerosis - Uremia.
Due to
Due to
Other Conditions Cardiac Dilatation 2 wks
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No autopsy

Duration: Unknown

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. Paso Adam M. D.
Address Maryland Hospital Date signed 11-12-39.

VS 3

62830

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-a F 62830
Registered No.

PLACE OF DEATH:
Baltimore City, Maryland
Street address Fayette & Payson Sts.
Hospital or institution: Bon Secours Hospital

Length of stay in hospital or inst. (yrs., mos., or days) 17 hours
Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1016 Maldes St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. FULL NAME Agnes Elizabeth Healy

(b) If veteran, name war

3. (c) Social Security Account No.

4. Sex female | 5. Color or race white | 6. (a) Single, married, widowed, or divorced married

(b) Name of husband or wife William F. Healy
6. (c) If alive, give age 56 years

Birth date of deceased (mo., day, yr.) Unknown 1878

AGE: Years	Months	Days	If less than one day: hr	min
61				

Birthplace Ireland (Town, county, and state or foreign country)

9. Usual Occupation house wife
10. Industry or business

12. Name Patrick Hughes
13. Birthplace Ireland
14. Maiden Name Bridget Gibbons
15. Birthplace Ireland

16. (a) Informant Mr. William F. Healy
(b) Address 1016 Maldes St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-14-1939 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location 4300 Old Frederick Rd.

18. (a) Funeral director John F. Cowan & Son
(b) Address 901 Hollins Street.

19. (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 11 1939, at 2:15 pm M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-10 1939, to 11-11 1939, and that I last saw her alive on 11-11 1939.

Immediate cause of death — Duration

Intestinal obstruction — 6 days
Due to strangulated femoral hernia
Due to
Other Conditions Chr. nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations no operation
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J. McClafferty M. D.
Address Bon Secours Hospital Date signed 11-11-39

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59 Registered No. F 62831

F 62831

PLACE OF DEATH:
Baltimore City, Maryland

Street address ....
Hospital or institution:
Md. Gen. Hosp

Length of stay in hospital or inst. (yrs., mos., or days) 5 days

Length of stay in Baltimore (yrs., mos., or days) 52

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town.)

Street No. 1620 Guilford Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? 52 years

1 (a) FULL NAME Mr Henry J. Willig Sr.

(b) If veteran, name war

3 (c) Social Security Account No.

Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

(b) Name of husband or wife Amelia

6 (c) If alive, give age 60 years

Birth date of deceased (mo., day, yr.) July 1 1873

If less than one day hr. min.

AGE: Years 66 Months 4 Days 10

Birthplace Germany (Town, county, and state)

Usual Occupation Retired

Industry or business

12. Name Jacob Willig

13. Birthplace Germany

14. Maiden Name Amelia ?

15. Birthplace Germany

16 (a) Informant Amelia Willig

(b) Address 1620 Guilford Ave Balto

17 (a) Burial, cremation or removal Now 14-39 (b) Date thereof 11 14 39 (month) (day) (year)

(c) Cemetery or crematory Lorraine Park

Location Balto.

18 (a) Funeral director Martin F. G. Dippel

(b) Address 7110 Belair Rd.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/11 1939 at 4.00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/6 1939 to 11/11 1939.

and that I last saw h[illegible] alive on 11/11 1939.

Immediate cause of death Myocardial failure — Duration

Due to Cerebral hemorrhage

Due to

Other Conditions Diabetes Mellitus

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Edward L. Harrison M. D.

Address Md Gen. Hosp Date signed

VS 3

628:32

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54-B

Registered No. 62832

PLACE OF DEATH:
Baltimore City, Maryland

Street address

Hospital or institution: Franklin Square Hospital

Length of stay in hospital or inst. (yrs., mos., or days) 11 days

Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Balto

(c) City or town Rosplyn (If outside city or town limits, write RURAL and give town)

(d) Street No. 28 Stanley ave (If rural give location)

(e) If foreign born, how long in U. S. A.? X years

1. FULL NAME Katherine Hallameyer

Katherine C. Hallameyer

(a) If veteran, name war

3 (c) Social Security Account No.

MEDICAL CERTIFICATION

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

(b) Name of husband or wife Joseph Hallameyer

(c) If alive, give age years

Birth date of deceased (mo., day, yr.) Aug 20 1895

AGE: Years 44 Months 2 Days 20 If less than one day hr. min.

Birthplace Maryland (Town, county, and state)

11. Usual Occupation Housewife

Industry or business

12. Name James Londerbin

13. Birthplace Ireland

14. Maiden Name Mary Redmond

15. Birthplace Ireland

16 (a) Informant Joseph W. Hallameyer

(b) Address 28 Stanley ave Roslyn

17 (a) 11-14-39 (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Mary Redmond

Location Baltimore Md.

18 (a) Funeral director Martin H. E. Lippel

(b) Address 2110 Belair Rd.

19 (a) (Date rec'd by registrar) (b) 11 Registrar

20. DATE OF DEATH Nov. 10, 1939, at 11:55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 30, 1939 to Nov. 10, 1939, and that I last saw her alive on Nov. 10 1939.

Immediate cause of death: Bronchopneumonia — Duration 1 day

Due to: Paralytic Ileus — 5 days.

Due to: Vaginal hysterectomy

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations Prolapse uterus, Fibromyoma, Cystic Ovaries

Of autopsy No.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Nathan Wolf

Address Franklin Sq Hosp Date signed 11 | 10 | 39.

VS 3

2833

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62833

131 Registered No.

PLACE OF DEATH:
Baltimore City, Maryland
Street address 724 Linden ave.
Hospital or institution:

Length of stay in hospital or inst. (yrs., mos., or days)

Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. 724 Linden ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

1 (a) FULL NAME Anna V. Carey

(b) If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	married

(b) Name of husband or wife Joseph

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) 1900

AGE: Years	Months	Days	If less than one day
38			hr. min.

Birthplace Virginia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

12. Name Turner

13. Birthplace Va. unknown

14. Maiden Name unknown

15. Birthplace Va

16 (a) Informant Joseph Carey

(b) Address 724 Linden ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 11-13-39 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location Baltimore

18 (a) Funeral director Adolphus Holland

(b) Address 1610 Druid Hill ave.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 10 1939 at 1130 AM

21. I certify that death occurred on the date above stated, that I attended deceased from Nov 7 1939 to 11/10 1939 and that I last saw her alive on Nov 9 1939.

Immediate cause of death Chr Pancreatitis

Due to Septic Thrombosis of Brain Vein

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
10 hrs
own

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature B. Hamilton

Address 1111 Druid Hill ave. Date signed 11/19/39 (M) (D)

D. P. 1205-9

F 62834

62834 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 811 W. Franklin St. 18-1 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harriett Williams

(a) Residence: No. 811 W. Franklin St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	married

6. If married, widowed, or divorced: HUSBAND of / WIFE of: Louis Williams

7. DATE OF BIRTH (month, day, year): March 29, 1901

8. AGE	Years	Months	Days	If LESS than 1 day, — hrs. or — min.
	38	7	12	

OCCUPATION

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: own home

11. Date deceased last worked at this occupation (month and year): — 11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Baltimore, md

FATHER

13. NAME: Richard Coates

14. BIRTHPLACE (city or town) (State or country): Balto. md

MOTHER

15. MAIDEN NAME: Matilda Pembrook

16. BIRTHPLACE (city or town) (State or country): Balto md

17. INFORMANT: Louis Williams

(Address): 811 W Franklin St

18. BURIAL, CREMATION, OR REMOVAL

Place: St. Peters Date: Nov 11 1939

19. UNDERTAKER: Adolphus Halstead

(Address): 911 Lafayette Ave

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11.10.39 , 19

22. I HEREBY CERTIFY, That I attended deceased from 10.20.39 , 19 to 11.10.39 , 19

I last saw her alive on 11.9.39 , 19 Death is said to have occurred on the date stated above, at 2:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset (about)
cardio renal vascular disease	July 39

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Phy. Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) James M. Lair, M. D.

(Address) 4000 N Carrollton Ave

62835

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

78 Registered No. F 62835

PLACE OF DEATH:
Baltimore City, Maryland
Street address Calvert Street
Hospital or institution: Mercy Hospital
Length of stay in hospital or inst. (yrs., mos., or days) 5 days
Length of stay in Baltimore (yrs., mos., or days) life (74 yrs)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2405 Poplar Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

1. FULL NAME Josephine F. Sheehan
(b) If veteran, name war
3 (c) Social Security Account No.
4. Sex female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Single
(b) Name of husband or wife
6 (c) If alive, give age — years
Birth date of deceased (mo., day, yr.) May 23, 1865
AGE: Years 74 Months 5 Days 15 If less than one day ____ hr. ____ min.
Birthplace Baltimore Md. (Town, county, and state)
9. Usual Occupation Retired teacher
10. Industry or business
12. Name Cornelius Sheehan
13. Birthplace Ireland
14. Maiden Name Theresa Carrigan
15. Birthplace Ireland
16 (a) Informant Miss May Sheehan
(b) Address 2405 Poplar Ave.
17 (a) (Burial, ~~cremation, or removal~~)
(b) Date thereof 11/14/39 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Cathedral
Location Baltimore, Md.
18 (a) Funeral director H. U. Mears & Son
(b) Address 802 N. Calvert St.
19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/11/1939, at 3:30 AM
21. I certify that death occurred on the date above stated; that I attended deceased from 11/2 1939, to 11/11 1939, and that I last saw her alive on 11/11 1939.

Immediate cause of death Cerebral thrombosis — Duration ____
Due to ____
Due to ____
Other Conditions Hypertension
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature George Erier, M. D.
Address Mercy Hospital Date signed 11/11/39

VS 8

62836

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-e F 62836 Registered No.

PLACE OF DEATH:
Baltimore City, Maryland
Street address 2446 Fred'k Ave.
Hospital or institution:

Length of stay in hospital or inst. (yrs., mos., or days)
Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County B
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2446 Fred'k Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. (a) FULL NAME Artice E Trabert
(b) If veteran, name war
3 (c) Social Security Account No.
4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced Widowed
(b) Name of husband or wife George E. Trabert
6 (c) If alive, give age years
Birth date of deceased (mo., day, yr.) May 28-1868
AGE: Years 71 Months 5 Days 7 If less than one day hr. min.
Birthplace Harford Co. Md (Town, county, and state)
10. Usual Occupation Home Duties
11. Industry or business
12. Name Samuel T. Botts
13. Birthplace Harford Co. Md
14. Maiden Name Mary E. Smith
15. Birthplace Harford Co. Md.
16 (a) Informant Mrs. Irene Olivier
(b) Address 2446 Fred'k Road.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 14-1939 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Balto. Md
18 (a) Funeral director Maime E. Tyler
(b) Address 1600 N. Forth Ave
19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION A

20. DATE OF DEATH Nov. 11 1939. at 4-10 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 12 1939. to Nov 11 1939. and that I last saw h[illegible] alive on Nov 11 1939.

Immediate cause of death: Myocardial Insuf. — Duration: 4 yrs
Due to: Arterio-sclerosis — Duration: over 8 yrs
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard C Dodd M. D.
Address 735 N. Fulton Ave Date signed Nov 13 39

VS 3

62837

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

F 62837

95-B

Reg. Dist. No.

PLACE OF DEATH:

(a) City or town: Baltimore City (If outside city or town limits, write RURAL NEAR and give town)

(b) Street address, hospital, or institution: 513 Cathedral Street

(c) If in hospital or inst. (yrs., or mos., or days)

(d) If in this community (yrs., or mos., or days): 15 years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: County:

City or town: Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: (If rural give LOCATION)

2(e) IF VETERAN, NAME WAR

3. (b) Social Security Number: X

(a) FULL NAME: Isabella Griffith

1. Sex: Female
3. Color or race: W
5. (a) Single, married, widowed, or divorced: Widow

(b) Name of husband or wife: William Griffith

6. If alive, give age: dead years

Birth date of deceased (mo., day, yr.): Dec 14 1852

AGE: Years	Months	Days	If less than one day: hrs.	min.
86	10	27		

4. Birthplace: Montgomery Co Md (Town, county, and state)

5. Usual occupation: Housekeeper

7. Industry or business: Domestic

12. Name: Richard Griffith

13. Birthplace: Montgomery Co Md

14. Maiden name: Susan M Barber

15. Birthplace: Montgomery Co Md

16. Informant: Mrs Harry K Fleck

Address: 513 Cathedral St

17. Burial (Burial, cremation, or removal. Which?): Date thereof: Nov 13 1937 (month) (day) (year)

Cemetery or crematory: Rock Creek Cem D C

Location: Washington D C.

18. Funeral director: Roy W Barber

Address: Gaithersburg Md

19. (Date rec'd by registrar) 19 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 11 1937 at 5:45 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Nov 1 1937 to Nov 11 1937

and that I last saw h[illegible] alive on Nov 11 1937

Immediate cause of death: Pneumonia — DURATION: 6 days

Due to: Fractured ulcerated and carcinomatous breast — DURATION: 1 year

Due to: Exhaustion — DURATION: 1

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically

22. VIOLENCE. If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: 504 Cathedral Date signed: 11/11/37

F 62838

62838

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

194-B Registered No. .....

PLACE OF DEATH:
Baltimore City, Maryland

Street address
Hospital or institution: Univ. Hospital

Length of stay in hospital or inst. (yrs., mos., or days) 3½ hrs

Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1335 N Fremont (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

1. FULL NAME Elijah Myers

(b) If veteran, name war Unknown

3 (c) Social Security Account No. Unknown

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Single

(b) Name of husband or wife .....

6 (c) If alive, give age ..... years

Birth date of deceased (mo., day, yr.) Unknown

AGE: Years 59 | Months | Days | If less than one day: hr. ..... min.

Birthplace Indiana (Town, county, and state)

Usual Occupation Carpenter

Industry or business

12. Name John A

13. Birthplace Md.

14. Maiden Name Elizabeth

15. Birthplace Md

16 (a) Informant Patient

(b) Address .....

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 13-39 (month) (day) (year)

(c) Cemetery or crematory London Pk.

Location Balto Md

18 (a) Funeral director Geo L. Beyer Jr.

(b) Address 1612 Hollins St

19 (a) Date received by registrar ..... (b) ..... Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/10 1939, at 1:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 11/10 1939 to 11/10 1939, and that I last saw h[illegible] alive on 11/10 1939.

Immediate cause of death: Fract Base Skull Fracture } Cerebral Hemorrhage, Internal

Due to .....

Due to .....

Other Conditions Laceration Scalp

(Include pregnancy within 3 months of death)

Duration
4 hrs.
4 hrs.
X hrs.

Major findings:
Of operations None

Of autopsy As above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Accident

(b) Date of occurrence 11/10/39

(c) Where did injury occur? Baltimore Md (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Industrial While at work? Yes (Specify type of place)

(e) Means of injury Crushed by falling brick

23. Signature Jas Garbutt M. D.

Address Univ Hosp Date signed 11/11/39

Manner of injury Accident

2839

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 62839

Registered No. 210-M

PLACE OF DEATH:
Baltimore City, Maryland

Street address

Hospital or institution: Mercy Hospital

Length of stay in hospital or inst. (yrs., mos., or days)

Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 1602 Barclay st (If rural give location)

(e) If foreign born, how long in U. S. A.? years

1. FULL NAME LAWRANCE STEINFELDT

2. If veteran, name war: World War

3. (a) Sex: Male

3. (c) Social Security Account No. 218-10-6921

5. Color or race: White

6. (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

(b) Name of ~~husband~~ wife: Alice R. Steinfeldt

6. (c) If alive, give age years

Birth date of deceased (mo., day, yr.) July 6th 1887

AGE: Years	Months	Days	If less than one day: hr.	min
53	4	6		

Birthplace: Balto. Md. (Town, county, and state)

Usual Occupation: Plumber

Industry or business: W. P. A.

12. Name of father: Chas. H. Steinfeldt

13. Birthplace: New Freedom Pa

14. Maiden Name of mother: Margaret Callahan

15. Birthplace: Balto. Md.

16. (a) Informant: Mrs Alice Steinfeldt

(b) Address: 1602 Barclay st

17. (a) Burial, cremation, or removal: Burial

(b) Date thereof: 11/15/39 (month) (day) (year)

(c) Cemetery or crematory: Dulaney Valley Memorial Gardens

Location: Baltimore Md

18. (a) Funeral director: Wm Cook

(b) Address: 1217 E. Paul st

19. (a) (Date received by registrar) 11/13/1939 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 12th 1939, at 3.45 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquest) thereon and from the evidence obtained by said autopsy (Autopsy or Inquest) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fracture skull — Duration: —

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide accident

(b) Date of occurrence Nov 12th 1939 at 2.15 am

(c) Where did injury occur? 400 blk North Ave & Bradley (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? street While at work? — (Specify type of place)

(e) Means of injury struck by auto. when crossing street

23. Signature H. H. Wallenmeier M.D. Medical Examiner

Date signed Nov 12th, 1939

VS 6

F 62840

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C

Registered No. F 62840

PLACE OF DEATH:
Baltimore City, Maryland

Street address
Hospital or institution: Mercy Hospital 27

Length of stay in hospital or inst. (yrs., mos., or days) 5 days

Length of stay in Baltimore (yrs., mos., or days) 62 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. Md (If outside city or town limits, write RURAL and give town)

(d) Street No. 2510 Hamilton Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

1. FULL NAME Richard Dawson

2. If veteran, name war

3 (c) Social Security Account No. 218-01-2118

4. Sex male

5. Color or race white

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Lena Dawson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 24 1877

AGE: Years 62 Months 2 Days 17 If less than one day hr. min.

8. Birthplace Balto. Md. (Town, county, and state)

9. Usual Occupation None for past 2 yrs

Industry or business

12. Name James Dawson

13. Birthplace Balto. Md.

14. Maiden Name Mary Cochran

15. Birthplace Balto Md

16 (a) Informant Lena M. Dawson

(b) Address 2513 Hamilton Ave

17 (a) Burial, ~~cremation, or removal~~ (b) Date thereof 11/14/39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ London Park

Location Balto Md

18 (a) Funeral director William Cook

(b) Address 1217 St. Paul St

19 (a) (b) Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 11 1939, at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 6 1939, to Nov 11 1939, and that I last saw him alive on Nov 10 1939.

Immediate cause of death	Duration
Cardiac Failure	2 years
Due to Chronic Degenerative Myocarditis	2 years
Due to Pulmonary Emphysema	?

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy none done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature W. M. 93. Beck M. D.

Address Mercy Hospital Date signed 10/11/39

VS 3

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 4th DAY November

OF 1965 THE MICROPHOTOGRAPHS APPEARING

HEREIN STARTING WITH #1-59361 July 2, 1939 AND

ENDING WITH #F 62840 Nov. 13, 1939 ARE AC-

CURATE AND COMPLETE REPRODUCTIONS OF THE

RECORDS OF THE DEPARTMENT OF Health

BUREAU OF Vital Statistics AS DELIVERED

IN THE REGULAR COURSE OF BUSINESS FOR

PHOTOGRAPHING, AND THAT:

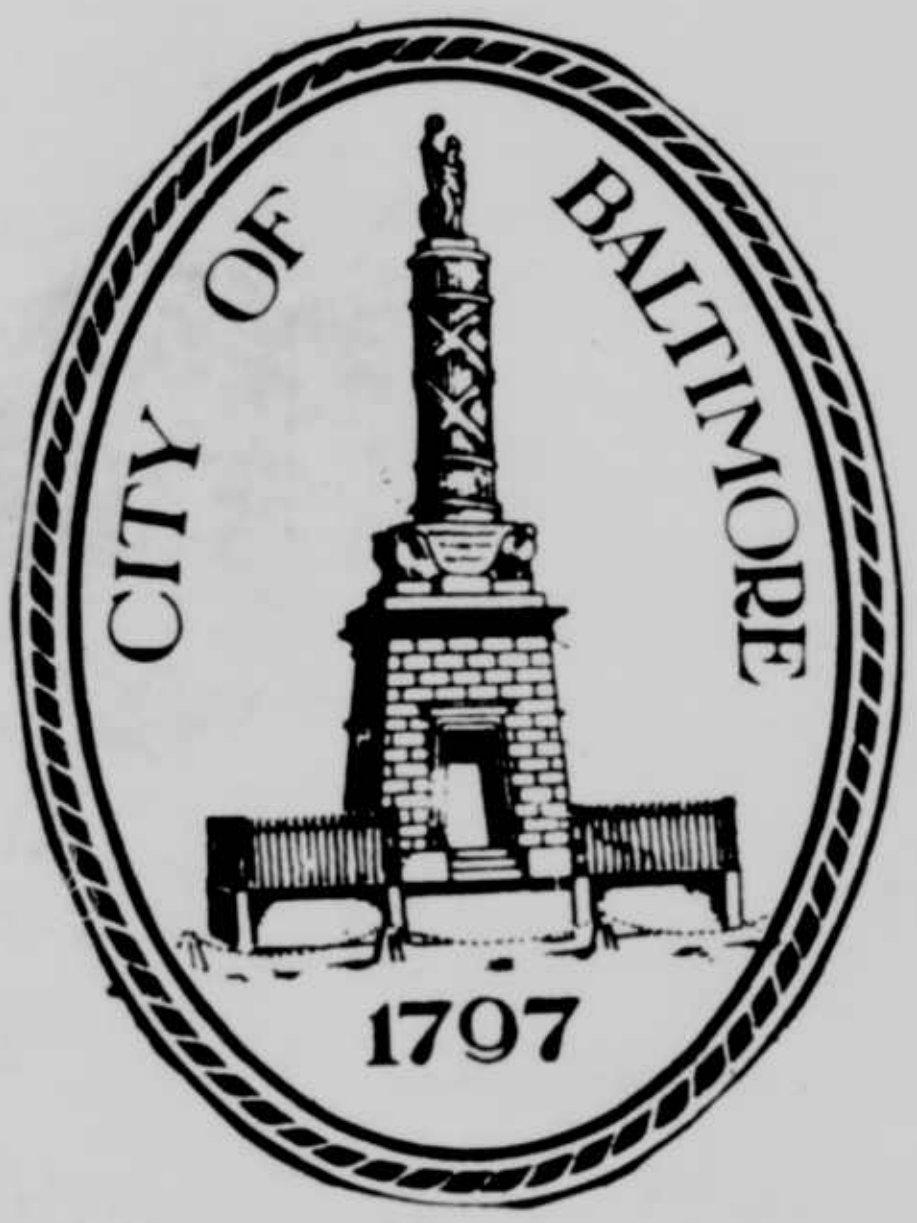
TO THE BEST OF MY KNOWLEDGE THE MICROFILM

MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU

OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC

COPY.

CAMERA OPERATOR: J. McFaul



END OF REEL